

AGENDA
CITY OF BERLIN
COMMON COUNCIL MEETING
TUESDAY, JUNE 9, 2020 7:00 PM

DUE TO THE CONTINUED CONCERN SURROUNDING COVID-19, THE CITY OF BERLIN IS TEMPORARILY TRANSITIONING ITS PUBLIC MEETINGS TO A TELECONFERENCE FORMAT, VIA ZOOM.

TO JOIN THE MEETING FROM YOUR COMPUTER, TABLET OR SMARTPHONE (AUDIO/VIDEO):

JOIN ZOOM MEETING:

<https://zoom.us/j/85371324868>

Meeting ID: 853 7132 4868

TO JOIN THE MEETING FROM YOUR PHONE WITH AUDIO ONLY:

<https://zoom.us/j/85371324868>

1 312 626 6799 US TOLL-FREE

Meeting ID: 853 7132 4868

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 12 & 14, 2020 Common Council Meetings.
RECOMMENDATION: Approve the minutes.
6. Water & Sewer Utility Annual Compliance Maintenance Annual Report (CMAR) Resolution. RECOMMENDATION: Accept the Water & Sewer Commission recommendation to approve 2019 Compliance Maintenance Annual Report Resolution #20-10.
7. 2019 Audit Presentation. RECOMMENDATION: Accept the Committee of the Whole recommendation to accept and place the 2019 audit on file.

17. Community Development Block Grant Public Facilities (CDBG-PF) and Close Program Application Matching Funds Resolution. RECOMMENDATION: Approve and adopt Resolution #20-12 Authorizing to Commit Matching Funds for the City of Berlin, WI for application of CDBG grant applications.
18. Wal-Mart Real Estate Business Trust Board of Review Assessment Request for Waiver and Objection. RECOMMENDATION: Informational only. No action required.
19. Update on Re-opening of Public Facilities. RECOMMENDATION: Informational only. No action required.
20. State of Emergency Declaration. RECOMMENDATION: Review status of current declaration and action if appropriate.
21. Discussion on Virtual Meetings. RECOMMENDATION: Discuss and action if appropriate.
22. Appointment to Police & Fire Commission. RECOMMENDATION: Accept the Mayoral appointment of Dan Johnson to the Police & Fire Commission for term expiring May 1, 2025.
23. Appointment to Parks & Recreation Commission. RECOMMENDATION: Accept the Mayoral appointment of Catrina Burgess to the Parks & Recreation Commission for term expiring April 30, 2023.
24. Sidewalk Café Permit-Riverside Coffee Company, LLC: RECOMMENDATION: Approve the Sidewalk Café Permit for Riverside Coffee Company, LLC for 168-170 West Huron Street for June 15-September 15, 2020 for hours 7 a.m.– 8 p.m.
25. Sidewalk Café Permit Application-The Art Bar, LLC. RECOMMENDATION: Approve the Sidewalk Café Permit for The Art Bar, LLC, 114 W. Huron Street for June 15-September 15, 2020.
26. Action on Annual Licenses: Class “A” & Class “B” Beer and/or Intoxicating Liquor Licenses, Outdoor Activity, Cigarette, & Amusement Devices for License Year July 1, 2020-June 30, 2021. (see attached list) RECOMMENDATION: Grant or deny the licenses presented pending all appropriate approvals and inspections are completed and requirements met.
27. Operator License Applications for License Year July 1, 2020- June 30, 2022 (see attached list approved by the PD). RECOMMENDATION: Grant or deny the licenses.
28. 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.)

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 5/31/2020									
FUNDS	BEG BALANCE	ADJ/VOIDS	RECEIPTS	DISBURSEMENTS	BALANCE	INVESTMENTS	TOTAL W/INVESTMENTS		
GENERAL CITY	\$ 1,590,561.51		\$ 97,808.95	\$ 548,732.53	\$ 1,139,637.93	\$ 2,100,000.00	\$ 3,239,637.93		
TAX COLLECTION ACCOUNT	\$ 460.84		\$ -	\$ -	\$ 460.84	\$ -	\$ 460.84		
WATER INVESTMENTS	\$ 712,298.14		\$ 255,001.28	\$ 225,431.15	\$ 741,868.27	\$ 4,369,760.49	\$ 5,111,628.76		
SEWER INVESTMENTS					\$ -	\$ 2,242,788.52	\$ 2,242,788.52		
SEWER BOND & INT			\$ -		\$ -	\$ -	\$ -		
BOND & INT RESERVE	\$ -				\$ -	\$ -	\$ -		
EQUIP REPLACEMENT FUND	\$ 27,915.93		\$ 78,004.15	\$ 66,821.31	\$ 39,098.77	\$ 1,255,000.00	\$ 1,294,098.77		
CAPITAL PROJECT BORROWING	\$ -				\$ -		\$ -		
EMS ACCOUNT	\$ 96,651.45		\$ 29,072.62	\$ 35.00	\$ 125,689.07		\$ 125,689.07		
TOTAL OF ALL FUNDS	\$ 2,427,887.87		\$ 459,887.00	\$ 841,019.99	\$ 2,046,754.88	\$ 9,967,549.01	\$ 12,014,303.89		
FUNDS	BANK STATEMENT BALANCE	ADJUSTMENT	OUTSTANDING CHECKS	AVAILABLE BANK BALANCE					
GENERAL CITY	\$ 1,155,882.70		\$ 16,244.77	\$ 1,139,637.93					
TAX COLLECTION ACCOUNT	\$ 785.80		\$ 324.96	\$ 460.84					
WATER & SEWER	\$ 763,377.50		\$ 21,509.23	\$ 741,868.27					
SEWER BOND & INT			\$ -	\$ -					
EQUIP REPLACMT FUND	\$ 39,098.77		\$ -	\$ 39,098.77					
CAPITAL PROJECT BORROWING	\$ -		\$ -	\$ -					
EMS ACCOUNT	\$ 125,689.07		\$ -	\$ 125,689.07					
TOTAL OF ALL FUNDS	\$ 2,084,833.84	\$ -	\$ 38,078.96	\$ 2,046,754.88					
				RESPECTFULLY SUBMITTED,					
				<i>Stefan M. Moore</i>					

CITY OF BERLIN BUILDING REPORT May 2020

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	0			1	\$332,000.00	\$1,553.60	1	\$332,000.00	\$1,553.60
Multi-Family Residence	0			2	\$540,000.00	\$2,973.20	2	\$540,000.00	\$2,973.20
Residential Garage	1	\$12,295.00	\$205.00	1	\$12,295.00	\$205.00	1	\$12,295.00	\$205.00
Residential Garage Alteration	1	\$2,500.00	\$50.00	1	\$2,500.00	\$50.00	1	\$2,500.00	\$50.00
Residential Alteration	10	\$54,889.00	\$652.50	14	\$126,424.00	\$1,042.35	21	\$216,224.00	\$1,502.35
Commercial	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Commercial Alteration	0			2	\$52,725.00	\$450.00	2	\$52,725.00	\$450.00
Industrial	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Industrial Alteration	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Signs	0			1	\$1,990.00	\$56.76	3	\$13,990.00	\$258.76
Miscellaneous	5	\$9,000.00	\$250.00	5	\$9,000.00	\$250.00	7	\$10,600.00	\$350.00
Demolition	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Hospital	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Church	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
School	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Driveways	1	\$6,000.00	\$55.00	1	\$6,000.00	\$55.00	1	\$6,000.00	\$55.00
Trailer Homes	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Total Building Permits	18	\$84,684.00	\$1,212.50		\$750,934.00	\$5,082.31	11	\$854,334.00	\$5,844.31
Commercial Plan Approval	0			0	\$0.00	\$0.00	0	\$0.00	\$0.00
Plumbing Permits	1	\$2,000.00	\$50.00	7	\$56,167.00	\$347.79	14	\$94,217.00	\$657.79
Electrical Permits	2	\$1,850.00	\$100.00	6	\$15,370.00	\$211.60	14	\$103,770.00	\$773.60
Heating Permits	5	\$18,608.00	\$275.00	10	\$117,435.00	\$1,011.00	29	\$234,822.00	\$2,281.00
Total Permit Fees	26	\$107,142.00	\$1,637.50	50	\$939,906.00	\$6,652.70	95	\$1,287,143.00	\$9,556.70

DATE: June 3, 2020

TO: Common Council

FROM: Brian Malnory

RE: Annual Compliance Maintenance Report

BACKGROUND: This is the Compliance Maintenance Annual Report generated by the Wisconsin Department of Natural Resources; these are the grades that the city utility received for the collection system and, wastewater treatment plant. The grades given represent the maintenance and management of the system.

The first grade is for Influent loading and flow. That is the representative samples of the raw wastewater entering the plant and the rate that it is received. This grade fluctuates from year to year, and the utility has no control over what these flows and loadings are. The higher loading comes from industrial waste and higher flow comes from groundwater infiltration.

The rest of the grades represent the maintenance and the management of the system. Despite our aging system, with updating and upgrading equipment & electronics and good maintenance, the collection system and the WWTP treat the loading of wastewater that is received into the system very well, which is reflected in the excellent grades received.

RECOMMENDATION: Accept the Water & Sewer Commission recommendation to approve Compliance Maintenance Resolution #20-10.

Compliance Maintenance Annual Report

Berlin Wastewater Treatment Facility

Last Updated: Reporting For:
5/20/2020 2019

Resolution or Owner's Statement

Name of Governing
Body or Owner:

City of Berlin

Date of Resolution or
Action Taken:

2020-06-09

Resolution Number:

20-10

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 = C

The City of Berlin WWTP received a C 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. = 3.81

