



A PERFECT ENVIRONMENT

Residential Recreational Responsible

Chair
Edward Kranick
Supervisors
Steve Michels
Joe Woelfle
Magalie Miller
Terri Mahoney-Ogden
Clerk/Treasurer
Dan Green

TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING

TUESDAY, June 27, 2023

6:30 PM

DELAFIELD TOWN HALL – W302 N1254 MAPLE AVENUE, DELAFIELD, WI AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Citizen Comments: Public comments from citizens regarding items on, or not on the agenda. The Board may not engage in a discussion with the citizen making the comments. Individual presentations are limited to three minutes and citizens shall follow the rules set forth in Section 2.04(1)(d) of the Town Code.
5. Approval of Minutes:
 - a. May 23, 2023, Town Board Minutes
6. Action on vouchers submitted for payment:
 - a. Report on budget sub-accounts and action to amend the 2023 budget
 - b. 1) Accounts payable; 2) Payroll
7. Communications (for discussion and possible action)
 - a. Special Event Permit – Ronald McDonald House – Christmas Fantasy House: November 3rd to November 11th (N31W29225 Summerhill Road)
 - b. City of Delafield Public Hearing Notice – Devine Redeemer Lutheran Church Conditional Use amendment.
 - c. Village of Summit – Amendment to the 2045 Comprehensive Plan.
 - d. Oakton Road – Schedule for construction
 - e. Pewaukee Triathlon – Saturday, July 15th and Saturday, July 16th
8. Unfinished Business: None
9. New Business
 - a. Discussion and possible action on a vacation rental application for Heather Black for the property located at W298N2785 Locust Lane.
 - b. Discussion and possible action on the approval of a Temporary Class “B” beer and wine license for the Ronald McDonald House Charities of Easter WI for the Christmas Fantasy House Preview Night on November 2, 2023.
 - c. Discussion and possible action on the approval of Alcoholic Beverage “Class B” Liquor, and “Class B” Beer renewal licenses for the licensing period of July 1, 2023, to June 30, 2024, to Pewaukee Yacht Club, Inc., Western Lakes Golf Club, FeNori Winery, LLC, and BuckRub Outfitters, Ltd.
 - d. Discussion and possible action on a proposed amendment to the Lake Country Fire and Rescue Agreement.
 - e. Discussion and possible action on 2024 Budget Workshop dates
10. Announcements and Planning items
 - a. Board of Review – Thursday, June 29, 2023 @ 5:00 PM
 - b. Plan Commission – Tuesday, July 11, 2023 @ 6:30 PM
 - c. Town Board - Tuesday, July 25, 2023 @ 6:30 PM
 - d. Plan Commission – Tuesday, August 1, 2023 @ 6:30 PM
 - e. Town Board – Tuesday, August 15, 2023 @ 6:30 PM (Combined August 8th & August 22nd meetings)
11. Adjournment

Daniel Green

Dan Green
Town of Delafield Administrator/Clerk/Treasurer

PLEASE NOTE:

- ✓ It is possible that action will be taken on any of the items on the agenda and that the agenda may be discussed in any order. It is also possible that a quorum of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.
- ✓ Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Town Clerk Dan Green (262) 646-2398.

**TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING
MAY 23, 2023 @ 6:30 PM**

Video Link: There is no video link available for this meeting.

First order of business: Call to Order

Chairman Kranick called the meeting to order at 6:30 p.m.

Second order of business: Pledge of Allegiance

Third order of business: Roll Call

Present: Supervisor Mahoney-Ogden, Supervisor Woelfle, Supervisor Miller, Supervisor Michels, and Chairperson Kranick. Also present was Administrator Dan Green.

Fourth order of business: Citizen Comments: None

Fifth order of business:

- A. Approval of the April 25, 2023, Town Board Minutes

Motion by Supervisor Michels to approve the April 25, 2023, minutes. Seconded by Supervisor Woelfle. Motion passed 5-0.

Sixth order of Business: Action on vouchers submitted for payment:

- A. Report on budget sub-accounts and action to amend 2022 or 2023 budget.
1) Accounts payable; 2) Payroll

Motion by Supervisor Michels to approve payment of checks #66745- #66746 and checks #667749 - #66779 in the amount of \$118,262.40, and payments of checks #66780-#66783 and checks #66786-#66802 in the amount of \$56,683.00, and payrolls dated May 12, 2023, in the amount of \$15,584.65 and payrolls dated May 26, 2023 in the amount of \$16,756.05. Seconded by Supervisor Woelfle. Motion passed 5-0.

Seventh order of Business: Communications

- a. Notice of Public Hearing before the City of Delafield Plan Commission to consider a Planned Unit Development Conditional Use at the Former St. John's Golf Course and to consider text amendments to Chapter 52 of the Municipal Code.
- b. Special Event Permit – Cassandra's Motorsports 2nd Annual Car Show, June 10, 2023 from 10 a.m. to 5 p.m. and a Direct Sellers License to Double B's BBQ for a food truck for the event.
- c. Sheriff's Department reminder to residents to take valuables out of cars and make sure they are locked.

Eighth order of Business: Unfinished Business:

Ninth order of Business: New Business:

- a. Discussion and possible action on a Liquor License Transfer Agreement with the Village of Pewaukee.

Administrator Green explained the Town has three reserve licenses available. The Town sold one to the City of Delafield last year. There are two remaining that can be sold according to State Statutes. This agreement would sell the license directly to the Village of Pewaukee for them to use at their discretion for \$30,000.00.

Motion by Supervisor by Woelfle to approve a Liquor License Transfer Agreement with the Village of Pewaukee. Seconded by Supervisor Mahoney-Ogden. Motion passed 5-0.

- b. Discussion and possible action on the adoption of the 2023 Fee Schedule.

Administrator Green stated this amendment is for a road cut in permit fee of \$250.00 and an associated bond between \$1,000 and \$10,000, at the discretion of the Highway Superintendent. This came about because of utility companies cutting open Town roads and not repairing them properly or in a timely manner.

