



A PERFECT ENVIRONMENT

Residential ♦ Recreational ♦ Responsible

Chair
Ron Troy
Supervisors
Pete Van Horn
Edward Kranick
Christopher Smith
Billy Cooley
Clerk/Treasurer
Mary Elsner

TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING TUESDAY, JUNE 11, 2019 – 7:00 P.M. DELAFIELD TOWN HALL – W302 N1254 MAPLE AVENUE, DELAFIELD, WI

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Citizen Comments – During the Public Comment period of the agenda, the Town Board welcomes comment from any member of the public, other than an elected Town Board member, on any matter not on the agenda. Please be advised that pursuant to State law, the Board cannot engage in a discussion with you but may ask questions. The Board may decide to place the issue on a future agenda for discussion and possible action. Each person wishing to address the Board will have up to five (5) minutes to speak. Speakers are asked to submit to the Town Clerk, a card providing their name, address, and topic for discussion.

The Board will also take comment from the public on agenda items as called by the Chair, but not during the Public Comment. Please note that once the Board begins its discussion of an agenda item, no further comment will be allowed from the public on that issue.
4. Approval of May 28, 2019 Board of Review and May 28, 2019, Town Board Minutes
5. Action on vouchers submitted for payment:
 - A. Report on budget sub-accounts and action to amend 2019 budget
 - B. 1) Accounts payable; 2) Payroll
6. Communications (*for discussion and possible action*)
 - A. None
7. Unfinished Business
 - A. Nathan Holoubek, DNR, follow-up discussion on deer population control/nuisance tags
 - B. 2020 Town Budget Planning – (tabled 5/14/19)
 - C. Stormwater drainage issue review in the vicinity of W284 N3298 Lakeside Road (tabled 5/28/19)
 - D. Discussion and possible action on drainage issue at Town Hall (tabled 5/28/19)
 - E. Discussion and possible action on Fire Dept. personnel (tabled 5/28/19)

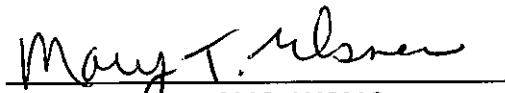
8. New Business

- A. Michael Tarwacki, W298 N596 Kings Way, Re: Consideration and possible action on Plan Commission's recommendation to approve a Certified Survey Map to combine two parcels into one parcel at W285 N3158 Lakeside Road
- B. David French Revocable Trust, W303 N2568 Maple Avenue, Re: Consideration and possible action on Plan Commission's recommendation to approve a Certified Survey Map to combine several parcels located at and adjacent to N28 W29707, W29704 and W29696 Oakwood Grove Road, W296 N2879 Franciscan Road and W303 N2568 Franciscan Road
- C. Bob Whitehouse, W285 N2022 Louis Court, Re: Consideration and possible action on Plan Commission's recommendation to approve a request to designate the Louis Court right-of-way to be 50'
- D. Bob Whitehouse, W285 N2022 Louis Court, Re: Consideration and possible action on Plan Commission's recommendation to approve a Certified Survey Map to combine 4 parcels into one parcel
- E. Request to approve renewal Alcohol Beverage "Class B" Liquor, Class "B" Beer and Soda Water Beverage License Applications for the period of July 1, 2019 through June 30, 2020, for the following:
 - 1. *Pewaukee Yacht Club Inc.*
 - 2. *Kims Lakeside*
 - 3. *Western Lakes Golf Club*
 - 4. *Seaboard*
- F. Request to approve renewal Alcohol Beverage Class "B" Beer and Soda Water Beverage License Applications for the period of July 1, 2019 through June 30, 2020, for Buck Rub Outfitters Ltd
- G. Request to approve renewal Soda Water License Applications for the period of July 1, 2019 through June 30, 2020, for St. Anthony on the Lake Church and Prairie Hill Waldorf School
- H. Consideration and possible action on Operator's Licenses for the period of 7/1/18 to 6/30/20:
 - Jady Zywicke, *Western Lakes Golf Club*
 - Jenna Portz, *Western Lakes Golf Club*
 - Molly Lutes, *Pewaukee Yacht Club*
- I. Consideration and possible action on Alcohol Permit Application for an event to be held at the Sports Commons on June 14, 2019, 3:00 p.m. to 8:00 p.m.

9. Announcements and Planning items

- A. Next Park and Recreation Commission Meeting – June 13
- B. Open Book – June 24 – 1:00 p.m. to 3:00 p.m.
- C. Next Town Board Meeting – June 25
- D. Next Plan Commission Meeting – July 2

10. Adjournment



Mary T. Elsner, CMC, WCMC

Town Clerk/Treasurer

TOWN OF DELAFIELD BOARD OF REVIEW
May 28, 2019

Members Present: R. Troy, P. Van Horn, E. Kranick, C. Smith, B. Cooley
Others Present: 7 citizens

First order of business: Call to Order
Chairman Troy called the Board of Review to order at 7:00 p.m.

Second order of business: Adjournment
MOTION MADE BY MR. KRANICK, SECONDED BY MR. TROY TO ADJOURN THE BOARD OF REVIEW TO THURSDAY, JULY 11 AT 7:00 P.M. AT THE TOWN HALL.