*Check Summary Register©

MAY 31 2020

Name	Check Date	Check Amt	
11100 Cash in Bank m FNB			
Paid Chk# 064503 AHC - STAFF DEVELOPMENT	5/7/2020	\$18.00	BLS ECARDS EMMAZ AND KAY WILLI
Paid Chk# 064504 AMAZON CAPITAL SERVICES, IN	5/7/2020	\$302.97	MULTI FOLD TOWELS - EMS
Paid Chk# 064505 AMERICAN SIGNAL CORP	5/7/2020	\$4,157.60	SIREN WORK - BERLIN EMERGENCY
Paid Chk# 064506 APPLETON FINANCE DEPARTM	5/7/2020	\$471.25	2020 - MAY - WEIGHTS AND MEASU
Paid Chk# 064507 BERLIN JOURNAL NEWSPAPER	5/7/2020	\$1,055.88	15" AD RUBBISH BB/BJ
Paid Chk# 064508 CORPORATE NTRWK SOLUTION	5/7/2020	\$600.00	LINDSEY'S COMPUTER UPDATE
Paid Chk# 064509 FINISHLINE STUDIOS	5/7/2020	\$40.00	2020 - MAY - MONTHLY WEB HOSTI
Paid Chk# 064510 FIRE INSPECTION SERVICES IN	5/7/2020	\$1,497.83	2020 - APRIL - FIRE INSPECTIO
Paid Chk# 064511 HORICON BANK	5/7/2020	\$125.00	2020 - MAY - EMPLOYER H.S.A. C
Paid Chk# 064512 JON LUNDT ELECTRIC, INC	5/7/2020	\$98.49	INSTALL ELECTRIC DOOR OPENING
Paid Chk# 064513 KASUBOSKI, WILLIAM	5/7/2020	\$185.00	PARK SHELTER HOUSE DEPOSIT REF
Paid Chk# 064514 KUNKEL ENGINEERING GROUP	5/7/2020	\$27,665.70	2020 STREET & UTILITY PROJECTS
Paid Chk# 064515 MCKESSON MEDICAL SURGICA	5/7/2020	\$624.73	MEDICAL SUPPLIES FOR EMS
Paid Chk# 064516 MUNICIPAL CODE CORP	5/7/2020	\$664.86	ORDINANCE UPDATES (12 COPIES)
Paid Chk# 064517 OSHKOSH OFFICE SYSTEMS	5/7/2020	\$203.36	2020 - APRIL - COPIER 6111 PHO
Paid Chk# 064518 PLANTZ, DENNIS W	5/7/2020	\$375.62	2020 - APRIL - PLANTZ HEALTH I
Paid Chk# 064519 PODOLL, GARY V	5/7/2020	\$17.25	REIMBURSEMENT FOR MAILING SIRE
Paid Chk# 064520 SECURIAN FINANCIAL GROUP	5/7/2020	\$797.55	2020 - EMPLOYEE LIFE INSURANCE
Paid Chk# 064521 VERVE	5/7/2020	\$335.00	2020 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 064522 VIVIAL	5/7/2020	\$46.35	2020 - MAY - CENTURYLINK ADV
Paid Chk# 064523 WURTZ LAW OFFICE	5/7/2020	\$650.00	SPECIAL PROSECUTOR ASSIGNMENT
Paid Chk# 064524 ZOLL MEDICAL CORP	5/7/2020	\$28.40	MISCODER BILL FOR AUX POWER BR
Paid Chk# 064525 ADVANCED DISPOSAL SERVICE	5/18/2020	\$24,394.71	2020 - APRIL - TRASH AND RECYC
Paid Chk# 064526 ALL FLAGS, LLC	5/18/2020	\$337.73	FLAGS ORDERED FOR STREET DEPAR
Paid Chk# 064527 AMAZON CAPITAL SERVICES, IN	5/18/2020	\$434.40	FACE MASKS FOR BEMS
Paid Chk# 064528 BARBOLA FUNERAL HOME	5/18/2020	\$150.00	REFUND OF JUDY ELDRED WINTER B
Paid Chk# 064529 BENEFIT ADVANTAGE	5/18/2020	\$64.00	2020 - APRIL - COBRA 32 COVERE
Paid Chk# 064530 BERLIN JOURNAL NEWSPAPER	5/18/2020	\$115.00	2020 WEED AD
Paid Chk# 064531 CENTURYLINK	5/18/2020	\$72.90	2020 - APRIL - LONG DISTANCE P
Paid Chk# 064532 CHARTER COMMUNICATION	5/18/2020	\$335.45	2020 - MAY - INTERNET AND TV S
Paid Chk# 064533 CONNEXUS CREDIT UNION	5/18/2020	\$125.00	2020 - APRIL-MAY - EMPLOYER H.
Paid Chk# 064534 DIVISION OF UNEMPLOYMENT I	5/18/2020	\$1,252.63	2020 - APRIL - UNEMPLOYMENT BE
Paid Chk# 064535 DON E. PARKER EXCAVATING, I	5/18/2020	\$17,096.32	N CAPRON/RIVER DR
Paid Chk# 064536 DREXEL BUILDING SUPPLY, INC.	5/18/2020	\$80.65	4X4-10' TREATED & 2X4-10' TREA
Paid Chk# 064537 DTN, LLC	5/18/2020	\$486.40	2020 - MAY - RADAR CONTROL
Paid Chk# 064538 EMC INSURANCE COMPANIES	5/18/2020	\$19,329.85	2020 - APRIL - GENERAL LIABILI
Paid Chk# 064539 EMERGENCY MEDICAL PRODUC	5/18/2020	\$1,117.07	MEDICAL SUPPLIES FOR BEMS
Paid Chk# 064540 HAWKINS /ASH CPAs	5/18/2020	\$4,510.00	PROGRESS BILL 12/31/2019 AUDIT
Paid Chk# 064541 LANDMARK SERVICES COOPER	5/18/2020	\$1,899.92	2020 - APRIL - FUEL DELIVERY
Paid Chk# 064542 NORTHEAST ASPHALT - GRNV	5/18/2020	\$2,399.63	ASPHALT FOR DPW
Paid Chk# 064543 PACKER CITY INT'L TRUCKS, IN	5/18/2020	\$144.55	FUEL PUMP SUPPLY AND GASKET FI
Paid Chk# 064544 PLANTZ, DENNIS W	5/18/2020	\$563.43	2020 - MAY - PLANTZ HEALTH REI
Paid Chk# 064545 RUNNING INC. TRANSIT SERVIC	5/18/2020	\$11,617.03	2020 - APRIL - SHARED RIDE TAX
Paid Chk# 064546 STRYKER SALES CORP	5/18/2020	\$18,931.00	NEW COT FOR BEMS
Paid Chk# 064547 THE CVIKOTA COMPANY INC	5/18/2020	\$2,483.13	2020 - APRIL - BERLIN/PRINCETO
Paid Chk# 064548 TRI-COUNTY CONSORTIA	5/18/2020	\$799.00	RENEWALBERLIN AQUATIC CONCESSI
Paid Chk# 064549 UNITED HEALTHCARE	5/18/2020	\$940.00	REFUND FOR PAYMENT BERTHA HULI
Paid Chk# 064550 vonBRIESEN & ROPER, s.c.	5/18/2020	\$114.00	EMAILS LIBRARY AND EMPLOYEE RE
Paid Chk# 064551 WI COUNCIL 32 PER CAP TAX T	5/18/2020	\$407.20	2020 - MAY - UNION DUES
Paid Chk# 064553 BAKER & TAYLOR	5/18/2018	\$1,388.44	1 UNIT FOR CUSTOMERS
Paid Chk# 064554 LISA OBRIST	5/18/2018	\$371.25	2020 - APRIL - LIBRARY CLEANIN
Paid Chk# 064555 OSHKOSH OFFICE SYSTEMS	5/18/2018	\$45.19	2020 - APRIL - PHOTO COPIES
Paid Chk# 064556 SUPERIOR CHEMICAL CORP	5/18/2018	\$34.52	TB PLUS SPRAY DISENFECT
Paid Chk# 064557 WINNEFOX AUTO LIBRARY SER	5/18/2018	\$19.68	2020 - MARCH - UNIQUE MANAGEME
Paid Chk# 064558 WINNEFOX COOPERATIVE TEC	5/18/2018	\$165.24	SUPPLIES FROM DEMCO
Paid Chk# 064559 WINNEFOX LIBRARY SYSTEM	5/18/2018	\$169.05	SLP MATERIAL FROM CSLP
Paid Chk# 064560 ADVANTAGE POLICE SUPPLY IN	5/18/2020	\$807.35	POINT BREAK CONCEALABLE CARRIE

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*Check Summary Register©

MAY 31 2020

Name	Check Date	Check Amt
11161 UTILITY CASH - FNB		
Paid Chk# 015195 UNITED STATES POSTAL SERVI	5/5/2020	\$542.18 MAY 2020 BILLING MONTHLY
Paid Chk# 015196 BADGER LABORATORIES INC	5/7/2020	\$804.00 TOTAL SOLIDS,VOLATILE SOLIDS,A
Paid Chk# 015197 BERLIN CITY TREASURER 1015	5/7/2020	\$301.11 UTILITY GAS & DIESEL APRIL 202
Paid Chk# 015198 BERLIN OIL PRODUCTS	5/7/2020	\$25.00 TIRE REPAIR
Paid Chk# 015199 FAB TECH WASTEWATER SOLU	5/7/2020	\$2,180.00 DRIP TRAP 2.5 QT
Paid Chk# 015200 HAWKINS/ ASH CPAS	5/7/2020	\$2,390.00 AUDIT BILL SERVICES THROUGH 05
Paid Chk# 015201 KUNKEL ENGINEERING GROUP	5/7/2020	\$6,102.25 2020 STREET & UTILITY IMPROVEM
Paid Chk# 015202 LEYSTRA SEEDS LLC	5/7/2020	\$400.00 SOIL PIT CONSULTATION
Paid Chk# 015203 LIEN, LINDA	5/7/2020	\$15.70 REIMBURSEMENT RECEIPT BOOKS
Paid Chk# 015204 LINCOLN CONTR SUPPLY INC	5/7/2020	\$69.99 50 - 3 LAYER PREMIUM FACE MASK
Paid Chk# 015205 MARTELLE WATER TREATMENT	5/7/2020	\$4,458.43 LIQUID ALUMINUM SULFATE
Paid Chk# 015206 RIDGE STONE PRODUCTS, INC	5/7/2020	\$156.13 3/4" CLEAR LIMESTONE
Paid Chk# 015207 SUPERIOR CHEMICAL CORP	5/7/2020	\$118.04 SUN FRESH DISINFECTANT
Paid Chk# 015208 WALTCO INC	5/7/2020	\$572.86 PICK UP SAMPLES FOR BADGER LAB
Paid Chk# 015209 WSI WATER	5/7/2020	\$1,619.94 POLYCLEAR
Paid Chk# 015210 ADVANCED DISPOSAL SERVICE	5/18/2020	\$227.53 GARBAGE/RECYCLING 05/01/20-05
Paid Chk# 015211 AUTO BODY SPECIALISTS	5/18/2020	\$300.00 PAINT ELECTRICAL CABINET
Paid Chk# 015212 BADGER LABORATORIES INC	5/18/2020	\$1,596.90 TOTAL COLIFORM BACTERIA
Paid Chk# 015213 BADGER STATE WASTE LLC	5/18/2020	\$6,402.00 BIOSOLIDS HAULING
Paid Chk# 015214 CINTAS CORPORATION	5/18/2020	\$177.96 MAT CLEANING APRIL 2020
Paid Chk# 015215 CRANE ENGINEERING SALES IN	5/18/2020	\$2,219.13 6" IRON MEGLUG MECHANICAL JOIN
Paid Chk# 015216 DON E. PARKER EXCAVATING, I	5/18/2020	\$20,904.63 2019 STREET & UTILITY PROJECT
Paid Chk# 015217 HORST DISTRIBUTING INC.	5/18/2020	\$40.07 BOLT-BLADE
Paid Chk# 015218 LANDMARK SERVICES COOPER	5/18/2020	\$1,121.09 SUPERLUBE TMS SAE, AUTO GOLD S
Paid Chk# 015219 LINCOLN CONTR SUPPLY INC	5/18/2020	\$638.96 WATER BASED MARKING PAINT (BLU
Paid Chk# 015220 NORTH CENTRAL LABORATORI	5/18/2020	\$110.12 AMMONIA COLOR DISC TEST KIT
Paid Chk# 015221 LAWRENCE REAGAN	5/21/2020	\$58.46 000000308701
Paid Chk# 015222 BERLIN CITY TREASURER 1015	5/21/2020	\$584.62 CENTURYLINK BILLING FOR APRIL
Paid Chk# 015223 CENTURYLINK	5/21/2020	\$50.32 WWTP SERVICE 05/09/20 - 06/08/
Paid Chk# 015224 JOHN FABICK TRACTOR COMPA	5/21/2020	\$24.22 FILTER OHWDO2825
Paid Chk# 015225 WIS DNR-ENVIRONMENTAL FEE	5/21/2020	\$3,746.71 2020 ENVIRONMENTAL FEE 4240044
Paid Chk# 015226 BADGER LABORATORIES INC	5/29/2020	\$67.20 TOTAL COLIFORM BACTERIA
Paid Chk# 015227 BADGER STATE WASTE LLC	5/29/2020	\$11,685.00 BIOSOLIDS HAULING, AGITATOR RE
Paid Chk# 015228 BERLIN CITY TREASURER 1015	5/29/2020	\$28,465.93 PAYROLL MAY 2020
Paid Chk# 015229 CCP INDUSTRIES INC.	5/29/2020	\$88.69 SANI CLOTH DISINFECTING WIPES
Paid Chk# 015230 FERGUSON WATER WORKS #14	5/29/2020	\$1,571.00 SNAKEPIT, DI MJ RW OL GATE, CL
Paid Chk# 015231 FIRST SUPPLY	5/29/2020	\$81.10 20X25X2 HE40-STD2 MERV 8 AIR F
Paid Chk# 015232 NORTH CENTRAL LABORATORI	5/29/2020	\$165.26 PHOSPHORUS TEST N TUBE REAG
Paid Chk# 015233 U S CELLULAR	5/29/2020	\$162.96 MONTHLY SERVICE 5/16/20 - 06/1
Paid Chk# 015234 WI DNR	5/29/2020	\$284.00 2020 WATER USE FEES
Total Checks		\$100,529.49