Motion by Supervisor Woelfle to adopt Resolution 23- 663, a Resolution to update the fee schedule for the Town of Delafield. Seconded by Supervisor Michels. Motion passed 5-0.

c. Discussion and possible action on the sale of a 1999 Sterling plow truck and wing.

Administrator Green explained that the Town Board approved purchasing two trucks from ARPA funds in the past. Now that these trucks are being completed, the Town can sell the vehicles they are replacing.

Motion by Supervisor Woelfle to approve the sale of a 1999 Sterling plow truck and wing with the price to be determined by the Town Administrator. Seconded by Supervisor Michels. Motion approved 5-0.

Tenth order of Business: Announcements and Planning items

- a. Plan Commission – Tuesday, June 6, 2023 @ 6:30 PM
- b. Town Board - Tuesday, June 13, 2023 - CANCELLED
- c. Town Board – Tuesday, June 27, 2023 @ 6:30 PM
- d. Board of Review – Thursday, June 29, 2023 @ 5:00 PM

Eleventh order of Business: Adjournment:

Motion by Supervisor Woelfle to adjourn the Tuesday, May 23, 2023, Town Board meeting at 6:43 PM. Seconded by Supervisor Michels. Motion passed 5-0.

Respectfully submitted:

Dan Green, CMC/WCMC
Administrator - Town Clerk/Treasurer



NOTICE OF PUBLIC HEARINGS BEFORE THE CITY OF DELAFIELD PLAN COMMISSION TO CONSIDER A CONDITIONAL USE AMENDMENT FOR DIVINE REDEEMER LUTHERAN CHURCH AND TO CONSIDER TEXT AMENDMENTS TO CHAPTER 52 OF MUNICIPAL CODE (ZONING)

Please take notice that a public hearing will be held by the Plan Commission of the City of Delafield, Waukesha County, Wisconsin, on Wednesday, June 28, 2023, at 7:00 P.M. in the Common Council Chambers at City Hall, 500 Genesee St., Delafield, Wisconsin, at which time the Plan Commission will consider a request of Matthew Merhing, on behalf of Divine Redeemer Lutheran Church, to amend the Conditional Use Permit for Divine Redeemer Lutheran Church to include a daycare facility and future additions to the church/school building. The public hearing pertains to property located at 31385 Hill Road, part of the NE ¼ of Section 4, T7N, R18E, City of Delafield. Tax Key #'s: DELC0733994001, DELC0733994, and DELC0733995.

Immediately following the above noticed public hearing, another public hearing will be held by the Plan Commission of the City of Delafield in the Common Council Chambers at City Hall, 500 Genesee St., Delafield, Wisconsin, at which time the Plan Commission will consider amending the text of Article I of the City of Delafield Zoning Code by amending Section 52-15 Grading and Drainage Requirements, Section 52-16 Setback and Yard Requirements, Section 52-18 Building Area Regulations; Floor Area, Section 52-19 Lot Area Requirements, Section 52-24 Private Swimming Pools, Section 52-26 Miscellaneous other General Provisions, and possibly other Sections related to the topics specified in this notice.

The proposed applications and related materials may be viewed in the Clerk's Office at City Hall, 500 Genesee St., during business hours, or on the City website at www.cityofdelafield.com. All interested parties will be heard. Citizens with written comments regarding the public hearing may email those comments to the City Clerk at clerksoffice@ci.delafield.wi.us and those comments will be included in the meeting packet. **The deadline to receive written comments for forwarding is noon on Wednesday, June 21, 2023. Written comments received after the deadline will not be considered as part of the record. Verbal comments may be provided at the meeting.**

Molly Schneider
City of Delafield Clerk

Publication Dates: June 13, 2023 and June 20, 2023.





Village Hall, 567-2757
Fax, 567-4115
Highway Dept., 567-2422
Police Dept., 567-1134
Building Inspector, 490-4141

Summit Village Hall • 37100 Delafield Road • Summit, WI 53066

PUBLIC HEARING NOTICE

VILLAGE OF SUMMIT, WISCONSIN

Thursday, July 13, 2023

Please be advised that in accordance with § 66.1001 Wisconsin Statutes, this Class I notice provides notification that the Village of Summit Plan Commission and Village Board will be convening a joint public hearing on **Thursday, July 13, 2023, at 6:30 p.m.**, at the Summit Village Hall located at 37100 Delafield Road, Summit, Wisconsin. The purpose of this hearing is to receive comments regarding a recommendation by the Village of Summit Plan Commission to adopt the Village of Summit 2045 Comprehensive Plan, which will replace the Village of Summit Master Plan 2020. The Village of Summit 2045 Comprehensive Plan is a document, inclusive of maps, that guides the Village's physical, social, and economic development. The plan is intended to provide a vision for the community's future.

Information regarding the Village of Summit 2045 Comprehensive Plan is available for review and copying at the Village of Summit Village Hall, 37100 Delafield Road, during regular business hours, or at <https://summitvillage.org/depts-committees-boards/comprehensive-outdoor-park-recreation-plan-corp-master-plan/>. For more information regarding this public hearing, please contact Amy Barrows, Village Planner, at the Summit Village Hall (262) 567-2757.

It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any other governmental body except by the Village Board.

All interested parties will be heard.

VILLAGE OF SUMMIT

Amy Barrows, Village Planner

Published: Oconomowoc Enterprise June 8, 2023





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Oakton Road Construction Schedule

The Oakton Road construction project will begin July 12th, and is expected to be complete by August 18th. The project will be done in two phases, the first being the east portion of Oakton Road, from Highway SS to Stuart Drive. The second phase will be from the far west end of Oakton Road to Stuart Drive. Traffic will be detoured along Golf Road and Elmhurst. Letters will be provided to residents along Oakton Road, along with adjoining subdivision to the north of Oakton Road, as well as Golf View. Below is a detailed schedule of the project (weather dependent).