TOWN OF DELAFIELD BOARD OF SUPERVISORS MEETING
May 28, 2019

Members Present: R. Troy, P. Van Horn, E. Kranick, C. Smith, B. Cooley
Others Present: 7 citizens

First order of business: Call to Order
Chairman Troy called the meeting to order at 7:01 p.m.

Second order of business: Pledge of Allegiance

Third order of business: Citizen Comments
There were no citizen comments.

Fourth order of business: Approval of May 14, May 17 and May 20, 2019, Town Board Minutes
MOTION MADE BY MR. COOLEY, SECONDED BY MR. VAN HORN TO APPROVE THE MINUTES AS PRESENTED BY THE CLERK. MOTION CARRIED.

Fifth order of business: Action on vouchers submitted for payment:
A. Report on budget sub-accounts and action to amend 2019 budget

B. 1) Accounts payable; 2) Payroll
Accounts Payable
MOVED TO APPROVE PAYMENT OF CHECKS #61853 – #61879 IN THE AMOUNT OF \$27,549.38

Payroll
MOVED TO APPROVE PAYMENT IN THE AMOUNT OF \$27,789.06

MR. COOLEY/MR. KRANICK **MOTION CARRIED.**

MOTION MADE BY MR. KRANICK, SECONDED BY MR. COOLEY TO TAKE ITEM 8E OUT OF ORDER. MOTION CARRIED.

Eighth order of business: New Business
E. Appointments to Board of Appeals

MOTION MADE BY CHAIRMAN TROY, SECONDED BY MR. KRANICK TO NOMINATE ROSE SASICH AND NANCY BONNIWELL TO SERVE ANOTHER 3-YEAR TERM ON THE BOARD OF APPEALS. MOTION CARRIED.

Sixth order of business: Communications (*for discussion and possible action*)
A. Nancy M. Bonniwell (5/7/19), Re: Shallock Farm – W330S1205 Hwy. C

Chairman Troy stated that this letter is informational only re: future plans for an event to be held at the subject property on June 20 between the hours of 12:00 p.m. – 4:00 p.m. Mr. Kranick expressed his appreciation for the notification.

B. Eric J. Larson (5/17/19), Re: Sales to Municipal Employees – Recent Legislation

Chairman Troy stated that due to confusion in interpreting and understanding the subject law, the State has made revisions by 2017 Wisconsin Act 65. He offered to review the Town Code for accuracy regarding sales of municipal property to employees.

Seventh order of business: Unfinished Business

A. 2020 Town Budget Planning – tabled 5/14/19

MOTION MADE BY MR. KRANICK, SECONDED BY MR. SMITH TO REMOVE FROM THE TABLE. MOTION CARRIED.

Chairman Troy stated that budget timelines were submitted by Attorney Larson, Mr. Jeanson and Clerk Elsner. If the Town Board decides to hold a referendum in November, the question would need to be submitted to the Waukesha County Clerk 70 days before the election. As the Town Board is not comfortable making a decision at this point, it was suggested that the matter be tabled for two weeks.

MOTION MADE BY MR. COOLEY, SECONDED BY MR. VAN HORN TO TABLE FOR TWO WEEKS. MOTION CARRIED.

B. Stormwater drainage issue review in the vicinity of W284 N3298 Lakeside Road (tabled 5/14/19)

MOTION MADE BY MR. COOLEY, SECONDED BY MR. KRANICK TO REMOVE FROM THE TABLE. MOTION CARRIED.

Chairman Troy stated that he had a discussion with Ms. Wagner, and the issue has been resolved by the Town. Ms. Wagner is asking for some form of compensation from the Town. Chairman Troy requested that she prepare detailed information on what she wants and include supporting documentation for submittal.

MOTION MADE BY MR. COOLEY, SECONDED BY MR. KRANICK TO TABLE. MOTION CARRIED.

C. John and Victoria Ziegler, N20W29901 Glen Cove Rd., Permission to connect to storm drain system (tabled 5/14/19)

MOTION MADE BY MR. SMITH, SECONDED BY MR. KRANICK TO REMOVE FROM THE TABLE. MOTION CARRIED.

John and Victoria Ziegler stated that they reviewed Engineer Barbeau's updated memo dated 5/28/19, and options 1 and 3 have not changed. They are in favor of option 2, which would allow them to extend a maximum sized 4-inch drain pipe from their rear yard to the existing pipe adjacent to Glen Cove Road. This option would require a right-of-way permit for excavation and connection to the pipe in the Town right-of-way. Mr. Ziegler stated that he has been in contact with Waukesha County, as he will also need to obtain a permit from them.

Mr. Van Horn informed Mr. Ziegler that as long as he does not hold the Town accountable for this work, he is in favor of the request.

MOTION MADE BY MR. KRANICK, SECONDED BY MR. COOLEY TO ALLOW THE ZIEGLERS TO EXTEND A 4-INCH (MAXIMUM SIZE) DRAIN PIPE FROM THEIR REAR YARD TO THE EXISTING PIPE ADJACENT TO GLEN COVE ROAD WITH THE REQUIREMENT TO ACQUIRE A RIGHT-OF-WAY PERMIT FOR EXCAVATION AND CONNECTION TO THE PIPE IN THE TOWN RIGHT-OF-WAY. MOTION CARRIED.

D. Consideration and possible action on request from Metropolitan Builder Association to hold Parade of Homes in White Oak Conservancy August 9, 2019 thru September 2, 2019 (tabled 5/14/19)

MOTION MADE BY MR. COOLEY, SECONDED BY MR. KRANICK TO REMOVE FROM THE TABLE. MOTION CARRIED.