Utilities Payables



RESOLUTION # 20-_____

AUTHORIZING RESOLUTION TO COMMIT MATCHING FUNDS
FOR THE CITY OF BERLIN, WI

This is a Resolution of the Common Council of the City of Berlin, providing a guarantee of matching funds for the 2020 Community Development Block Grant Public Facilities (CDBG-PF) and Close Program application.

WHEREAS, federal monies are available under the CDBG Public Facilities annual competitive application, and the CDBG Close Program, both administered by the State of Wisconsin, Department of Administration, for the purpose of improving public facilities;

WHEREAS, the Common Council of the City of Berlin has authorized the submission of a CDBG Public Facilities and Close Program application to the State of Wisconsin for the City of Berlin – 2021 Street, Utilities and Pedestrian Bridge Reconstruction Project;

WHEREAS, an adequate local financial match must be provided for the proposed Public Facilities and Close Program project by the City of Berlin;

WHEREAS, the City of Berlin and its Water and Sewer Utilities have the below referenced funds available in the bank and will commit those funds to the City of Berlin 2021 Street, Utilities and Pedestrian Bridge Reconstruction Project if the City receives a CDBG PF grant award in the amount of \$1,000,000.

NOW, THEREFORE IT BE RESOLVED, that the City of Berlin and its Water and Sewer Utilities does hereby authorize the commitment of match funds to be used as outlined in the CDBG application, for the match amount of \$2,880,936.00 from the following secured sources:

CDBG Close Funds Program	\$1,200,000.00
Water Utility Funds	\$ 605,521.00
Sewer Utility Funds	\$1,075,415.00

Passed, approved and adopted this _____ day of June, 2020.

ROLL CALL VOTE:

_____ AYES
_____ NAYS
_____ ABSENT

APPROVED AS TO FORM:

MATTHEW G. CHIER, City Attorney

CITY OF BERLIN

BY: _____
RICHARD D. SCHRAMER, Mayor

ATTEST: _____
JODIE OLSON, City Clerk

DATE: June 5, 2020

TO: Common Council

FROM: Jodie Olson

RE: Wal-Mart Real Estate Business Trust Board of Review Assessment Request for Waiver and Objection

BACKGROUND: The 2020 Board of Review is completed. At the Board of Review, Wal-Mart filed an assessment objection and request for waiver. Council has no jurisdiction over assessments, but a brief update on the situation is warranted.

RECOMMENDATION: Informational only. No action required.

CITY OF BERLIN
BOARD, COMMITTEE, COMMISSION & COMMON COUNCIL
APPLICATION FORM

Name: Dan Johnson
Address: 356 Kennedy Drive
Phone: Day 920-229-7863 Evening 920-229-7863

City residency is required for appointment to a City board, committee or commission, with the BID being the exception. Other eligibility requirements may also exist.

Area of Interest:

<input type="checkbox"/> Board of Review	<input type="checkbox"/> Oakwood Cemetery Board
<input type="checkbox"/> Business Improvement District (BID)	<input type="checkbox"/> Parks & Recreation Commission
<input type="checkbox"/> Committee On Aging	<input type="checkbox"/> Plan Commission
<input type="checkbox"/> Common Council, Ward #	<input checked="" type="checkbox"/> Police & Fire Commission
<input type="checkbox"/> Community Development Authority	<input type="checkbox"/> Sewer & Water Commission
<input type="checkbox"/> Housing Advisory	<input type="checkbox"/> Zoning Board of Appeals
<input type="checkbox"/> Library Board	<input type="checkbox"/> Other _____

Applicant Questions (attach additional sheets if necessary)

1. Do you have any issues with attending meetings at the specified times? (See Meeting Schedule)

No

2. Please indicate why you are interested in serving on any of the above Board, Committee or

Commission: Heard there were a couple spots available,
and used to be on the commission years ago.

3. What knowledge, experience, or abilities do you have that would make you an effective board member:

I was on the Committee 10 years ago,
so I have experience from that post

4. Please provide any additional information for consideration:

Prior Police &
Fire Commission member.

CITY OF BERLIN
BOARD, COMMITTEE, COMMISSION & COMMON COUNCIL
APPLICATION FORM

Name: Catrina Burgess
Address: 236 N Capron St Berlin, Wi 54923
Phone: Day (920)229-9860 Evening (920)229-9860

City residency is required for appointment to a City board, committee or commission. Other eligibility requirements may also exist.

Area of Interest:

<input type="checkbox"/> Board of Review	<input type="checkbox"/> Oakwood Cemetery Board
<input checked="" type="checkbox"/> Parks & Recreation Commission	<input type="checkbox"/> Committee On Aging
<input type="checkbox"/> Plan Commission	<input type="checkbox"/> Common Council, Ward # <u> </u>
<input type="checkbox"/> Police & Fire Commission	<input type="checkbox"/> Community Development Authority
<input type="checkbox"/> Sewer & Water Commission	<input type="checkbox"/> Housing Advisory
<input type="checkbox"/> Zoning Board of Appeals	<input type="checkbox"/> Library Board
<input type="checkbox"/> Other <u> </u>	

Applicant Questions (attach additional sheets if necessary)

1. Do you have any issues with attending meetings at the specified times? (See Meeting Schedule)
I do not have any issues with attending meetings.

2. Please indicate why you are interested in serving on any of the above Board, Committee or Commission: As a mom to young children whom use our parks frequently, i'd love to be more active and present in our community.

3. What knowledge, experience, or abilities do you have that would make you an effective board member: I have experience being on boards, as I hold current President positions on two non-profit boards.
I like to educate myself on any topics being discussed in order to make professional decisions and input.

4. Please provide any additional information for consideration: As a younger citizen who cherishes & is grateful for our small knit community, I would be honored to serve on the Park's & Rec Commission to be a voice that represents younger families as well others in the community.

City of Berlin - Street Privilege / Special Event Permit Checklist

Name of Event Sidewalk Cafe - Riverside Coffee Company, LLC

18-401 Street Privilege - Temporary construction (Dumpster, bucket truck, sidewalk blocked etc.)

Use of City streets, sidewalks, street parking spaces

Street Privilege - Sidewalk café (table, chairs, service of food etc.)

Street Privilege - Automobiles in terrace (ex. West Side Garage)

18-402 Special Vending - Multiple vendors (Sidewalk sales etc.)

- Date application submitted: 6-2-20
- ☒ COMPLETE APPLICATION Submitted no less than 45 days prior to requested start date for sidewalk café (45 days time period may be waived if the permit request is Recurring)
- ☒ Description of requested activity, sketch of location, or outlined map if needed
- ☐ FEE OF TWENTY DOLLARS (\$20.00) Date of payment Will bill w/ Liquor license App
- ☒ SIGNED INDEMNIFICATION AGREEMENT (Required for all permits.)
- ☒ CERTIFICATE OF LIABILITY INSURANCE (Unless Exempt) In the Amount of \$1,000,000 BODILY, \$500,000 PROPERTY for EACH OCCURRENCE with THE CITY OF BERLIN NAMED AS AN ADDITIONAL INSURER

Expiration date: 6/10/2021

EACH EVENT

- ☒ Reviewed by City Attorney (Fax copy to office) 6/4/20
- ☒ Reviewed by Chief of Police (Give copy) 6/3/20
- ☒ Reviewed by Street Superintendent (Give copy) 6/3/2020
- ☒ Reviewed by Jodie Olson (Give copy) 6/5/2020
- ☐ Date of Council Meeting for new approvals 6/9/20

NOTES:

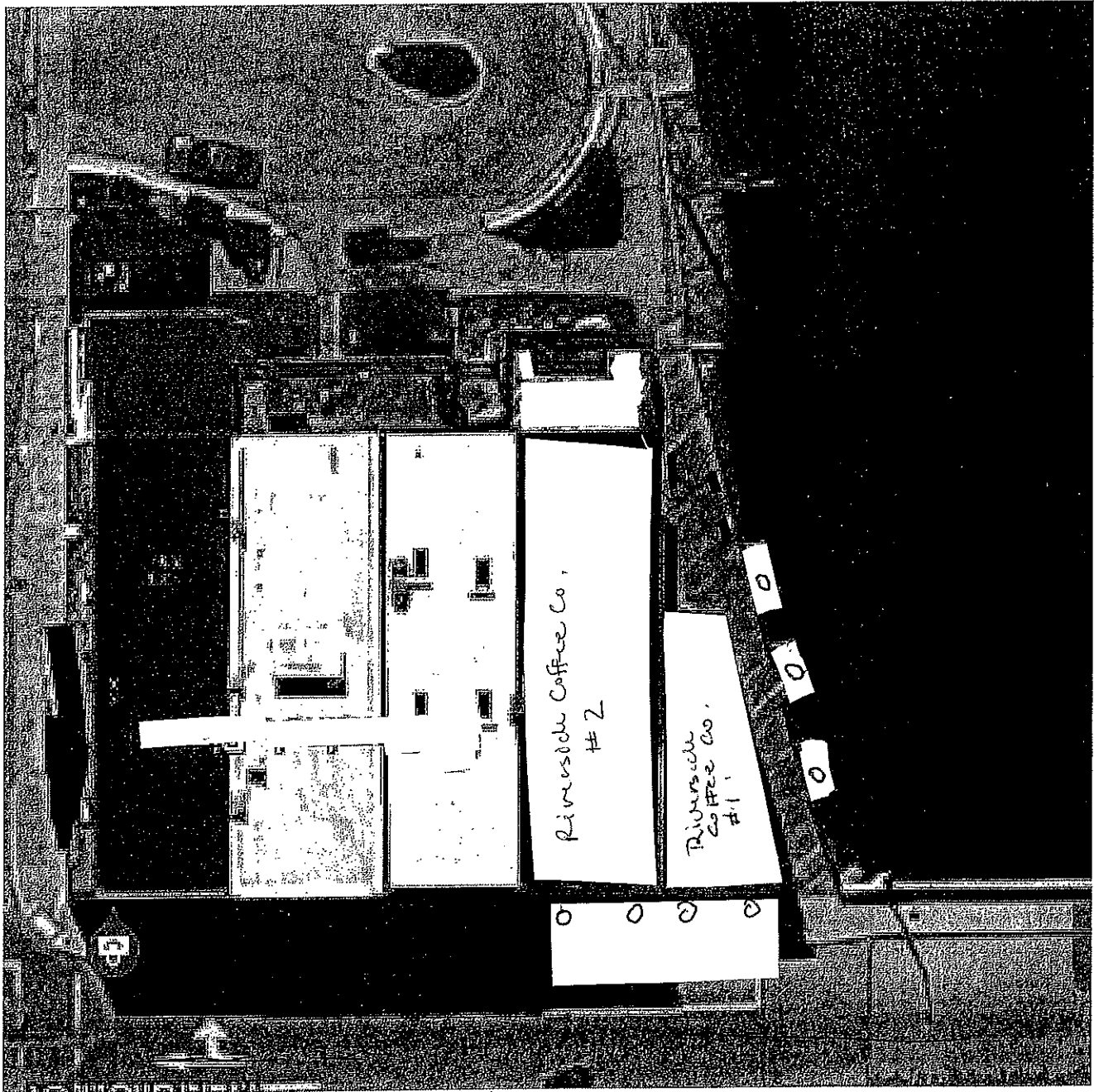
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Map For Riverside Coffee Company