Phase 1: East Portion

July 12:	Edge Excavation
July 12-13:	Pulverize
July 12:	Pulverize
July 13-17:	Shape Base
July 18-19:	Undercut
July 20-21:	Manhole Adjustment
July 24-25:	Binder

Phase 2: West Portion

July 31:	Pulverize
July 31-Aug. 1:	Shape Base
Aug. 2:	Undercut
Aug. 3-4:	Manhole Adjustment
Aug. 7:	Binder

All of Oakton

Aug. 8-9:	Surface
Aug. 14-15:	Shouldering
Aug. 17-18:	Striping

If residents have any questions regarding the schedule or other inquiries for the Oakton Road construction project, please contact the Town Engineer, Tim Barbeau at 262-646-2398 or by email, at tim.barbeau@rasmith.com.

Daniel Green, Town Administrator

Engineer's Report for June 27, 2023

Heather Black, Pewaukee Lake Property, LLC Vacation Rental W298 N2785 Locust Lane

Report

The Town has received an application and a copy of an approved Waukesha County permit for a Tourist Rooming House to establish a vacation rental property at W298 N2785 Locust Lane. Staff has determined that the request meets the definition of Vacation Rental and is required to adhere to all conditions found in Chapter 9.14 (5)(c) of the Town Code.

A summary of the pertinent conditions that they will adhere to are as follows:

- The petitioner has submitted a permit by Waukesha County Department of Parks and Land Use, Division of Environmental Health, which allows the facility to be a Tourist Rooming House.
- Condition 6 of the Town's vacation rental license requires the owner to have "*a minimum of one parking stall for every guest bedroom with a minimum of three. All parking stall areas shall meet the size and location requirements of the Town Code and shall be hard surfaced and maintained in a reasonably dustless condition.*" The facility has two bedrooms. The driveway can only accommodate 2 parking stalls that meet the Town parking code (9 feet wide by 20 feet long).
- A new address plate will be provided to assure clear visible on the front of the house.
- The refuse containers are not screened as of the time of the inspection. They can be placed under or west of the carport.
- There are no accessory buildings on the site, so there are no sleeping quarters other than in the house.
- Lot lines are not clearly delineated.
- The property is served by public sanitary sewer.

Condition 8 of the license allows the Town Board to consider the potential impacts to the surrounding neighborhood and proximity to any existing bed and breakfast establishment or vacation rental establishment when reviewing a request for a vacation rental establishment license. There are two (2) permitted vacation rentals in close proximity to the subject residence. One home is located directly across the street from Ms. Black's home. The second one is located at N28 W29868 Oakwood Grove Road, which is 740 feet away from the Black residence. All properties are separate and distinct, so I am of the opinion that the proximity between the two facilities is not significant and will not result in an adverse condition. In regards to the surrounding area, homes along Locust Lane and Shady Grove are very close together; however, given that this property is not directly on Pewaukee Lake and our code sets forth rental restrictions, I anticipate that disruptions to neighbors will be minimal. The applicant has discussed the rental the lot owner across the street and to the south of her house, with no objection.

Staff Recommendation:

Generally, the facility will meet all the requirements of the vacation rental license. The Town Board must consider the requirements in Condition 6 and Condition 8 in their determination as to whether the facility should be approved. Based on language in the code, three parking stalls are required; however, this property is approximately 3,200 square feet and contains a small house with only two bedrooms available, so space for additional parking is limited. Locust Lane is a private road and there

is a “bump-out” of pavement for guest parking for all residents south of the Black residence. With regard to Condition 8, I am of the opinion that with the conditions and restrictions the Town has in place, an additional vacation rental would not negatively impact the surrounding neighborhood, especially since the owner of the vacation rental across the street from Ms. Black’s vacation rental also owns the property and house south of Ms. Black’s home.

Subject to the Board’s decision on the matters noted above, I recommend approval of the application subject to:

1. the owner installing an address plate that is clearly visible.
2. the garbage containers being moved from the front of the house to the rear of the house or to the west end of the carport.
3. The lot corners be marked with visible stakes so users know where the property boundaries are located.
4. the owner agreeing to all conditions of the license.

Tim Barbeau, Town Engineer
June 20, 2023



**TOWN OF DELAFIELD
APPLICATION AND LICENSE
FOR
VACATION RENTALS**

<u>I. Owner</u>	<u>Applicant or Owner's Agent</u>
Name <u>Heather Black</u>	Name _____
Address <u>W298 N2785 Locust La</u> <small>(street)</small>	Company _____
<u>Pewaukee WI 53072</u> <small>(city) (state) (zip code)</small>	Address _____ <small>(street)</small>
Telephone:	Office _____
E-mail address:	Fax _____

License granted to: _____
For the following property: _____
Pursuant to the approval granted on: _____
Fee paid on: _____

Please note that the following requirements apply to the vacation rentals in the Town of Delafield, which are conditions of this License:

1. The Petitioner must provide to the Town Clerk a copy of the State Tourist Rooming House permit for the Subject Property, prior to the Town's license being effective; and evidence of each renewal of such State permit shall be filed by the Petitioner with the Town Clerk, such that evidence of a current State permit is always on file for the duration of the Town's vacation rental establishment license.
2. Transfer of a license because of transfer or sale of property is not permissible. Should such property be sold, then the license shall become void.
3. All vacation rental establishments shall be subject to and comply with Wisconsin Statutes Chapter 254, subchapter VII including maintaining a tourist rooming house annual permit as required by Wisconsin Statutes Section 254.69(2), which sections are incorporated herein by reference.
4. All vacation rental establishments shall be subject to and comply with Wisconsin Administrative Code HS 195 which is hereby incorporated by reference.
5. Each vacation rental establishment shall be required to keep a register and require all guests to sign such register using their actual names and address before being assigned quarters. The register shall be available for inspection by the Waukesha County Sheriff's Department, and Town Code Enforcement Officer for a period of not less than one year.
6. A minimum of one off-street parking stall shall be provided for every guest bedroom with a minimum of three. All parking areas shall meet the size and location requirements of the Town Code and shall be hard-surfaced and maintained in a reasonably dustless condition.
7. Every vacation rental establishment shall be properly addressed with numbers on the street side of the structure, a minimum of 5" high and of contrasting color so as to be visible from the street.