Bill Zach (Zach Development), Toby Van Sistine and Becky Crnkovich (Metropolitan Builders Association) stated their plans to handle traffic and parking issues at the subject event. The Town Board stressed the importance of parking on one side of the street to allow emergency vehicles to enter and the protection of ditches and landscaping. Mr. Zach was directed to communicate with the Town Clerk re: any issues as they occur.

Eighth order of business: New Business

A. Discussion with Pat Deklotz, School District of Kettle Moraine Superintendent, Re: post-referendum update and request for representation during consolidation study process

Ms. Deklotz stated her request for participation, from board member/s and recommended community members, to undertake a study projecting Kettle Moraine School District sustainability. The group will be asked to examine attendance areas and enrollment trends (historical as well as projections through 2028), understand space utilization and building capacity at the various schools, develop scenarios of possible grade consolidation and reconfiguration, receive estimates of financial impact and determine possible implications on the scenarios. The town clerk was directed to post Ms. Deklotz's letter on the website.

MOTION MADE BY MR. KRANICK, SECONDED BY MR. COOLEY TO TAKE ITEM 8G OUT OF ORDER. MOTION CARRIED.

G. Consideration and possible action on Operator's License for the period of 7/1/18 to 6/30/20:
- Tiffany Tallinger, Pewaukee Yacht Club

Ms. Tallinger summarized her background check and stated that she currently holds a license in the City of Pewaukee. Mr. Kranick informed Ms. Tallinger that the Town Board takes the matter of holding an operator's license very seriously, and it is important to understand that it's a privilege.

MOTION MADE BY MR. COOLEY, SECONDED BY MR. KRANICK TO APPROVE. MOTION CARRIED.

B. Discussion and possible action on Fire Dept. personnel

MOTION MADE BY MR. COOLEY, SECONDED BY MR. KRANICK TO TABLE. MOTION CARRIED.

C. Discussion and possible action on drainage issue at Town Hall

Mr. Cooley reviewed the proposal submitted by Bedrock Sewer & Water, Inc. to install storm sewer. The general consensus of the Town Board is to direct the town engineer, Mr. Cooley and fire chief to review the issue and come up with additional proposals.

MOTION MADE BY MR. COOLEY, SECONDED BY MR. KRANICK TO TABLE. MOTION CARRIED.

D. Discussion and possible action on Plan Commission's recommendation to approve up to 10 beehives at the Prairie Hill Waldorf School Property and not consider this request a substantial change to the Conditional Use Permit

MOTION MADE BY MR. COOLEY, SECONDED BY MR. SMITH TO APPROVE UP TO 10 BEEHIVES AT THE PRAIRIE HILL WALDORF SCHOOL, WITHIN 250 FT. OF SILVERNAIL RD. RIGHT OF WAY LINE, AND NOT CONSIDER THIS REQUEST A SUBSTANTIAL CHANGE TO THE CONDITIONAL USE PERMIT. MOTION CARRIED.

- F. Consideration and possible action on request for a Temporary Class "B" license to sell fermented malt beverages and a Temporary "Class B" license to sell wine at an event to be held at St. Anthony Congregation on June 15, 2019

MOTION MADE BY MR. SMITH, SECONDED BY MR. KRANICK TO APPROVE A TEMPORARY CLASS "B" LICENSE TO SELL FERMENTED MALT BEVERAGES AND A TEMPORARY "CLASS B" LICENSE TO SELL WINE AT AN EVENT TO BE HELD AT ST. ANTHONY CONGREGATION ON JUNE 15, 2019. MOTION CARRIED.

Ninth Order of business: Announcements and Planning items

- A. Next Plan Commission Meeting – June 4
- B. Next Town Board Meeting – June 11
- C. Next Park and Recreation Commission Meeting – June 13

Tenth Order of business: Adjournment

MOTION MADE BY MR. KRANICK, SECONDED BY MR. COOLEY TO ADJOURN AT 7:57 P.M. MOTION CARRIED.

Respectfully submitted,

Mary T. Elsner, CMC, WCMC
Town Clerk/Treasurer

Minutes approved on:

DRAFT

Plan Commission Report for June 4, 2019

**Michael Tarwacki CSM
Agenda Item No. 5. A.**

Applicant: Michael Tarwacki
Project: Certified Survey Map (CSM) for lot combination
Requested Action: Approval of CSM
Zoning: R-3 - Waukesha County
Location: W285 N3158 Lakeside Road

Report

Mr. Tarwacki owns two adjoining parcels along Lakeside Road. The existing house crosses over the common lot line between the two lots. In order to allow them to make any improvements on the property, the County has required that the two lots be combined into one lot by CSM. The CSM contains a lot that is located south of Lakeside Road and an outlot located north of Lakeside Road. As part of this CSM, Lakeside Road is dedicated to 25 feet wide in accordance with the mill tax road right-of-way width designation approved by the Town in 1990. A note is included on the CSM that indicates that Outlot 1 cannot be sold or transferred as a separate parcel without the approval of the Town and Waukesha County. All technical comments have been addressed by the surveyor.

Staff Recommendation:

I recommend approval of the CSM dated May 20, 2019, subject to incorporation of Waukesha County comments. If Waukesha County's comments are significant, the CSM shall be brought back to the Plan Commission for reconsideration.