SideWalk Cafe

For phone call w/ Benjamin
clerk
6/3/20
men





Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • erieinsurance.com

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)
6/2/20

NAME AND ADDRESS OF AGENCY ALL IN ONE INSURANCE GROUP 165 W HURON ST BERLIN, WI 54923-1590 (920)361-0908		AGENT'S NO. WW1803	COMPANIES AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY		
NAME AND ADDRESS OF NAMED INSURED RIVERSIDE COFFEE COMPANY LLC 168 W HURON ST BERLIN, WI 54923		<p>This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.</p> <p>Preparing, issuing, requesting, or requiring this certificate of insurance be altered to include false or misleading information, to purport to modify coverage provided by the underlying policy, or alter terms and conditions of notice requirements, may be an unfair marketing practice in violation of s. 628.34(14), Wis. Stats.</p>			
<p>This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.</p>					
TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		Q40 2951092	4/29/20	4/29/21	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ 1,000,000 MED EXP (Any One Person) \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE					BODILY INJURY (EACH PERSON) \$ BODILY INJURY (EACH ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION & EMPLOYERS LIABILITY					STATUTORY BODILY INJURY BY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT DISEASE \$ EACH EMPLOYEE
OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Use of City of Berlin space next to business for use by outdoor customers					

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

NAME AND ADDRESS OF CERTIFICATE HOLDER CITY OF BERLIN 108 N CAPRON ST BERLIN, WI 54923	AUTHORIZED REPRESENTATIVE
---	-------------------------------

CITY OF BERLIN PERMIT APPLICATION

Street Privilege and Special Event Vending

(Provisions of SEC. 18-401 thru SEC. 18-402 Municipal Code Apply)

If you need additional space for any answers, attach additional sheets as necessary

☐ 18-401 Street Privilege (Temporary Construction) ☒ 18-401 Street Privilege (Sidewalk Café) ☐ 18-402 Special Event Vending* (Multiple Vendors 18-402(a)(3) (c)(2))

Applicant's Name: THE ART BAR, LLC Date of Application: 5/28/2020

Applicant's Telephone Number: 920.290.3230 Applicant's DOB/Organized: 4/2019

Applicant's Address: 114 W. HURON ST. BERLIN, WI 54923

Purpose of Application Request: OUTDOOR CAFE - FRONT SIDEWALK

If applicant is an organization, provide the name(s), title(s) or position(s), address(es), and telephone number(s) of authorizing official(s) (for corporations, all officers and directors, for LLC's, all members and managers, for partnerships, all partners, for trusts, all trustees):

Name, Title, and Address

Telephone Number

JANET BROESCH/MEMBER/217 E. PARK AVE, BERLIN, WI 54923 312.218.3878

RICHARD BIEDER/MEMBER/IN2640 ARCHER AVE, PINE RIVER, WI 54965 920.209.1380

MICHELLE OMICHINSKI/MEMBER/136 PIERCE ST. BERLIN, WI 54923 312.802.9509

DAVID MACKNICK/MEMBER/136 PIERCE ST. BERLIN, WI 54923 312.237.0884

If applicant is an organization (corporation, LLC, partnership, trust, etc), provide the name(s), title(s) or position(s), address(es), and telephone number(s) of person(s) responsible for this request:

Name, Title, and Address

Telephone Number

Details of Activity or Event: (For extended details, use the back of this form and include sketch(es) or drawing(s) of the proposed obstruction, sidewalk café, or event).

What: TABLES & CHAIRS FOR DRINKING COCKTAILS

When: THURS. & FRI. 3pm-2am SAT. 11am-2am Duration: JUNE 15²⁰²⁰ - SEPT. 15, 2020

Where: 114 W. HURON ST. BERLIN WI 54923, FRONT SIDEWALK

*Note: Applicants for special event vending permit must be an organization representing at least 25 businesspersons, all of whom operate either a retail, service, manufacturing, or wholesale business within the city.

emailed

If applying for a special event vending permit, the permit will apply to: (check one)

☐ All businesses operating within the city. ☐ Only specified businesses represented by the applicant

If the only specified businesses option is selected, attach a separate list or list on the back of this form the businesses participating in the event including name, address, and telephone number of each business.

Applicant or Applicant's Agent's Signature: Michelle Omichinski

Name of Person Signing (please print): MICHELLE A. OMICHINSKI

Title of person signing (if applicant is organization): AGENT / MEMBER

For Office Use Only:

Included with Application: ☐ Fee ☐ Indemnification Form ☐ Liability Insurance

Reviewed by: ☐ City Attorney ☐ Chief of Police ☐ Street Superintendent

Common Council Approval: ☐ Yes ☐ No ☐ NA (Recurring or Temporary Construction)

Recommendation: Conditions for Approval or Reasons for Denial:



City of Berlin

108 North Capron Street P.O. Box 272
Berlin, WI 54923
920-361-5400 Phone 920-361-5454 Fax


Indemnification, Defense, and Hold Harmless Agreement

The undersigned, as an applicant for a permit from the City of Berlin, hereby agrees to indemnify, defend, and hold harmless the City of Berlin and its employees and agents against all claims, liabilities, loss, damages, or expenses against or incurred by the City of Berlin on account of any injury to or death of any person, or any damage to property, caused by or resulting from the activities for which the permit was granted.

Specifically this Agreement applies to the following event:

SIDEWALK CAPE - 114 W. HURON ST. BERLIN, WI 54923
(Description and location of event)

On: JUNE 15 - Sept. 15, 2020
(Date(s) of event)

By:  MICHELLE A. OMICHINSKI
(Sign and Print Name)

OR On Behalf of:

THE ART BAR, LLC. MEMBER
(Name of Organization and Title if applicable)

If signing on behalf of an organization, you must have authority from the organization to sign an agreement like this. By signing this agreement, you are warranting to the City of Berlin that you have such authority.



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Toll free 1.800.468.0811 • Fax 814.870.3126 • erieinsurance.com

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NAME AND ADDRESS OF CERTIFICATE HOLDER
CITY OF BERLIN
108 N CAPRON ST
BERLIN, WI 54923

AUTHORIZED REPRESENTATIVE

[Signature]

Date: June 09, 2020

To: Common Council

From: Susan Thom and Midge Seaman, Deputy Clerks

RE: ANNUAL LICENSES AND PERMIT: 2020-2021 CLASS A LIQUOR AND BEER LICENSES, CLASS B LIQUOR AND BEER LICENSES, TOBACCO LICENSES, AMUSEMENT LICENSES AND OUTDOOR ACTIVITY PERMITS

BACKGROUND: Businesses requesting liquor, tobacco and amusement device licenses and outdoor activity permit for license year 2020-2021 have submitted renewal applications. All requirements have been met except for following:

Misty Inn: Due to remodeling being incomplete, inspections were not able to be completed. The approval will be contingent upon passing all inspections.

Dolgengencorp, LLC dba Dollar General Store #6966: Payment of \$25.00 for unpaid invoice.

Izzy's Dockside Diner, inc.: Vice President Chris Jecevicus has a Conviction and a pending charge as per attached.

Amusement Device Licenses for July 1, 2020-June 30, 2021

1. Berlin Lanes LLC, Eric Berndt, 119-123 N. Pearl Street
2. Bucky's, Wayne Wesner, 115 W. Huron Street
3. Boomba's LTD, dba Clem's Bar, Theodore Bombinski, 223 Broadway
4. Boeck's Rentals LLC, dba Driftwood, Frank Boeck, 209 Broadway
5. Izzy's Dockside Diner Inc, Ajshe Jecevicus, 186 Broadway
6. Lopez Restaurants LLC dba Las Brasas, Aidee Lopez, 215 Ripon Rd
7. Missy Inn, Patricia Day, 221 Broadway
8. Rendezvous, Mark Vandre, 114 N Capron St

Tobacco License Applications for July 1, 2020 – June 30, 2021

1. Condon Oil Company, dba, Berlin BP, Kraig Bauman, 247 Ripon Rd
2. Dolgencorp LLC, dba, Dollar General #6966, Aaron Dalton, 289 S Church St
3. Kwik Trip, Inc., dba, Kwik Trip #777, Andrew Tessaro, 270 Broadway
4. Cheema & Cheema LLC, dba, Malchetske's on Broadway, Inderjeet Cheema, 265 Broadway
5. Berlin Oil Products, Inc., dba Shell on Broadway, Kim Lehr, 703 Broadway
6. Wal-Mart Stores East, LP dba Walmart #1727, Todd Janzen, 861 Broadway

Outdoor Activity Permit for July 1, 2020 – June 30, 2021

1. Izzy's Dockside Diner Inc, Ajshe Jecevicus, 186 Broadway
2. Lopez Restaurants LLC dba Las Brasas, Aidee Lopez, 215 Ripon Rd
3. Rendezvous, Mark Vandre, 114 N Capron St
4. Riverside Coffee Company, LLC, Benjamin Cloyd, 168 & 170 W Huron St
5. The Art Bar, LLC, Michelle Omichinski, 114 W Huron St

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
CONDON OIL COMPANY	126 E JACKSON RIPON WI 54971

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BAUMAN	KRAIG	DEAN	434 STONEHEDGE CT RIPON WI 54971

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BAUMAN	KRAIG	DEAN	434 STONEHEDGE CT RIPON WI 54971
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BLOCK	KARLA	K	N7930 DOTY DR RIPON WI 54971
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name 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/FAST FOOD

Applicant's Wisconsin Seller's Permit Number 45600053547403	
FEIN Number 39-0704880	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<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	\$ 12.50
TOTAL FEE	\$ 137.50

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
BAUMAN KRAIG	
Home Address (street/route)	Post Office
434 STONEHEDGE CT	RIPON
Home Phone Number	State Zip Code
920-748-2974	WI 54971
Age	Date of Birth
55	04/18/1965
Place of Birth	
RIPON WI 54971	

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.
- ☒ **PRESIDENT/AGENT** of **CONDON OIL COMPANY**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

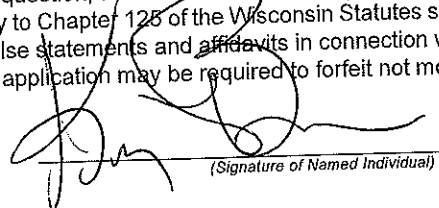
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 55 YEARS
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
CONDON OIL COMPANY	126 E JACKSON ST RIPON WI	06/01/1976	Present
Employer's Name	Employer's Address	Employed From	To

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)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 07/1/2020 - 6/30/2021
Date of Issuance

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.