WAUKESHA COUNTY
DEPARTMENT OF PARKS AND LAND
USE

Division of Environmental Health

License, Permit or Registration

The person, firm, or corporation whose name appears on this license is hereby authorized to operate the facility indicated below. The operation and maintenance of the facility shall be in accordance with the Waukesha County Code. This is not a zoning permit.

ACTIVITY Tourist Rooming House (LTR)	EXPIRATION DATE 30-Jun-2024	I.D. NUMBER HDEH-CSCH3K
LICENSEE MAILING ADDRESS PEWAUKEE LAKE PROPERTY, LLC 1236 E JUNEAU AVE #B MILWAUKEE WI 53222	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS PEWAUKEE LAKE PROPERTY W298N2785 LOCUST LN PEWAUKEE WI 53072

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE DIVISION OF ENVIRONMENTAL HEALTH
515 W MORELAND BLVD AC 260
WAUKESHA, WI 53188
(262)896-8300

* Include the name of your facility and the ID number.

Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Buck Rub Outfitters, Ltd.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N13W28400 Silvermail Rd</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>Lazmierksi</u>	(First) <u>Greg</u>	(Middle Name) <u>Joseph</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N330 S7650 City Rd EE Mukwonago 53149</u>
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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> </u>	<u> </u>	<u> </u>	<u> </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	(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 Buck Rub Outfitters, Ltd. Business Phone Number 262 547 0535
 2. Address of Premises N13W28400 Silvermail Rd. Post Office & Zip Code 53072

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.) include range,

lounge area, stock room

Applicant's Wisconsin Seller's Permit Number <u>456-0000204271-03</u>	
FEIN Number <u>39-1847252</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 130

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

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

Contact Person's Name (Last, First, M.I.) <i>Kramierski Greg J.</i>	Title / Member <i>president</i>	Date <i>5/3/23</i>
Signature <i>Greg Kramierski Pres.</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

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

PENDING CHARGE

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KAZMIERSKI		Greg		Joseph	
Home Address (street/route)	Post Office	City	State	Zip Code	
W330 STUBB City Rd EE		Mukwonago	WI	53149	
Home Phone Number	Age	Date of Birth	Place of Birth		

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.
- Greg Kazmierski, Pres. of Buck Pub Outfitters, Ltd.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

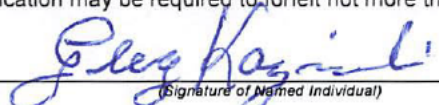
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Buck Pub Archery	N13W28400 Silvernail Rd.	1978	current
Egofske Porter Drilling	out of business	1973	1978

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)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

To the governing body of: Town Village City of Delafield County of Waukesha

The undersigned duly authorized officer/member/manager of Buck Rub Outfitters, Ltd.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Buck Rub Outfitters, Ltd.
(Trade Name)

located at N13W28400 Silvermail Rd. Pewaukee WI 53072

appoints Greg Kazmiercki
(Name of Appointed Agent)
W330 S7650 Cty Rd EE Mukwonago WI 53149
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 67 years

Place of residence last year W330 S7650 Cty Rd EE Mukwonago

For: Buck Rub Outfitters Ltd
(Name of Corporation / Organization / Limited Liability Company)

By: Greg Kazmiercki Pres.
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Greg Kazmiercki, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Greg Kazmiercki Pres. 5/3/23 Agent's age [REDACTED]
(Signature of Agent) (Date)
W330 S7650 Cty Rd EE Mukwonago WI Date of birth [REDACTED]
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: \$5.00
License Number: _____

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD**

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water
Beverages at the following described premises in the Town of Delafield:

Business Name: Buck Rub Outfitters, Ltd.

Street Address: N13W28400 Silvernail Rd. Pewaukee WI 53072

Name of Applicant (Please Print): Greg Kazmierski

All licenses are effective from July 1st of the year applied for through June 30th of the
following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and
all regulations adopted by the Town Board. Licenses applied for after July 1st will expire
on June 30th of the following year.

Applicant Signature Greg Kazmierski Date 5/3/23

Applicant Address (if different from business location):

W33057650 City Rd EE Mukwonago WI



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@revenue.wi.gov
 website: revenue.wi.gov

Letter ID L1008267360

BUCK RUB OUTFITTERS, LTD.
 N13W28400 SILVERNAIL RD
 PEWAUKEE WI 53072-5162

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BUCK RUB OUTFITTERS, LTD.

Business name:
 N13W28400 SILVERNAIL RD
 PEWAUKEE WI 53072-5162

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000204271-03

Renewal Alcohol Beverage License Application

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

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

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

County of Waukesha 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>Cepolski</u>	<u>Scott</u>	<u>R.</u>	<u>N13W28643 Silvernail Rd. W.I. 53072</u>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Fe Nori Winery LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N13W28643 Silvernail Rd. 53072</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>Cepolski</u>	<u>Scott</u>	<u>R.</u>	<u>N13W28643 Silvernail Rd. W.I. 53072</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>Cepolski</u>	<u>Scott</u>	<u>R.</u>	<u>N13W28643 Silvernail Rd. 53072</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Cepolski</u>	<u>Julie</u>	<u>N.</u>	<u>N13W28643 Silvernail Rd. 53072</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 Fe Nori Winery Business Phone Number 414-931-1901
 2. Address of Premises N13W28643 Silvernail Rd. Post Office & Zip Code 53072

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.)