Tim Barbeau, Town Engineer
May 29, 2019



LAND INFORMATION SYSTEMS DIVISION

Waukesha County GIS Map

Legend

- Parcels
- Plats
- Retired Parcels
- Retired Plats



0 200.00 Feet

Notes:

The information and depictions herein are for informational purposes and Waukesha County specifically disclaims accuracy in this reproduction and specifically admonishes and advises that if specific and precise accuracy is required, the same should be determined by procurement of certified maps, surveys, plats, Flood Insurance Studies, or other official means. Waukesha County will not be responsible for any damages which result from third party use of the information and depictions herein, or for use which ignores this warning.



Printed: 5/29/2019

CERTIFIED SURVEY MAP NO. _____

BEING A PART OF LOTS 20 & 21 OF EAST LAKESIDE, AND PART OF LOT 21 OF EXTENSION TO EAST LAKESIDE LOCATED IN THE SE. 1/4 OF THE SW. 1/4 OF SECTION 12, AND NE. 1/4 OF THE NW. 1/4 OF SECTION 13, T.7N., R.18E., TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN

SCALE: 1" = 40'

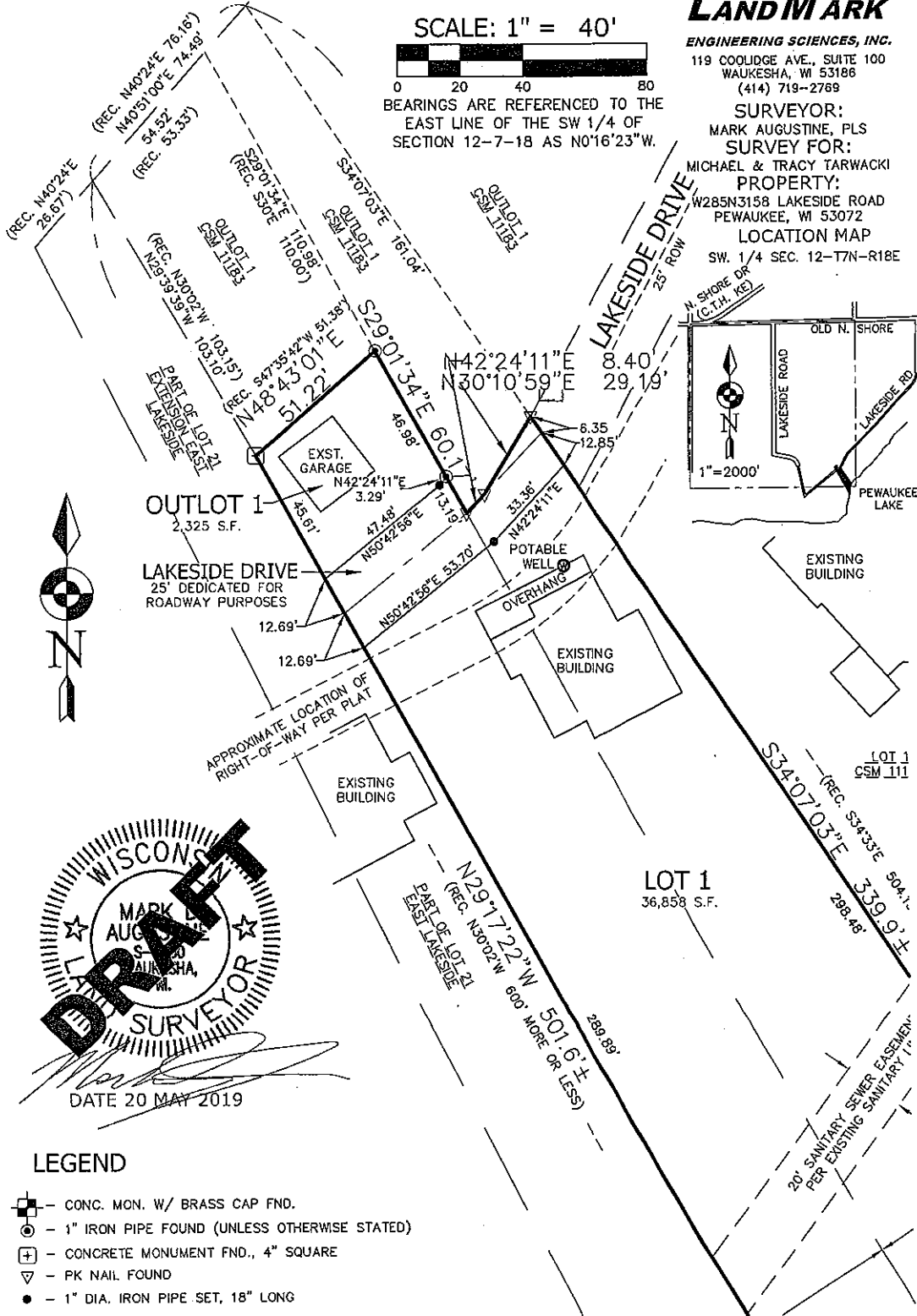
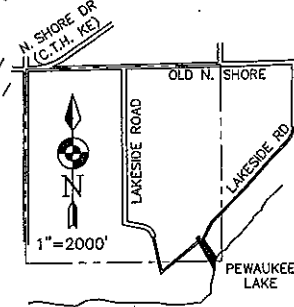


BEARINGS ARE REFERENCED TO THE EAST LINE OF THE SW 1/4 OF SECTION 12-7-18 AS N0°16'23"W.