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 Telephone (920) 361-3678	
Municipality BERLIN	State WI	Zip Code 54923	County GREEN LAKE	
Mailing Address (if different than Business Address)			State Zip Code	

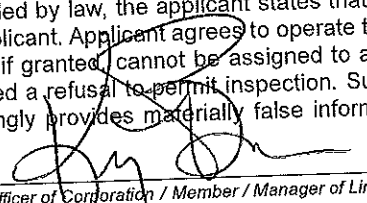
Organization (check one)

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

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

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

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


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

Applicable Laws and Rules

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

Wisconsin Department of Revenue

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C

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

Applicant's Wisconsin Seller's Permit Number 456-0000208845-05	
FEIN Number 61-0852764	
TYPE OF LICENSE REQUESTED	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	\$
Publication fee	\$ 12.05
TOTAL FEE	\$ 437.05

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company DOLGENCORP, LLC	Address of Corporation / Limited Liability Company (if different from licensed premises) 100 MISSION RIDGE, GOODLETTSVILLE TN 37072
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name DALTON	(First) AARON	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) SEE ATTACHED
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name REISER	(First) JASON	(Middle Name) S	Home Address (Street, City or Post Office, & Zip Code) SEE ATTACHED
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

A. Business Information

- Trade Name DOLLAR GENERAL STORE # 6966 Business Phone Number 9206585165
- Address of Premises 289 S CHURCH ST BERLIN WI 54923-2144
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
8235 sq ft Stand Alone Building

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DALTON		AARON		D	
Home Address (street/route)		Post Office	City	State	Zip Code
1921 N ELINOR ST			APPLETON	WI	54914
Home Phone Number		Age	Date of Birth	Place of Birth	
615-855-4000		42	03/07/1978	INDIANA	

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.

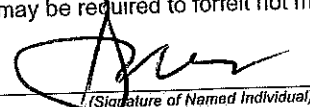
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 13 years
- 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 employee 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	GOODLETTSVILLE, TN	07/13/2019	Present
HF Tools	Calabassas, CA	12/1/06	7/12/19

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)

Agent Store List

Store	Address	City	Zip	County	Agent
6413	1150 SERVICE RD	KIEL	53042-1281	MANITOWOC	AARON DALTON
6432	1210 E MAIN ST	OMRO	54963	WINNEBAGO	AARON DALTON
6571	905 E DIVISION ST	WAUTOMA	54982-1035	WAUSHARA	AARON DALTON
6586	745 E FOND DU LAC ST	RIPON	54971-9570	FOND DU LAC	AARON DALTON
6966 ✓	289 S CHURCH ST	BERLIN	54923-2144	GREEN LAKE	AARON DALTON
11718	619 W WARREN ST	REDGRANITE	54970-9396	WAUSHARA	AARON DALTON
13946	412 W. NORTH ST. PLAINFIELD	PLAINFIELD	54966-9296	WAUSHARA	AARON DALTON
17654	761 COMMERCIAL AVE	GREEN LAKE	54941	GREEN LAKE	AARON DALTON
17883	333 PROSPECT AVENUE	NORTH FOND DU LAC	54937-1466	FOND DU LAC	AARON DALTON
18223	129 W FOLLETT DR	COLOMA	54930	WAUSHARA	AARON DALTON
18858	523 S MAIN ST	NESHKORO	54960	MARQUETTE	AARON DALTON
20091	N4260 STH Rd 49	Poy Sippi	54967	Waushara	AARON DALTON
21000	739 W. Fond du Lac St	Ripon	54971	Fond du Lac	AARON DALTON

WI 6966

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

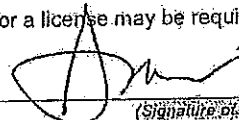
Berlin
 (Municipality)

 Wisconsin June 2nd 2020
 (Date)

 1. Name of agent Aaron Dalton

- Yes No
2. ☒ ☐ Are you of legal drinking age?
3. ☒ ☐ Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4. ☐ ☒ Have you ever been convicted of a federal law violation?
5. ☐ ☒ Have you ever been convicted of a state law violation?
6. ☐ ☒ Have you ever been convicted of a local ordinance violation?
7. ☒ ☐ Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.



(Signature of Agent)

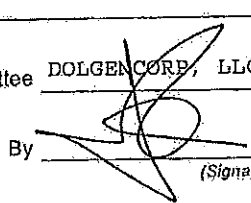
1921 N. ELINOR ST. APPLETON WI
 (Address) 54914

SUCCESSOR AGENT

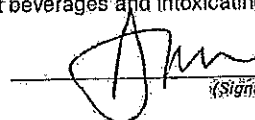
The undersigned appoints Aaron Dalton as agent in accordance with sec. 125.04(6), Wis. Stats.

 Name of Permittee DOLGENCORP, LLC

 Date June 2nd 2020

 By 
 (Signature of Officer / Member)

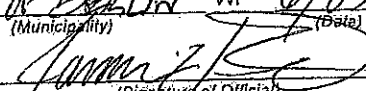
I hereby accept appointment as agent for DOLGENCORP, LLC and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

 Date May 26th 2020


(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

CITY OF BERLIN WI 6/03 2020
 (Municipality) (Date)


 (Signature of Official)

POLICE CHIEF
 (Title)

CITY OF BERLIN
P.O. BOX 272
108 NORTH CAPRON STREET
BERLIN WI 54923
920-361-5400

Invoice

No. 02020005
Date 2/7/2020

PAST DUE

To: DOLLAR GENERAL #6966
ATTN: ACCTS PAYABLE
289 S CHURCH STREET
BERLIN WI 54923

Shipped	Ship Via	Terms	Contract	Contact	Customer PO#
		30 Days Net			
Qty	Unit	Description	Unit Price	Amount	
1		BPD Response to a False Alarm	\$25.00	\$25.00	
Special Instructions Berlin Police Department response to false alarm at 289 S Church St on 12/26/2019			SubTotal	\$25.00	
			Tax	\$0.00	
			Shipping	\$0.00	

PAID \$0.00
Total \$25.00

If this charge is not paid within 30 days after the billing date, an additional 1% per month, or fraction thereof, will be added to the outstanding bill. Any bills not paid by November 1, 2020 will be added to the 2020 real estate tax bill.



ThankYou !

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of
☐ Village of Berlin City of
☒ City of

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Kwik Trip, Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>P.O. Box 2107, La Crosse, WI 54602</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Tessaro</u>	(First) <u>Andrew</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>274 N Hunter St Berlin WI 54923</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Zietlow</u>	(First) <u>Donald</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2802 Bergamot Pl., Onalaska, WI 54650</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>Wrobel</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3633 Bentwood Pl., La Crosse, WI 54601</u>
Directors / Managers Last Name <u>Zietlow</u>	(First) <u>Donald</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2802 Bergamot Pl., Onalaska, WI 54650</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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. Premise 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

Applicant's Wisconsin Seller's Permit Number <u>456-0000287614-03</u>	
FEIN Number <u>39-1036365</u>	
TYPE OF LICENSE REQUESTED	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 (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	<u>13.05</u>
TOTAL FEE	<u>437.05</u>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #Z340-1953-4444-01

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
		Zietlow	Donald	Paul
Home Address (street/route)	Post Office	City	State	Zip Code
2802 Bergamot Pl.	Onalaska		WI	54650
Home Phone Number	Age	Date of Birth	Place of Birth	
608-779-0469	85	12/4/1934	Chaseburg, WI	

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- 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.)
 Please see reverse.
- 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses
(Name, Location and Type of License/Permit)
in the State of Wisconsin.
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	9/1/1989	Present
Employer's Name	Employer's Address	Employed From	To
Gateway Foods	La Crosse, WI	1963	1989

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)

Donald P. Zietlow

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #W614-4306-0256-09

Individual's Full Name (please print) (last name) Wrobel		(first name) Jeffrey		(middle name) James	
Home Address (street/route) 3633 Bentwood Pl.		Post Office La Crosse		City La Crosse	State WI
Home Phone Number 608-787-6596		Age 59	Date of Birth 7/16/1960		Place of Birth La Crosse, WI
Zip Code 54601					

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.

☒ **Treasurer** of **Kwik Trip, Inc.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

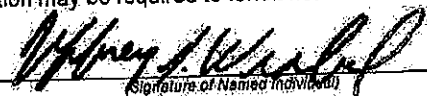
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 Kwik Trip, Inc.	Employer's Address 1626 Oak St., La Crosse, WI 54603	Employed From 6/1/88	To Present
Employer's Name Rau Corporation	Employer's Address 600 Sumner St., La Crosse, WI 54603	Employed From 1983	To 1988

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.



Jeffrey J. Wrobel
(Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

License Number
Period Covered 7/1/2020 - 6/30/2021
Date of Issuance

MUNICIPAL USE ONLY

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 608-791-7385		
Business Address (License Location) 270 Broadway			Business Telephone 920-361-4957		
Municipality Berlin	State WI	Zip Code 54923	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Berlin City of		
Mailing Address (if different than Business Address) P.O. Box 2107			County Green Lake		
			State WI		
			Zip Code 54602-2107		

Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 10/7/1964 ☐ Yes ☐ No
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☐ Other (describe) _____

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

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

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



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

Applicable Laws and Rules

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

Wisconsin Department of Revenue

Renewal Alcohol Beverage License Application

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

For the license period beginning: July 1, 2020 ending: June 30th 2021
(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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cheema</u>	<u>INDERJEET</u>	<u>K</u>	<u>538 Ann Ct. Berlin WI 54923</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cheema</u>	<u>PRABHPREET</u>	<u>S</u>	<u>Same</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Cheema & Cheema LLC</u>	<u>265 Broadway St. Berlin WI 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cheema</u>	<u>INDERJEET</u>	<u>K</u>	<u>538 Ann Ct. Berlin WI 54923</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cheema</u>	<u>INDERJEET</u>	<u>K</u>	<u>538 Ann Ct. Berlin WI 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cheema</u>	<u>PRABHPREET</u>	<u>S</u>	<u>Same as above</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Malchetske on Broadway Business Phone Number 920-361-3711
- Address of Premises 265 Broadway St Post Office & Zip Code Berlin WI 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
3600 SQ-ft Display + 3600 SQ ft for Storage

Applicant's Wisconsin Seller's Permit Number <u>456-000201840502</u>	
FEIN Number <u>201473738</u>	
TYPE OF LICENSE REQUESTED	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 (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.50</u>
TOTAL FEE	\$ <u>431.50</u>

25.00
Tobacco

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

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.

License Number
Period Covered 07/01/20 - 06/30/2021
Date of Issuance

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) Malchetskes on Broadway St.			Telephone Number (920) 361-3711	
Business Address (License Location) 265 Broadway St.			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 and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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.