20'x24' basement & 20'x30' cellar attached

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>30.25</u>
TOTAL FEE	\$ <u>625</u> <u>630</u>

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

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

Contact Person's Name (Last, First, M.I.) <i>Cepolski, Scott R</i>	Title / Member <i>Owner/President</i>	Date <i>4/26/23</i>
Signature <i>[Signature]</i>	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

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

PENDING CHARGE

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Cepolski		Scott		R.	
Home Address (street/route)	Post Office	City	State	Zip Code	
N13W28643 Silvernail Rd.	Pewaukee	Town of Delafield	WI	53072	
Home Phone Number	Age	Date of Birth	Place of Birth		

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 Fenori Winery 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 yrs.
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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>Yamaha</u>	Employer's Address <u>Milwaukee, WI,</u>	Employed From <u>05/01/2017</u>	To <u>07/15/2019</u>
Employer's Name <u>SCI</u>	Employer's Address <u>New Berlin, WI,</u>	Employed From <u>04/15/2013</u>	To <u>09/01/2016</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)	
CEPOLSKI		JUCILEIDE (Julie)		N	
Home Address (street/route)		Post Office	City	State	Zip Code
N13W28643 Silvermail Rd.		53072	Pewaukee	WI	53072
Home Phone Number		Area	Date of Birth	Place of Birth	

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.
- _____ of _____
(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? _____
- 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name G E H C	Employer's Address Waukesha, WI	Employed From 2017	To Present
Employer's Name Generac	Employer's Address Generac Depot	Employed From 2014	To 2017

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)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

To the governing body of: Town Village City of Delafield County of Waukesha

The undersigned duly authorized officer/member/manager of Fe Nori Winery LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Fe Nori Winery
(Trade Name)

located at N13W28643 Silvernail Rd., Town of Delafield, WI-53072

appoints Scott Cepolski
(Name of Appointed Agent)

N13W28643 Silvernail Rd. Town of Delafield, WI-53072
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 10 yrs.

Place of residence last year N13W28643 Silvernail Rd., Town of Delafield, WI-53072

For: Fe Nori Winery LLC
(Name of Corporation / Organization / Limited Liability Company)

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Scott Cepolski, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[Signature] 4/26/23
(Signature of Agent) (Date)

Agent's age [Redacted]
Date of birth [Redacted]

N13W28643 Silvernail Rd., Town of Delafield, WI-53072
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902


Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-327-0235
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov



FENORI WINERY LLC OWNED BY SCOTT R CEPOLSKI
 N13W28643 SILVERNAIL ROAD
 TOWN OF DELAFIELD WI 53072

Letter ID L0818653520



Wisconsin Business Tax Registration Certificate



Expiration date: July 31, 2023

Legal/real name: FENORI WINERY LLC OWNED BY SCOTT R CEPOLSKI



- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030764761-02



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-224-5761
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L1355524432


FENORI WINERY LLC OWNED BY SCOTT R CEPOLSKI
 N13W28643 SILVERNAIL ROAD
 TOWN OF DELAFIELD WI 53072

Wisconsin Department of Revenue Seller's Permit

Legal/real name: FENORI WINERY LLC OWNED BY SCOTT R CEPOLSKI
 Business name: FENORI WINERY
 N13W28643 Silvernail Road
 Town of Delafield WI 53072

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030764761-02

<p>DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU</p> <p>BASIC PERMIT</p> <p>(Under Federal Alcohol Administration Act)</p>	<p>1. PERMIT NUMBER WI-W-21158</p> <p>2. DATE OF PERMIT 04/07/2022</p> <p>3. REGISTRY NUMBER (if applicable) BWN-WI-21148</p> <p>4. DATE OF APPLICATION 03/24/2022</p>
<p>5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)</p> <p>FENORI WINERY LLC</p> <p>N13W28643 SILVERNAIL RD TOWN OF DELAFIELD, WI 53072</p>	
<p>6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)</p>	

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a. Distilled Spirits - distiller rectifier (processor) warehouseman and/or warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b. Wine - producer and blender blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c. Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d. Wholesaler – Purchasing for resale at wholesale the following alcoholic beverages: while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN	<input checked="" type="checkbox"/> ORIGINAL PERMIT	<input type="checkbox"/> AMENDED PERMIT
REASON FOR AMENDMENT	DATE OF AMENDMENT	

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL Specialist

[Handwritten Signature]

Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name <u>ESSIG</u>	(First) <u>GREGORY</u>	(Middle Name) <u>DONALD</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W2385 3715 MESA TRL, Dousman, WI 53118</u>
---------------------------------	---------------------------	--------------------------------	---

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

President / Member Last Name <u>ESSIG</u>	(First) <u>GREGORY</u>	(Middle Name) <u>DONALD</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W2385 3715 MESA TRL, Dousman WI 53118</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>ESSIG</u>	(First) <u>PAULA</u>	(Middle Name) <u>MARIE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W2385 3715 MESA TRL, Dousman WI 53118</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>HOELZ</u>	(First) <u>JASON</u>	(Middle Name) <u>CHRISTOPHER</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W2922 983 CHURCHVIEW DR WAUKESHA WI 53188</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name WESTERN LAKES GOLF CLUB Business Phone Number 262-691-0900
 2. Address of Premises W287N 1963 OAKTON RD Post Office & Zip Code PEWaukee WI 53072

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.)

Clubhouse (Tavern Bar, Main Bar, + Tent Bar) Pro Shop, Beverage carts, Halfway Harry's (on course bar)

Applicant's Wisconsin Seller's Permit Number <u>456-0000531137-03</u>	
FEIN Number <u>39-1609094</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>3025</u>
TOTAL FEE	\$ <u>625</u>

630

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.) ESSIG, GREGORY D	Title / Member PRESIDENT	Date
Signature	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

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

PENDING CHARGE

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ESSIG		GREGORY		DONALD	
Home Address (street/route)		Post Office	City	State	Zip Code
W23253715 MESATEL			Douglasman	WI	53118
Home Phone Number	Age	Date of Birth	Place of Birth		

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 WESTERN LAKES GOLF CLUB
(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? 50 yrs
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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WESTERN LAKES GOLF CLUB	W2871963 OAKTON RD	1988	PRESENT
Employer's Name	Employer's Address	Employed From	To
	DEWAUKEE WISCONSIN		

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)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

To the governing body of: Town Village City of DELAFIELD County of Waukesha

The undersigned duly authorized officer/member/manager of WESTERN LAKES GOLF CLUB
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as WESTERN LAKES GOLF CLUB

located at W287 N1963 OAKTON RD, PEWAUKEE WI 53072
(Trade Name)

appoints GREGORY DONALD ESSIG
(Name of Appointed Agent)

W238 S3715 MESA TRL, DOUSMAN WI 53118
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 50 yrs

Place of residence last year W238 S3715 MESA TRL, DOUSMAN, WI 53118

For: WESTERN LAKES GOLF CLUB
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, GREGORY DONALD ESSIG, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