LAND MARK

ENGINEERING SCIENCES, INC.
119 COOLIDGE AVE., SUITE 100
WAUKESHA, WI 53186
(414) 719-2769

SURVEYOR:
MARK AUGUSTINE, PLS
SURVEY FOR:
MICHAEL & TRACY TARWACKI
PROPERTY:
W285N3158 LAKESIDE ROAD
PEWAUKEE, WI 53072
LOCATION MAP
SW. 1/4 SEC. 12-T7N-R18E

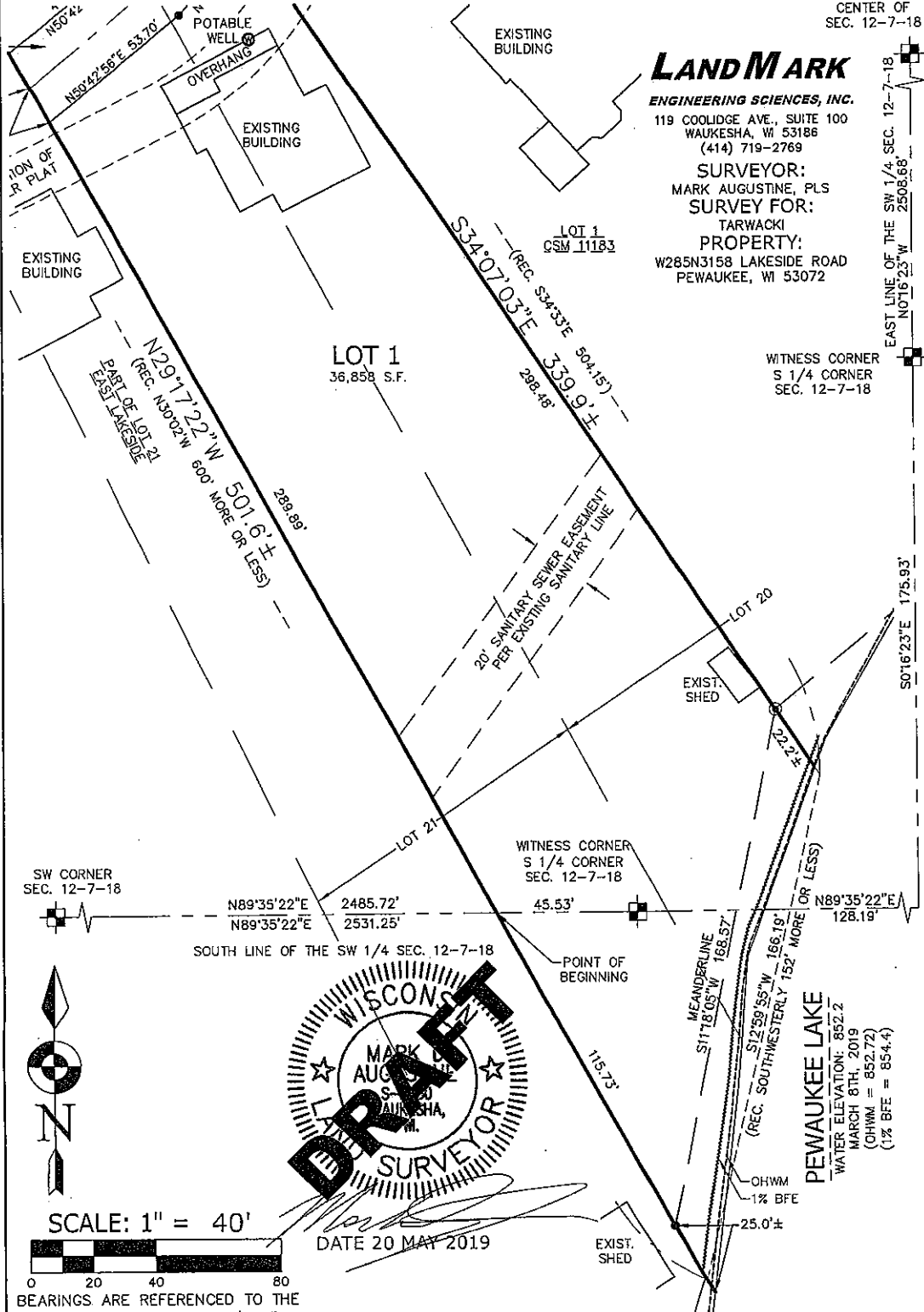


LEGEND

- ⊕ - CONC. MON. W/ BRASS CAP FND.
- ⊙ - 1" IRON PIPE FOUND (UNLESS OTHERWISE STATED)
- ⊕ - CONCRETE MONUMENT FND., 4" SQUARE
- ▽ - PK NAIL FOUND
- - 1" DIA. IRON PIPE SET, 18" LONG

CERTIFIED SURVEY MAP NO. _____

BEING A PART OF LOTS 20 & 21 OF EAST LAKESIDE, AND PART OF LOT 21 OF EXTENSION TO EAST LAKESIDE LOCATED IN THE SE. 1/4 OF THE SW. 1/4 OF SECTION 12, AND NE. 1/4 OF THE NW. 1/4 OF SECTION 13, T.7N., R.18E., TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN



LAND MARK

ENGINEERING SCIENCES, INC.
119 COOLIDGE AVE., SUITE 100
WAUKESHA, WI 53188
(414) 719-2769

SURVEYOR:
MARK AUGUSTINE, PLS
SURVEY FOR:
TARWACKI
PROPERTY:
W285N3158 LAKESIDE ROAD
PEWAUKEE, WI 53072

WITNESS CORNER
S 1/4 CORNER
SEC. 12-7-18

WITNESS CORNER
S 1/4 CORNER
SEC. 12-7-18

SW CORNER
SEC. 12-7-18



SCALE: 1" = 40'



BEARINGS ARE REFERENCED TO THE
EAST LINE OF THE SW 1/4 OF
SECTION 12-7-18 AS N0°16'23"W.

DATE 20 MAY 2019

CERTIFIED SURVEY MAP NO. _____

BEING A PART OF LOTS 20 & 21 OF EAST LAKESIDE, AND PART OF LOT 21 OF EXTENSION TO EAST LAKESIDE LOCATED IN THE SE. 1/4 OF THE SW. 1/4 OF SECTION 12, AND NE. 1/4 OF THE NW. 1/4 OF SECTION 13, T.7N., R.18E., TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN

NOTES:

1. ADDITIONAL EASEMENTS, IF ANY, ARE NOT SHOWN.
2. THE SURVEYOR TAKES NO RESPONSIBILITY FOR ANY UNDERGROUND STRUCTURES OR BURIED MATERIALS SUCH AS FOUNDATIONS, WELLS, SEPTIC, HOLDING TANKS, UTILITIES, HAZARDOUS MATERIALS, OR ANY OTHER ITEMS OF WHICH NO EVIDENCE CAN BE FOUND ON THE SURFACE BY A VISUAL INSPECTION.
3. THE FIELD WORK WAS COMPLETED ON APRIL 8TH, 2019.
4. THE ENTIRE PROPERTY IS LOCATED WITHIN THE WAUKESHA COUNTY SHORELAND AND FLOODPLAIN PROTECTION JURISDICTION.
5. OUTLOT 1 SHALL BE RETAINED BY THE OWNER OF LOT 1 AND CANNOT BE SOLD OR TRANSFERRED AS A SEPARATE PARCEL WITHOUT THE APPROVAL OF THE TOWN OF DELAFIELD AND WAUKESHA COUNTY.
6. THE 1% FLOODPLAIN ELEVATION FOR PEWAUKEE LAKE TRIBUTARY IS 854.4, PER FEMA FLOOD INSURANCE STUDY NO. 55133CV001C, REV'D NOV. 5, 2014.

SURVEYOR'S CERTIFICATE:

I, MARK AUGUSTINE, Registered Land Surveyor hereby certify;

That I have surveyed, divided and mapped all that being a part of lots 20 & 21 of East Lakeside, and part of lot 21 of Extension to East Lakeside located in the SE. 1/4 of the SW. 1/4 of Section 12, and NE. 1/4 of the NW. 1/4 of Section 13, T.7N., R.18E., Town of Delafield, Waukesha County, Wisconsin, more fully described as follows:

Commencing at the SW Corner of said Section 12; thence N89°35'22"E, along the South line of the SW 1/4 of said Section, 2485.72 feet to the point of beginning; thence N29°17'22"W, 360.89 feet; thence N48°43'01"E, along the southerly line of Outlot 1 of CSM #11183, 51.22 feet; thence S29°01'34"E, along the southerly line of Outlot 1 of CSM #11183, 60.17 feet; thence N42°24'11"E, along the southerly line of Outlot 1 of CSM #11183, 8.40 feet; thence N30°10'59"E, along the southerly line of Outlot 1 of CSM #11183, 29.19 feet; thence S34°07'03"E, along the southwesterly line of Lot 1 of CSM #11183, 317.68 feet; thence S11°18'05"W, along meander line, 168.57 feet; thence N29°17'22"W, 115.73 feet to the point of beginning. Also including those lands between the meander line and water's edge of Pewaukee Lake. Said lands containing approximately 41,030 sq.ft. (0.942 Acre).

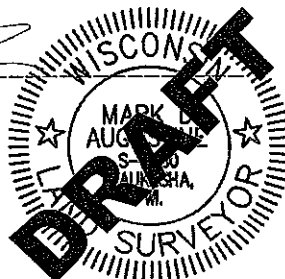
That I have made such survey, land division and Certified Survey Map by the direction of MICHAEL & TRACY TARWACKI, owner of said lands.

That such survey is a correct representation of all the exterior boundaries of the lands surveyed and the division thereof made.

That I have fully complied with the provisions of Chapter 236 of the Wisconsin State Statutes and the subdivision regulations of the TOWN OF DELAFIELD & WAUKESHA COUNTY in surveying, dividing and mapping the same.

Dated this 20TH day of MAY, 2019.