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

Applicable Laws and Rules

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

Wisconsin Department of Revenue

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2020 ending: 6/30/2024
(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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Berlin Oil Products, Inc.</u>	<u>713 Broadway, Berlin, WI 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lehr</u>	<u>Kim</u>	<u>L</u>	<u>W 3806 Cty F Redgranite WI 54970</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Rodensal</u>	<u>Barry</u>	<u>A</u>	<u>W 2189 Dakota Ave Berlin 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Rodensal</u>	<u>Gloria</u>	<u>M</u>	<u>W 2189 Dakota Ave Berlin 54923</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lehr</u>	<u>Kim</u>	<u>L</u>	<u>W 3806 Cty F Redgranite WI 54970</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Shell on Broadway Business Phone Number 920-361-4393
- Address of Premises 703 Broadway, Berlin WI 54923 Post Office & Zip Code Berlin WI 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Convenience store - entire store

Applicant's Wisconsin Seller's Permit Number <u>456-0000267523-03</u>	
FEIN Number <u>39-0985552</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>432.05</u>

To be
25-02

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Lehr		(first name) Kim		(middle name) Louise	
Home Address (street/route) W3806 Cty Rd F		Post Office		City Redgranite	State WI Zip Code 54970
Home Phone Number 920-290-2524		Age 62	Date of Birth 5-3-1958		Place of Birth Berlin

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.
- ☒ Officer of Berlin O.I. Products, Inc.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

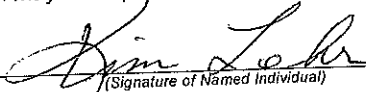
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 62yrs
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 Berlin O.I.	Employer's Address 713 Broadway	Employed From 1978	To TODAY
Employer's Name	Employer's Address	Employed From	To

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) Rodensal		(first name) Gloria		(middle name) MARY	
Home Address (street/route) 2189 DAKOTA AVE		Post Office	City Berlin	State WI	Zip Code 54923
Home Phone Number 920-361-4286		Age 61	Date of Birth 7-1-1958	Place of Birth Berlin	

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.
- ☒ officer of Berlin Oil Products Inc
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 61 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 Berlin Oil Products	Employer's Address 713 BROADWAY Berlin	Employed From 1997	To Present
Employer's Name	Employer's Address	Employed From	To

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.

Gloria Rodensal
(Signature of Named Individual)

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 0000 267523 -03

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

License Number
Period Covered 07/01/2020-6/30/2021
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Berlin O.I. Products, Inc.		Federal Employer Identification No. (FEIN) 39-0985552	
Trade or Business Name (if different than Legal Name) SHELL ON BROADWAY		Telephone Number (920) 341-4393	
Business Address (License Location) 703 BROADWAY		Business Telephone (920) 361-4060	
Municipality Berlin	State WI	Zip Code 54923	County GREEN LAKE
Mailing Address (if different than Business Address) 713 BROADWAY		Municipality Berlin	
		State WI	Zip Code 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 and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/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.

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

Applicable Laws and Rules

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

Wisconsin Department of Revenue

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2020 ending: 06/30/2021
(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 ☐ Limited Liability Company
☒ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Wal-Mart Stores East, LP	702 SW 8TH ST, LICENSING DEPT. 8916, BENTONVILLE, AR 72716-0500

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
JANZEN	TODD		

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

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

C. Business Information

- Trade Name WALMART #1727 Business Phone Number 920-361-1600
- Address of Premises 861 COUNTY ROAD F Post Office & Zip Code BERLIN, WI 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
1 room, 1 story building, approximately 102,773 sq. ft., as well as an additional 200 sq. ft. for stalls and/or canopy locations in parking lot specifically designated for online grocery pickup.

Applicant's Wisconsin Seller's Permit Number 456-1020028180-05	
FEIN Number 71-0862119	
TYPE OF LICENSE REQUESTED	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 (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.50</u>
TOTAL FEE	\$ <u>437.50</u>

10 bac
25.00

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
SKINNER TIMOTHY SCOTT	
Home Address (street/route)	Post Office
3201 NW AVIGNON WAY	BENTONVILLE
Home Phone Number	City
(479) 426-9349	AR 72712
Age	Date of Birth
47	03/24/1972
Place of Birth	
Urbana, IL	

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.
- ☒ **PRESIDENT AND CEO** of **WAL-MART STORES EAST, LP**
(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. SEE ATTACHED LISTING OF LICENSES THE COMPANY HOLDS
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
WALMART INC.	702 SW 8th ST, BENTONVILLE, AR	03/2019	PRESENT
Employer's Name	Employer's Address	Employed From	To
WALMART INC.	Only employer	1994	

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)	
RICE		DANIEL		JOHN	
Home Address (street/route)		Post Office		City	State Zip Code
231 FLORENCE DRIVE				CENTERTON	AR 72719
Home Phone Number		Age	Date of Birth		Place of Birth
(479) 544-7713		43	11/07/1978		AUORORA, MO

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.
☒ ASSISTANT SECRETARY of WAL-MART STORES EAST, LP

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

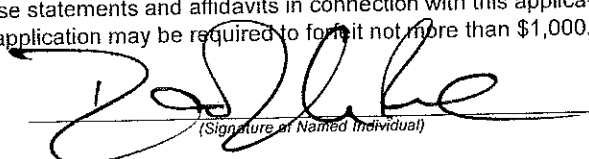
The above named individual provides the following information to the licensing authority:

- 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. SEE ATTACHED LISTING OF LICENSES THE COMPANY HOLDS
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
WALMART INC.	702 SW 8th ST, BENTONVILLE, AR	2012	PRESENT
Employer's Name	Employer's Address	Employed From	To
JACK HENRY & ASSOCIATES	663 Highway 60, Monett, MO 65708	2009	2012

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)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-2020 ending: 6-30-2021
(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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Bellissimo LLC</u>	

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dzevil</u>	<u>Faruk</u>		<u>1041 New Haven Ave, FDL, WI</u>

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

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

C. Business Information

- Trade Name Bellissimo Ristorante Italiano & Pizzeria Business Phone Number 920-361-0809
- Address of Premises 103 W. Huron St. Post Office & Zip Code Berlin, WI 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Bar, Bar cabinets, Basement Storage (locked)

Applicant's Wisconsin Seller's Permit Number <u>456-1028722144-02</u>	
FEIN Number <u>300834934</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>412.05</u>

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7/1/2020 ending: 6/30/2021
(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 ☐ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WESNER</u>	<u>WAYNE</u>	<u>LEWIS</u>	<u>10499 36th Berlin 54923</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)

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

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

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

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

C. Business Information

- Trade Name Bucky's Business Phone Number 920 290-3453
- Address of Premises 115 W Huron Post Office & Zip Code Berlin 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Basement - 1st Floor

Applicant's Wisconsin Seller's Permit Number <u>450000594298-03</u>	
FEIN Number <u>39-6175547</u>	
TYPE OF LICENSE REQUESTED	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	\$ <u>72.05</u>
TOTAL FEE	\$ <u>512.05</u>

100.00
Annuit

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2021

State of Wisconsin
County of Green Lake
City of Berlin

\$ 100.00

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 W Huron Berlin

RESIDENCE OF OWNER OR MANAGER: N499 36th Berlin, Wis.

DESCRIPTION OF DEVICES:

1. 2 - Pool Tables
2. Juke Box
3. 5 - Video
4. Dart Board
5. Ticket Master
6. _____
7. _____
8. _____
9. _____
10. _____

DATE OF APPLICATION: 4-29-2020

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 page 3.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>BOOMBA'S LTD</u>	<u>223 BROADWAY BERLIN 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOOMBINSKI</u>	<u>THEODORE</u>	<u>C</u>	<u>W1967 DAKOTA AV BERLIN 54923</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOOMBINSKI</u>	<u>THEODORE</u>	<u>C</u>	<u>W1967 DAKOTA AV BERLIN 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOOMBINSKI</u>	<u>SHERIE</u>	<u>A</u>	<u>W1967 DAKOTA AV BERLIN 54923</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOOMBINSKI</u>	<u>SHERIE</u>	<u>A</u>	<u>"</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOOMBINSKI</u>	<u>THEODORE</u>	<u>C</u>	<u>"</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name BOOMBA'S LTD DBA CLEM'S BAR Business Phone Number 923-361-0746
- Address of Premises 223 BROADWAY Post Office & Zip Code BERLIN 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR ROOM, PIZZA ROOM
KITCHEN, DINING ROOM, BASEMENT

Applicant's Wisconsin Seller's Permit Number <u>456-0000-11234903</u>	
FEIN Number <u>39-1732791</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>492.05</u>

80.00
Amusement

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bominski		Theodore		C	
Home Address (street/route)		Post Office	City	State	Zip Code
W1967 DAKOTA AVE			BERLIN	WI	54923
Home Phone Number		Age	Date of Birth	Place of Birth	
920-361-3216		66	10-21-1953	GREEN LAKE CITY	

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.

☒ PRESIDENT of Boomba's LTD
(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? LIFE
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 <u>Clem's Bar</u>	Employer's Address <u>223 Broadway Berlin</u>	Employed From <u>1976</u>	To <u>Present</u>
Employer's Name <u>Berlin School</u>	Employer's Address <u>242 Memorial Dr Berlin</u>	Employed From <u>1998</u>	To <u>2006</u>

per phone to

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. Bominski
(Signature of Named Individual)

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2021

State of Wisconsin
County of Green Lake
City of Berlin

40

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. BOMBINSKI

ADDRESS OF PREMISES TO BE LICENSED: 223 BROADWAY BERLIN

RESIDENCE OF OWNER OR MANAGER: W1967 DAKOTA AV BERLIN

DESCRIPTION OF DEVICES:

1. POT OF SILVER
2. POWER PLAYER
3. JUKE BOX
4. FRUIT BONUS
5. MAGICAL ODDS
6. POOL TABLE
7. AS WESTERN VENTURE
8. DART BOARD
9. _____
10. _____

DATE OF APPLICATION: 5-6-2020

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE

Theodore C. Bombinski
SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

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

For the license period beginning 07-01-2020 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Berlin
County of Greenlake Aldermanic Dist. No. _____
(if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Boeck's Rentals LLC</u>	<u>W2110 Puchyan Rd. Berlin, WI 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Boeck</u>	<u>Frank</u>	<u>H.</u>	<u>W2110 Puchyan Rd Berlin WI 54923</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Boeck</u>	<u>Frank</u>	<u>H.</u>	<u>W2110 Puchyan Rd Berlin WI 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Boeck</u>	<u>Joy</u>	<u>A.M.</u>	<u>W2110 Puchyan Rd Berlin WI 54923</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Driftwood Business Phone Number 920 361-2002
- Address of Premises 209 Broadway St Post Office & Zip Code 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Main Floor / 1 main Bar - 2 Bathrooms - Kitchen Area
Basement / 1 walk in cooler - 1 bath room - Kitchen - Storage Area

Applicant's Wisconsin Seller's Permit Number <u>456-103011363-02</u>	
FEIN Number <u>82-1277211</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>482.05</u>

70.00
Amuses

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Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Boeck		Frank		H	
Home Address (street/route)		Post Office	City	State	Zip Code
W 2410 Puchyan Rd			Berlin	WI	54923
Home Phone Number		Age	Date of Birth	Place of Birth	
920-203-0350		5	10-23-63	Berlin	

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.
- ☒ **Officer-Manager** of **Boeck's Rental 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? 30 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Frank's hometown Meats	162 W. Huron St Berlin WI	5-4-2012	Present
Employer's Name	Employer's Address	Employed From	To
Sentry Foods	church St Berlin WI.	7-11-2005	7-11-2011

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.