(Signature of Agent) _____
(Date)
W238 S3715 MESA TRL, DOUSMAN, WI 53118
(Home Address of Agent)

Agent's age [REDACTED]
Date of birth [REDACTED]

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD**

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: WESTERN LAKES GOLF CLUB

Street Address: W287 N1963 OAKTON RD, PEWAUKEE, WI 53072

Name of Applicant (Please Print): GREGORY DONALD ESSIG

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature _____ Date _____

Applicant Address (if different from business location):

W238 S3715 MESA TRL, Dousman WI 53118

Renewal Alcohol Beverage License Application

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

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

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

County of Waukesha 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 Pewaukee Yacht Club, Inc Address of Corporation / Limited Liability Company (if different from licensed premises) P.O. Box 101 Pewaukee, WI 53072

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>Schmitke</u>	<u>Briana</u>	<u>M</u>	<u>367 E Wisconsin Ave Pewaukee, WI 53072</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>Adam Ziegler</u>	<u>Cody</u>		
Vice President / Member Last Name <u>Quiram</u>	(First) <u>Dan</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>Perrigo</u>	(First) <u>David</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>Kaiser</u>	(First) <u>Kara</u>	(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 Pewaukee Yacht Club Business Phone Number 262-691-9927
- Address of Premises N22 W28 201 Edgewater Dr. Post Office & Zip Code Pewaukee, WI 53072
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

One story frame and metal storage shed

Applicant's Wisconsin Seller's Permit Number <u>456-1020156327-03</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

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.) Schnittke, Briana M	Title / Member Club Manager	Date May 8, 2023
Signature Briana Schnittke	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

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

PENDING CHARGE

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

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

To the governing body of: Town Village City of Delafield County of Waukesha

The undersigned duly authorized officer/member/manager of Pewaukee Yacht Club, Inc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pewaukee Yacht Club
(Trade Name)

located at N22 W68204 Edgewater Dr. Pewaukee WI 53072

appoints Briana Schmittke
(Name of Appointed Agent)

307 E Wisconsin Ave • Pewaukee, WI 53072
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37

Place of residence last year _____

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Briana Schmittke, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Briana Schmittke 5-8-2023
(Signature of Agent) (Date)

Agent's age

307 E Wisconsin Ave Pewaukee, WI 53072
(Home Address of Agent)

Date of birth

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Klawser		James		William	
Home Address (street/route)		Post Office	City	State	Zip Code
W281N3416 Taylors Wood RD			Pewaukee	WI	53072
Home Phone Number	Age	Date of Birth	Place of Birth		

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 the Pewaukee Yacht Club
(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:

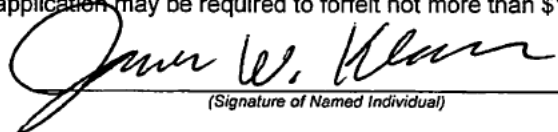
- How long have you continuously resided in Wisconsin prior to this date? 45 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Houston, TX, 77002

Employer's Name <u>Symplr</u>	Employer's Address <u>315 Capitol St. Suite 100</u>	Employed From <u>April 2, 2019</u>	To <u>today</u>
Employer's Name <u>Vivance Health Tech,</u>	Employer's Address <u>9 West 57th Street 32nd Flr New York, NY 10019</u>	Employed From <u>July 11, 2018</u>	To <u>April 2, 2019</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)	
LESA GUTENKUNST		LESA		KINNEY	
Home Address (street/route)		Post Office		City	
2224 KAYLA				Waukesha	
Home Phone Number		Age		Date of Birth	
				State	
				WI	
				Zip Code	
				53188	
				Place of Birth	

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

Applying for an alcohol beverage license as an individual.

Member of a partnership which is making application for an alcohol beverage license.

OFFICER of PENINSULA YACHT CLUB
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

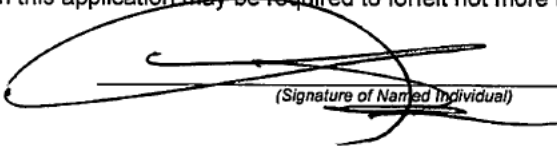
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 17 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Self employed	675 Industrial Ct	2007	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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KAISER		KARA		L	
Home Address (street/route)		Post Office	City	State	Zip Code
N30W28956 W. LAKE SIDE DR.		PEWAUKEE	PEWAUKEE	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	

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 THE PEWAUKEE YACHT CLUB
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

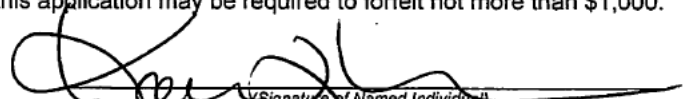
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 48
- 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
SMO HARRIS BANK	111 W. MONROE ST	1996	PRESENT
	CHICAGO, IL 60605		

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)	
SMITH		Joshua		Maxwell	
Home Address (street/route)		Post Office	City	State	Zip Code
N22W29871 Louis Ave			Pewaukee	WI	53072
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]				[REDACTED]	

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 Pewaukee Yacht Club
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

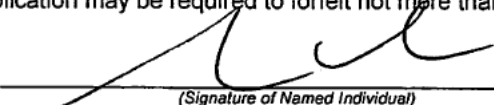
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 3 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
WI DNR	101 S Webster St Madison WI	02/2020	Current
Mucutio Consulting	Shilshole Dr Seattle WA	05/2016	01/2020

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)	
MILLER		MAGALIE		CARINE	
Home Address (street/route)		Post Office	City	State	Zip Code
N20W29526 E Glen Cove Rd		Pewaukee	Pewaukee	WI	53072
Home Phone Number	Age	Date of Birth	Place of Birth		

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.

_____ of Pewaukee Yacht Club
(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? 18 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>2001 N. Booth St. LLC</u>	Employer's Address <u>N20W29526 E. Glen Cove Rd Pewaukee</u>	Employed From <u>2015</u>	To <u>2021</u>
Employer's Name <u>Derco Aerospace</u>	Employer's Address <u>8000 Tower Av. Milwaukee</u>	Employed From <u>2006</u>	To <u>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)	
GOOD		ERIC		ROLAND	
Home Address (street/route)		Post Office	City	State	Zip Code
N 22 W 28634 LOUIS AVENUE			Pewaukee	WI	53072

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 Pewaukee Yacht Club
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 35 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
<u>Bliss-Scouting Technologies</u>	<u>6682 W Woodfield Ave West Allis</u>	<u>5/16/2011</u>	<u>Present</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.

Eric Good
(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)	
TORNELL		KIMBERLY		HAINES	
Home Address (street/route)		Post Office	City	State	Zip Code
W283 N2141 BEAVER RD		POWAUCKEE	POWAUCKEE	WI	53072

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 POWAUCKEE YACHT CLUB
(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? 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
SHINE, LLC	P.O. BOX 613 Hartland WI	2016	Present
University Lake School	4024 Nagawicka Rd Hartland WI 53072	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)		(first name)		(middle name)	
Schnittke		Briana		M	
Home Address (street/route)		Post Office	City	State	Zip Code
307 E Wisconsin Ave			Ponaukee	WI	53072
Home Phone Number	Age	Date of Birth	Place of Birth		

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 Ponaukee Yacht Club
(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? 37 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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Messmer Catholic School	514 N 31st St Milwaukee WI 53208		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.

Briana Schnittke
(Signature of Named Individual)

TOWN OF DELAFIELD

W302N1254 Maple Avenue Phone: 262-646-2398
Delafield, WI 53018 Fax: 262-646-8687

Receipt Number: _____
Amount Paid: <u>\$5.00</u>
License Number: _____

**APPLICATION FOR SODA WATER BEVERAGE LICENSE
TOWN OF DELAFIELD**

To the Town Board of the Town of Delafield
Waukesha County, Wisconsin

The undersigned hereby makes application of a license for the sale of Soda Water Beverages at the following described premises in the Town of Delafield:

Business Name: Pewaukee Yacht Club, Inc

Street Address: 1122 Wabash Edgewater Dr. Pewaukee, WI 53072

Name of Applicant (Please Print): Briana Schutte

All licenses are effective from July 1st of the year applied for through June 30th of the following year, subject to all provisions of Wisconsin Statutes, Section 66.0433 (2), and all regulations adopted by the Town Board. Licenses applied for after July 1st will expire on June 30th of the following year.

Applicant Signature Briana Schutte Date 5-8-2023

Applicant Address (if different from business location):

307 E Wisconsin Ave Pewaukee, WI 53072

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

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

FEE \$ 10.00

Application Date: 5/24/2023
County of Waukesha

Town Village City of Delafield

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

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

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

at the premises described below during a special event beginning 11/2/23 and ending 11/2/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club Church Lodge/Society
 Chamber of Commerce or similar Civic or Trade Organization
 Veteran's Organization Fair Association Non-Profit/Charity

(a) Name Ronald McDonald House Charities of Eastern WI

(b) Address 8948 W. Watertown Plank Rd Milw. WI 53226
(Street) Town Village City

(c) Date organized 10/3/1984

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:
 President Laurie Bertrand 8948 W. Watertown Plank Rd. Milw. WI
 Vice President _____
 Secretary _____
 Treasurer _____

(g) Name and address of manager or person in charge of affair: Melissa Marney
8948 W. Watertown Plank Rd Milw. WI 53226

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

(a) Street number N31W29225 Summerhill Rd

(b) Lot N/A Block N/A

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

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

3. Name of Event

(a) List name of the event Christmas Fantasy House Preview Night

(b) Dates of event 11/2/23

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Laurie Bertrand 5/24/23
(Signature/date)

Ronald McDonald House Charities
of Eastern WI (Name of Organization)
Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Additional Information

May be Granted and Issued only to:

- (1) Bona fide clubs.
- (2) State, county, or local fair associations, or agricultural societies.
- (3) Churches, lodges, or societies that have been in existence for at least 6 months prior to the date of application.
- (4) Posts of veterans organizations.
- (5) Chambers of commerce or similar civic or trade organizations organized under ch. 181, Wis. Stats.

Application:

- (1) Filing: In writing, for each event, on Form AT-315.
- (2) The local licensing authority may act on application or authorize an official or body of the municipality to issue the license. (ss. 125.26(1) and 125.51(1)(a), Wis. Stats.)
- (3) The written application shall be filed with the clerk of the municipality in which premises are located:
Class "B" (Beer):
 - a. The governing body shall establish any waiting period before granting of a license for events lasting less than 4 days (s. 125.04(3)(f), Wis. Stats.)
 - b. At least 15 days prior to the granting of the license for events lasting 4 or more days."Class B" (Wine):

The application shall be filed with the clerk of the local municipality in which the event will be held at least 15 days prior to the granting of the license.
- (4) Seller's Permit: Sec. 77.54 (7m), Wis. Stats., provides an exemption from Wisconsin sales and use taxes relating to certain sales by a nonprofit organization. Check the box if your organization qualifies for the exemption and therefore is not required to hold a seller's permit.
- (5) Publication: Not required.

Fee: Determined by the municipality, but may not exceed \$10. (Exception: No additional fee may be charged if organization is applying for both a Temporary Class "B" and a Temporary "Class B" license for the same event.)

Duration: The day, or consecutive days, that the specified event is in progress. A municipality may issue up to 20 licenses to the same licensee for a single event, if each license is issued for the same date and time.