Frank Boeck

(Signature of Named Individual)

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: Frank Boeck

ADDRESS OF PREMISES TO BE LICENSED: 209 Broadway St. Berlin WI 54923

RESIDENCE OF OWNER OR MANAGER: W2110 Puchyard Rd Berlin WI 54923

DESCRIPTION OF DEVICES:

1. Video machine
2. video machine
3. Video machine
4. Video machine
5. Video machine
6. Juke Box
7. Dart game
8. _____
9. _____
10. _____

\$ 70.00

DATE OF APPLICATION: 5-7-2020

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE

Frank Boeck

SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of Berlin
☐ Village of Berlin
☒ City of Berlin
County of Green Lake Aldermanic Dist. No. _____
(if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Tray's Darkside Diner, INC.</u>	<u>186 Broadway St. Berlin, WI 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jecovicus</u>	<u>Aishe</u>	<u>—</u>	<u>N470 County Rd XX, Berlin, WI 54923</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jecovicus</u>	<u>Aishe</u>	<u>—</u>	<u>N470 County Rd XX, Berlin, WI 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jecovicus</u>	<u>Christopher</u>	<u>Michael</u>	<u>N470 County Rd XX, Berlin, WI 54923</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NA</u>			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NA</u>			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NA</u>			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NA</u>			

C. Business Information

- Trade Name Tray's Darkside Diner Business's Phone Number 920-361-7693
- Address of Premises 186 Broadway St. Berlin, WI Post Office & Zip Code 54923
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Restaurant, Bar, Patio, Parking Lot

Applicant's Wisconsin Seller's Permit Number <u>456-1028140678-02</u>	
FELN Number <u>46-2348353</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>512.05</u>

\$90.00
Amuse
\$10 out

Renewal Alcohol Beverage License Application

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

For the license period beginning: JULY 1, 2020 ending: JUNE 30, 2021
(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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>JEFF'S ON THE SQUARE, LLC.</u>	<u>116 N. CAPRON ST. Berlin, WI 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BENDING</u>	<u>JEFFERY</u>	<u>M</u>	<u>535 VAN HORN ST. BERLIN, WI 54923</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BENDING</u>	<u>JEFF</u>	<u>M</u>	<u>535 VAN HORN ST. BERLIN, WI 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BENDING</u>	<u>JUDY</u>	<u>A</u>	<u>535 VAN HORN ST. BERLIN, WI 54923</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name 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 1st FLOOR + BASEMENT

Applicant's Wisconsin Seller's Permit Number <u>456-000066307-02</u>	
FEIN Number <u>391979395</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>412.05</u>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bending		Jeffery		M	
Home Address (street/route)		Post Office	City	State	Zip Code
535 VAN HORN ST		BERLIN	BERLIN	WI	54923
Home Phone Number		Age	Date of Birth	Place of Birth	
920-361-4042		63	08-19-1956	GREEN LAKE COUNTY	

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.

☒ PRESIDENT of Jeff's on the Square, L.L.C.
(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? 63 YEARS
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
SELF EMPLOYED	535 VAN HORN BERLIN	1974	PRESENT
Employer's Name	Employer's Address	Employed From	To

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 Bending
(Signature of Named Individual)

Wisconsin Department of Revenue

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07-01-2020 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of Berlin
☐ Village of Berlin
☒ City of Berlin

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Lopez Restaurants LLC</u>	<u>215 Ripon Rd. Berlin, WI 54923</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lopez</u>	<u>Aidee</u>	<u>-</u>	<u>312 Ripon Rd. Berlin, WI 54923</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Lopez</u>	<u>Aidee</u>	<u>-</u>	<u>312 Ripon Rd Berlin, WI 54923</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Rivera Jessica</u>	<u>-</u>	<u>-</u>	<u>1154 N.W. Scorsin St. Berlin, WI 54923</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Las Brisas Business Phone Number (920) 361-0821
2. Address of Premises 215 Ripon Rd Berlin 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.) the is stored at Bar area, office, Coolers is Serv at Bar, Dining Room and Upstairs Meeting Room Parking lot on Special Occasions

Applicant's Wisconsin Seller's Permit Number <u>456-1028199236-02</u>	
FEIN Number <u>90-0921656</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>12.05</u>
TOTAL FEE	\$ <u>492.05</u>

50.00
Amuse
910.00
Entd 2000

Per Aidee
Prm
Conv

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
RIVERA		Jessica			
Home Address (street/route)		Post Office		City	State
1154 N. Wisconsin St.				Berlin	WI
Home Phone Number		Age	Date of Birth	Place of Birth	
(920) 290-6764		25	10-19-1994	California	
				Zip Code	
				54923	

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 Lopez Restaurants 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:

1. How long have you continuously resided in Wisconsin prior to this date? 9 years

2. 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.)

3. 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.

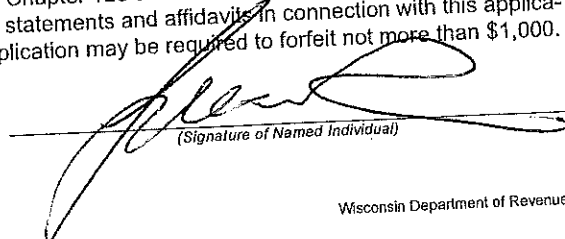
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Wal Mart	861 County Rd F Berlin, WI	Feb. 2006	Aug. 2006
Los Brosas	215 Ripon Rd. Berlin, WI 54923	June 2011	Present

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)

Wisconsin Department of Revenue

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2021

State of Wisconsin
County of Green Lake
City of Berlin

\$50.00

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

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

DESCRIPTION OF DEVICES:

1. Pennie Machine
2. Pennie Machine
3. Pennie Machine
4. Pennie Machine
5. Tucke Box
6. _____
7. _____
8. _____
9. _____
10. _____

DATE OF APPLICATION: 5/1/20

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE

Aidee Lopez

SIGNATURE OF APPLICANT

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

entertainment lights the
band will have.

- 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.

The band will be put under
a tent

- 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 fence the area have a
security person.

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

We will have an employee out side
cleaning the area.

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

75

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

NO

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

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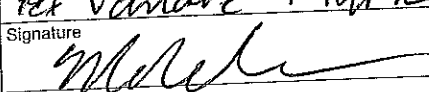
Contact Person's Name (Last, First, M.I.) Day, Patricia D.	Title / Member Misty Inn Owner	Date 4/29/20
Signature Patricia D. Day	Phone Number 920-229-4235	Email Address

TO BE COMPLETED BY CLERK

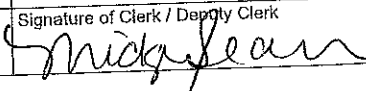
Date received and filed with municipal clerk 5-4-20	Date reported to council / board 6-9-20	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk [Signature]

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

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Contact Person's Name (Last, First, M.I.) Mr Vandre Mark, R	Title / Member owner	Date 5-8-20
Signature 	Phone Number 920-361-4437 920-290-4070 cell	Email Address W/A

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/8/20	Date reported to council / board 6/9/20	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk 

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 Vandore

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

- 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 A.M. - Close

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

None

Fox Lane

FENCED AREA
PERMANENT
STRUCTURE

66 ft

North
↓



~ Approx 3 ft

Rendezvous

City Hall

114 W. Capron St.

22 ft

Capron St.

99 ft

Jeeps on the Square

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

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

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

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

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

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) Bartol, Richard J.	Title / Member Quartermaster	Date 05/04/2020
Signature <i>Richard J. Bartol</i>	Phone Number 920-361-3323	Email Address vfwpost2925@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/4/20	Date reported to council / board 6/9/20	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Pelchat		Lawrence		R	
Home Address (street/route)		Post Office	City	State	Zip Code
255 Center St		Berlin	Berlin	WI	54923
Home Phone Number		Age	Date of Birth	Place of Birth	
920-290-7228		73	AUG 7 1946	FALL RIVER MASS	

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.
- ☒ Senior Vice-Commander of Wells-Krause Post No. 2925 of the Veterans of Foreign Wars of the United States, Department of Wisconsin (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

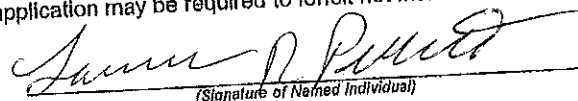
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 5 1/2 years
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
BERLIN SENIOR CENTER	BERLIN WI	2017	PRESENT
CORPORA	DENVER CO	2002	2015

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) Youngbauer		(first name) David		(middle name) B	
Home Address (street/route) 391 Sacramento St		Post Office Berlin		City Berlin	
Home Phone Number 920-361-4171		Age 72		Date of Birth 09/30/1947	
		State WI		Zip Code 54923	
				Place of Birth BERLIN	

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 Wells-Krause Post No. 2925 of the Veterans of Foreign Wars of the United States, Department of Wisconsin
(Officer / Director / Member / Manager / Agent)

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

- How long have you continuously resided in Wisconsin prior to this date? 40 years
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 SPEED QUEEN	Employer's Address Ripon	Employed From 1970	To 2000
Employer's Name WI SPICE	Employer's Address Berlin	Employed From 2000	To 2010

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David Youngbauer
(Signature of Named Individual)

Wisconsin Department of Revenue

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

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

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

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

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


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

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

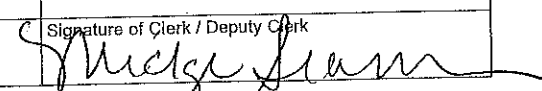
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

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Contact Person's Name (Last, First, M.I.) Berndt, Eric, M	Title / Member owner	Date 5-5-20
Signature 	Phone Number 920-216-3287	Email Address toastlanes@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/7/20	Date reported to council / board 6/9/20	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk 

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2021

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: Chelcie Berndt

ADDRESS OF PREMISES TO BE LICENSED: 119^{123 CB} N Pearl St Berlin WI 54923

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


DESCRIPTION OF DEVICES:

1. Power Player
2. Spooky 2
3. Spooky Cash
4. Spooky 2
5. Deer Hunter 2
6. Pool Table
7. Touch Tunes
8. Dart Board
9. Pot o Silver
10. Pull Tab

DATE OF APPLICATION: 5-5-20

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE



SIGNATURE OF APPLICANT

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

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Contact Person's Name (Last, First, M.I.) <u>Cloyd D Lindy</u>	Title / Member <u>Member</u>	Date <u>5/11/2020</u>
Signature <u>Lindy D Cloyd</u>	Phone Number <u>920-293-1738</u>	Email Address <u>lindy.danielk@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/11/20</u>	Date reported to council / board <u>6/9/20</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Cloyd		Lindy		Danielle	
Home Address (street/route)		Post Office		City	State Zip Code
N619 24th Ave				Neshkoro	WI 54960
Home Phone Number		Age	Date of Birth		Place of Birth
920-293-1738		36	2/21/84		Fond du Lac, WI 54935

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.
- ☒ Member of Riverside Coffee Company, 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? 4 years
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Info Pro	1325 S. Main St. Fond Du Lac 54935	Dec 2016	current
Benvenuto's	300 Koeller St ste 11 Ashkosh WI 54902	June 2010	Aug 2013

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.