Restrictions:

- (1) License may not be issued to individuals.
- (2) Licenses to organizations, other than ex-servicemen's organizations, can be issued only for a picnic or similar gathering. They may not be issued for business or social meetings of the organization.
- (3) Licenses for club or organization meetings may be issued only to ex-servicemen's posts.
- (4) License may cover either a specified area or the entire picnic grounds.
- (5) License issued to a county or district fair must cover the entire fairground (ss. 125.26(6) and 125.51(10), Wis. Stats.)
- (6) No license to clubs having any indebtedness to any wholesaler for more than 15 days for beer (s. 125.33(7), Wis. Stats.) and 30 days for wine (s. 125.69(4)(b), Wis. Stats.)
- (7) Licensed operator(s) must be present at all times (ss. 125.26(6), 125.32(2) - Beer; 125.51(10), 125.68(2) - Wine; 125.17)
- (8) The licensed club, club members, or any other persons are not permitted to possess intoxicating liquor on licensed premises on the Temporary Class "B"/"Class B" licensed picnic area. (s. 125.32(6), Wis. Stats.)
- (9) Not more than 2 wine licenses may be issued to any club, county or local fair association, agricultural association, church, lodge, society, chamber of commerce or similar civic or trade organization or veterans' post in any 12 month period. A municipality may issue up to 20 wine licenses to the same licensee if: 1) each license is issued for the same date and times, 2) the licensee is the sponsor of an event held at multiple locations within the municipality on this date and at these times, 3) an admission fee is charged for participation in the event and no additional fee is charged for service of alcohol beverages at the event, and 4) within the immediately preceding 12-month period, the municipality has issued these multiple licenses for fewer than 2 events. In addition, each event for which multiple licenses are issued shall count as one license toward the 2-license limit.
- (10) Licensed organizations must purchase their product from a licensed wholesaler.

NOTE: Most coolers presently on the market have a fermented malt beverage base allowing sale under a beer license, e.g. Bartles and James, Seagrams, etc.

FIRST AMENDMENT TO THE LAKE COUNTRY FIRE AND RESCUE AGREEMENT

WHEREAS, Village Boards of Chenequa, Nashotah, Oconomowoc Lake and Wales, the Town Boards of Delafield and Genesee and the Common Council of the City of Delafield (collectively the “Municipalities”) entered into this agreement to provide fire and paramedic protection by a joint Fire Department for all persons and properties located within the Municipalities and consistent with intergovernmental cooperation as described in s. 66.0301, Wis. Stats (hereinafter the “Agreement”); and

WHEREAS, it was the common belief of the participating Municipalities that greater protection against fire losses in the municipal areas could be secured more effectively by the joint ownership and operation of fire equipment and emergency medical service equipment and that a more effective Fire Department could be promoted by the joint and mutual cooperation of the Municipalities, and that the cost of protection can be more equitably shared; and

WHEREAS, the Municipalities created Lake Country Fire and Rescue (hereinafter “LCFR”) to provide the joint services to all of the participating Municipalities, and the Municipalities believe the continuation of services will be a benefit to the health, safety, and general welfare of all citizens of the Municipalities; and

WHEREAS, pursuant to Article X of the Agreement, the Municipalities may alter, amend, and/or rescind any or all provisions of the Agreement upon the approval of all of the Municipalities, and any amendment may be adopted by each Municipality individually and without corresponding signatures from the other Municipalities, and a duplicate original has the same validity as a signed amendment on a single legal instrument; and

WHEREAS, upon discussion by the Municipalities, it was agreed that an amendment to the terms of the Agreement is necessary to address budget concerns in the next three years (hereinafter the “Amendment”); and

WHEREAS, the Municipalities agreed that in order to address the budget concerns, the constraints included in Article V, Section I would need to be revised on a temporary basis to address the projected budget shortfall; and

WHEREAS, Said Amendment is in accordance with the staffing plan approved by the Lake Country Fire and Rescue Fire Board on November 10, 2022; and

WHEREAS, the Municipalities agree to revise the Agreement with this Amendment in order to address upcoming budgetary concerns.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Municipalities agree to amend the Agreement as set forth below:

SECTION 1. Article V entitled “Fire Board,” Section I entitled “Budget” Subsection 1 entitled “Fire Department Budget,” Subsection C. is hereby amended as follows:

LCFR’s budget may only increase in a manner that allows its owner Municipalities to increase their levy with in accordance to Wisconsin State Statute 66.0602 (3)(h) 2. a. which states that the total charges assessed by the Fire Department for the current year increase, relative to the total charges assessed by the Fire Department for the previous year, by a percentage that is less than or equal to the percentage change in the U.S. consumer price index for all urban consumers, U.S. city average, as determined by the U.S. department of labor, for the 12 months ending on September 30 of the year of the levy, plus 2 percent, except as follows.

Exception for 2024. The Municipalities agree for the calendar year 2024, the LCFR’s budget be increased up to the following amount:

2024 Budget	\$4,769,999.00
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This Amendment shall not affect the Operations Financing Formula found in Article V, Section I(1)(e), the Capital Equipment Financing Formula found in Article V, Section I(1)(f), or any other formula in the Agreement. All Municipalities shall continue to contribute the same percentage towards the Agreement. The sole purpose of this Amendment is to increase the total budget amount for the year 2024 above the previous restrictions. In 2025, and each year thereafter, any increases from the prior year shall be subject to the CPI plus 2 percent cap noted above, unless further amended pursuant to Article X of the Agreement.

Dated this ____ day of _____, 2023

VILLAGE OF CHENEQUA

Jo Ann F. Villavicencio, Village President

Attest

Pamela Little, Village Clerk/Treasurer

Dated this ____ day of _____, 2023

VILLAGE OF NASHOTAH

Neil Gustafson, Village President

Attest

Cynthia Pfeifer, Village Administrative Director/Clerk/Treasurer

Dated this _____ day of _____, 2023

VILLAGE OF OCONOMOWOC LAKE

Michael, Bickler, Village President

Attest

Katelyn Vaughn, Village Clerk/Deputy Treasurer

Dated this _____ day of _____, 2023

VILLAGE OF WALES

Jeffery Flaws, Village President

Attest

Gail Tamez, Village Clerk/Treasurer

Dated this _____ day of _____, 2023

TOWN OF DELAFIELD

Edward Kranick, Town Chair

Attest

Dan Green, Town Administrator/Clerk/Treasurer

Dated this _____ day of _____, 2023

TOWN OF GENESEE

Sharon Leair, Town Chair

Attest

Meri Majeskie, Town Clerk

Dated this ____ day of _____, 2023

CITY OF DELAFIELD

Kent Attwell, Mayor

Attest

Michelle Luedtke, City Clerk

Dated this ____ day of _____, 2023