Lindy D. Cloyd
(Signature of Named Individual)

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: Riverside Coffee Company, LLC

Address: 170 W. Huron St., 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: 168 / 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.

Outdoor seating area & live music & beverage consumption.

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

Live music periodically

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

7 am - 8 pm

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

Small P.A.

Map For Riverside Coffee Company, LLC For Outdoor Activity Permit Application

Per Phone call w/ Benjamin
Cloyd
6/3/20
mm



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

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

Contact Person's Name (Last, First, M.I.) OMICHIANSKI, MICHELLE A	Title / Member MEMBER	Date 5/5/2020
Signature <i>Michelle A Omichanski</i>	Phone Number 312-802-9509	Email Address theartbar@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/7/20	Date reported to council / board 6/9/20	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>Michelle A Omichanski</i>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Broesch		Janet		Lynn	
Home Address (street/route)		Post Office		City	State
217 E. Park Avenue		—		Berlin	WI
Home Phone Number		Age	Date of Birth	Place of Birth	
312-218-3878		53	10/08/66	Kenosha, WI	

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ member of The Art Bar, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

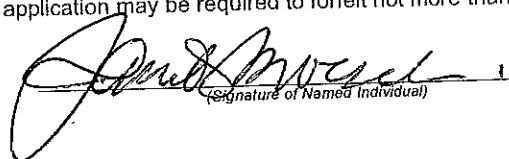
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 6 years.
- 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
<u>Beam Suntory</u>	<u>Chicago, IL</u>	<u>9/2017</u>	<u>3/2019</u>
Employer's Name	Employer's Address	Employed From	To
<u>Geometry Global</u>	<u>Chicago, IL</u>	<u>6/2007</u>	<u>7/2014</u>

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)	
Macknick		David		Joseph	
Home Address (street/route)	Post Office	City	State	Zip Code	
136 PERKINS ST		BERLIN	WI	54923	
Home Phone Number	Age	Date of Birth	Place of Birth		
312-237-0884	55	10/25/64	BERWYN, IL		

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.

☒ MEMBER of The Art Bar, 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? 2 MONTHS
- 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 any 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. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
AMTRUST INSURANCE	223 N. MICHIGAN, CHICAGO, ILL	5/15	PRESENT
Employer's Name	Employer's Address	Employed From	To
MACKNICK MEDICATIONS	540 N. LAKE STREET, CHICAGO, ILL	9/14	5/15

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.

David J. Macknick
(Signature of Named Individual)

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: JANET BROESCH

Address: 217 E. PARK AVE, 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: 114 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.

Tables & Chairs, Cocktails, beer & wine served.

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

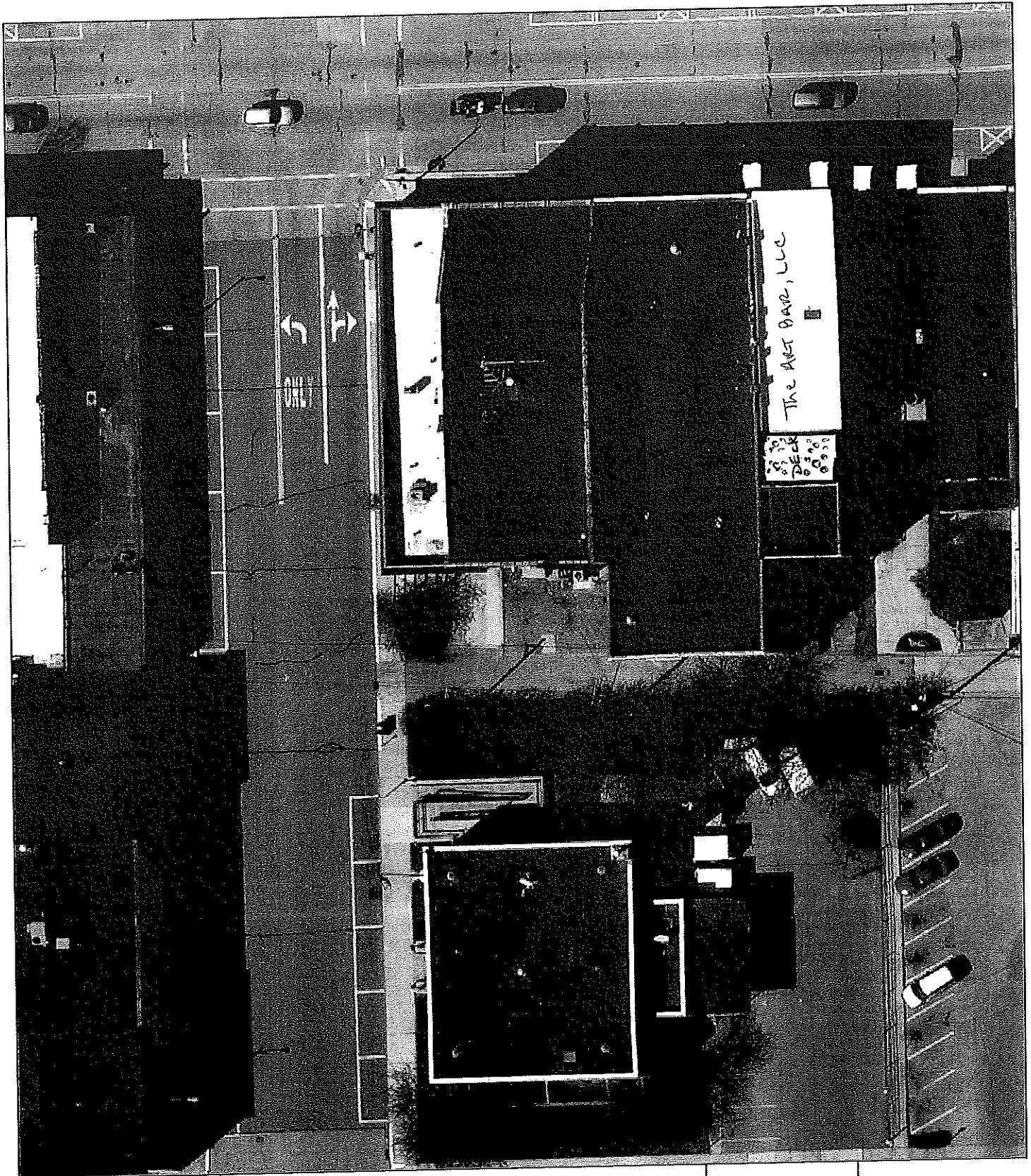
NONE

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

THURS. & FRI. 3pm - 2AM
SAT. 3pm - 2AM

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

NONE



1 inch = 38 feet



Geographic Information System (GIS)
<https://gis.co.green-lake.wi.us/>

GIS Viewer Map

Green Lake County, WI

Time: 1:47:26 PM
Date: 5/29/2020

Note:



Date: June 9, 2020

TO: Common Council

From: Midge Seaman and Susan Thom

RE: 2020 – 2022 OPERATOR LICENSE APPLICATIONS

BACKGROUND: Bartender licenses applications, see attached list (approved by the Berlin PD)

RECOMMENDATION: Grant or deny the licenses

John	P	Wahlers	200 Spring St	Berlin	WI	54923
Annamae	Jean	Caswell	N9417 Ladwig Ln	Berlin	WI	54923
Todd	Raymond	Janzen	476 Center St	Berlin	WI	54923
April	Lynn	Roberts	298 E Huron St	Berlin	WI	54923
James	Eric	Saldana	W4822 S Pearl Lake Rd	Redgranite	WI	54970
Austin	Laine	Peterson	143 Water St. Apt #206	Berlin	WI	54923
Stephanie	Marie	Koscher	149 W Huron St	Berlin	WI	54923
Charmaine	Marie	Kivi	180 E Huron St	Berlin	WI	54923
Debra	Ann	Hoppa	N7977 State Rd 49	Berlin	WI	54923
Dawn	Marie	Treleven	833 Harrison Ave	Omro	WI	54963
Abbey	Jayne	Freimark	123 N Wisconsin	Berlin	WI	54923
Andrew	James	Tessaro	274 N Hunter St	Berlin	WI	54923
Brieanne	Rose Lee	Chappa	W5322 State Rd 21	Wautoma	WI	54982
Timothy	Ryan	Dunn	113 W Noyes St Apt. B	Berlin	WI	54923
Linda	M	Quinonez	135 S Swetting	Berlin	WI	54923
Emily	Jean	Konrad	294 N Wisconsin	Berlin	WI	54923
Sophie	M	Wasniak	165 Smith	Berlin	WI	54923
Dawn	K	Ostrander	8696 Grams Rd	Ripon	WI	54971
Renee	Marie	Trochinski	594 Rural St	Berlin	WI	54923
Theresa	M	Sahotsky	422 LaFayette	Berlin	WI	54923
Erica	Elaine	Estrada	119 N Wisconsin St	Berlin	WI	54923
Cindy	Lou	Kemnitz	206 Mound St	Berlin	WI	54923
Joy	L	Przybyl	N1260 Cty XX	Berlin	WI	54923
Eric	W	Anderson	331 E Fond du Lac St	Ripon	WI	54971
Jessica	M	Garza	289 E Huron St	Berlin	WI	54923
Cozette	Noel	Cismoski	209 N Capron St	Berlin	WI	54923
Judith	Joan	Gudex	W8403 Royal Oaks Dr	Wautoma	WI	54982
James	E	Patt	N272 Hidden Springs Dr	Neshkoro	WI	54960
Gary		Pierce	429 SW Ceresco St	Berlin	WI	54923
Beth	Elaine	Hadel	105 E Lohrville Ave	Redgranite	WI	54970
Andrew	F	Jahr	707 N Plum Ave	Marshfield	WI	54449
Melissa	Mae	Beulen	319 E Huron St	Berlin	WI	54923
Terri	Lynn	Faeh	595 Highknocker Trl	Green Lake	WI	54941
Frank		Podbregar	508 E Main St	Wautoma	WI	54982
Mary	E	Nitschke	176 N Washington St	Berlin	WI	54923
Hunter	Douglas	Hurley	610 Cottonville Ct	Redgranite	WI	54970
Crystal	Anne	King	172 Oak St	Berlin	WI	54923
Nicole	M	Werdin	W4604 Buttercup Dr	Redgranite	WI	54970
Cleo	K	Johnson	840 Metomen St Apt 9	Ripon	WI	54971
Marisa	Danielle	Grizzard	495 Oak St Apt 201	Berlin	WI	54923
Derik	Kendal	Groves	W2288 Rock St	Berlin	WI	54923
Laura	L	Koeppel	561 S Evergreen St	Wautoma	WI	54982
Emily	Ann	Deppe	W2509 Hwy H	Poy Sippi	WI	54967
Darlene	Kay	Westphal	W3943 Beechnut Ln	Redgranite	WI	54970
James	Reuben	Price	339B S Monroe St	Berlin	WI	54923
Emily	Edith	Borst	N4617 21st Dr	Wild Rose	WI	54984
Steven	Styles	Medrano	176 Jefferson St	Berlin	WI	54923
Diane	M	Kelly	151 N Pearl St	Berlin	WI	54923
Brandy	J	Knappenberger	475 Webster St	Berlin	WI	54923