MARK AUGUSTINE, PLS S-2780



CERTIFIED SURVEY MAP NO. _____

BEING A PART OF LOTS 20 & 21 OF EAST LAKESIDE, AND PART OF LOT 21 OF EXTENSION TO EAST LAKESIDE LOCATED IN THE SE. 1/4 OF THE SW. 1/4 OF SECTION 12, AND NE. 1/4 OF THE NW. 1/4 OF SECTION 13, T.7N., R.18E., TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN

OWNER'S CERTIFICATE OF DEDICATION:

As owners, We hereby certify that we caused that land described on this Certified Survey Map to be surveyed, divided, mapped and dedicated as represented on the Certified Survey Map. We also certify that this Certified Survey Map is required by s.236.10 or s.236.12 to be submitted to the following for approval or objection:

- 1) WAUKESHA County
- 2) TOWN OF DELAFIELD

WITNESS the hand and seal of said owners this _____ day of _____

In Presence of:

MICHAEL TARWACKI

TRACY TARWACKI

STATE OF WISCONSIN)

_____ COUNTY) SS

Personally came before me this _____ day of _____, 20_____, the above named MICHAEL TARWACKI and TRACY TARWACKI to me known to be the same persons who executed the foregoing instrument and acknowledged the same.

Notary Public

_____ County, Wisconsin

My Commission Expires _____



CERTIFIED SURVEY MAP NO. _____

BEING A PART OF LOTS 20 & 21 OF EAST LAKESIDE, AND PART OF LOT 21 OF EXTENSION TO EAST LAKESIDE LOCATED IN THE SE. 1/4 OF THE SW. 1/4 OF SECTION 12, AND NE. 1/4 OF THE NW. 1/4 OF SECTION 13, T.7N., R.18E., TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN

TOWN BOARD APPROVAL CERTIFICATE:

Resolved that the Certified Survey Map, in the Town of Delafield, is hereby approved by the Town Board.

All conditions have been met as of the _____ day of _____, 20____.

Date: _____ Signed: _____

Ronald A. Troy, Town Chair

I hereby certify that the foregoing is true and correct copy of a resolution adopted by the Town Board of the Town of Delafield.

Date: _____ Signed: _____

Mary Elsner, Town Clerk

PLAN COMMISSION APPROVAL CERTIFICATE:

APPROVED, that the Certified Survey Map, in the Town of Delafield, is hereby approved by the Plan Commission.

Approved as of the _____ day of _____, 20____.

Date: _____ Signed: _____

Kevin Fitzgerald, Chairperson

I hereby certify that the foregoing is true and correct copy of a resolution adopted by the Plan Commission of the Town of Delafield.

Date: _____ Signed: _____

Mary Elsner, Town Clerk

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE APPROVAL:

Resolved that the Certified Survey Map, in the Town of Delafield, Wisconsin, which has been filed for approval, be and hereby is approved as required by Chapter 236 of the Wisconsin State Statutes.

Dale Shaver, Director



Plan Commission Report for June 4, 2019**David French CSM
Agenda Item No. 5. B.**

Applicant: David French

Project: Certified Survey Map (CSM) for lot combination

Requested Action: Approval of CSM

Zoning: R-3 - Waukesha County; A-2 - Town

Location: N28 W29707 Oakwood Grove Road and environs

Report

Mr. and Mrs. French recently purchased 5 parcels of land situated east of Oakwood Grove Road at the east end of what is known as Boettcher Lane (a private way). The lots contain duplexes, non-conforming structures and multiple structures on one lot. The purpose of the CSM is to combine all lots into one parcel for a single family residential home. As part of the project and prior to execution of the CSM, the existing homes will have to be removed or provisions made for removal (escrow funds for demolition) to assure that the structures are removed since the Town code does not allow multiple homes on a single residential lot. Access to the parcel will be via Boettcher Lane; however, there is also the ability to gain access from Franciscan Road through a long narrow strip of land that is part of the French ownership. All of the strip of land is in the primary environmental corridor and should be preserved to the extent practicable. Note that there are several right of ways that extend into the property. These were created many years ago and the deeds related to the right of ways do not indicate the rights associated with them. The French family will perpetuate the right of ways as shown on the CSM.

The surveyor has addressed all technical comments provided to him during my review. The current lots are owned by three different entities, all with Mr. French as the primary contact. Technically all owners must sign the document, so there may be a change in the signatory page prior to the preparation of the final document to reflect the various ownership entities..

Staff Recommendation:

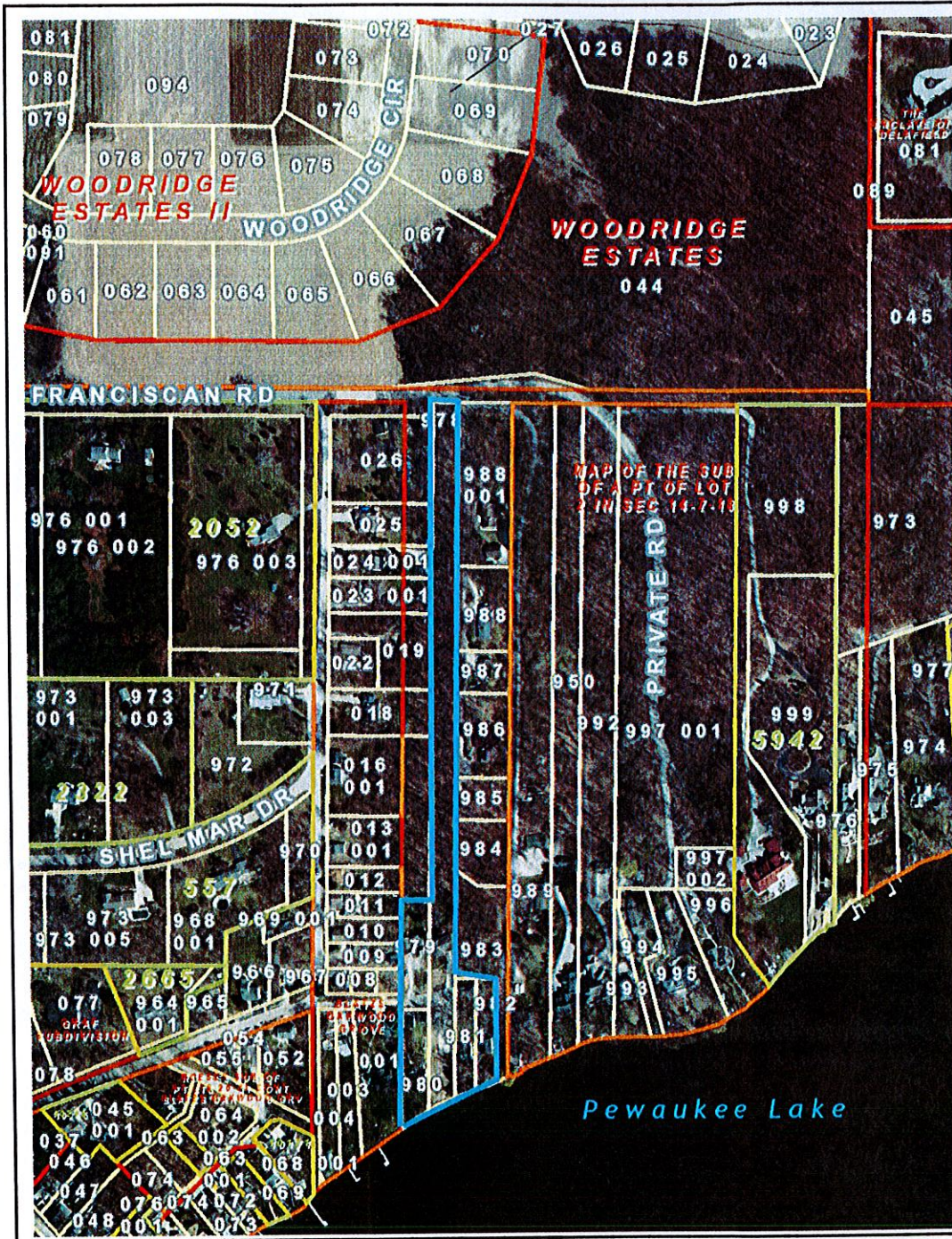
I recommend approval of the CSM dated May 20, 2019, subject to incorporation of Waukesha County comments and resolution of the how the owner's certificate must be prepared based on current ownership. If Waukesha County's comments are significant, the CSM shall be brought back to the Plan Commission for reconsideration.

Tim Barbeau, Town Engineer
May 29, 2019



Legend

- Parcels
- Plats
- Retired Parcels
- Retired Plats



0 400.00 Feet

Notes:

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FRANCISCAN ROAD
WIDTH VARIES

NORTHEAST CORNER OF THE NORTHWEST 1/4 OF SECTION 14-7-18
STATE PLANE COORDINATES
NORTHING: 396,419.28
EASTING: 2,445,212.28

NORTHWEST CORNER OF THE NORTHWEST 1/4 OF SECTION 14-7-18
STATE PLANE COORDINATES
NORTHING: 396,449.06
EASTING: 2,442,560.28

NORTH LINE OF THE NORTHWEST 1/4 OF SECTION 14-7-18

DEDICATED FOR PUBLIC ROAD PURPOSES 2048 SQ. FT.

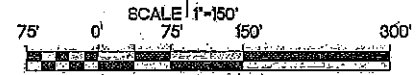
CERTIFIED SURVEY MAP
NO.

Being a part of the Northeast 1/4 and Southeast 1/4 of the Northwest 1/4 Section 14, Town 7 North, Range 18 East, Town of Delafield, Waukesha County, Wisconsin.

OWNER
DAVID J. FRENCH REVOCABLE TRUST OF 1991
W303N2568 MAPLE AVENUE
PEWAUKEE WI. 53072

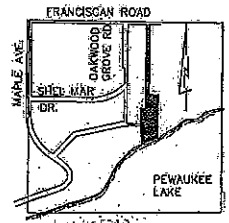
SURVEYOR
KETTLE MORAINÉ SURVEYING INC
PO BOX 357
EAGLE WI. 53119
(262) 366-0642

WAUKESHA COUNTY SHORELAND AND FLOODLAND PROTECTION ORDINANCE LIMITS

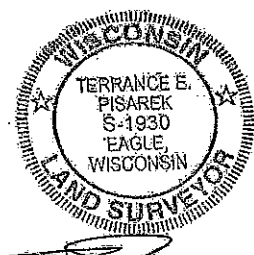


BEARINGS ARE REFERENCED TO GRID NORTH OF THE WISCONSIN STATE PLANE COORDINATE SYSTEM, SOUTH ZONE. THE BEARINGS ARE REFERENCED TO THE NORTH LINE OF THE NORTHWEST 1/4 OF SECTION 14-7-18 AND IS ASSUMED TO BEAR N89°21'24\"/>

- FOUND 6\"/>
- FOUND 1 1/4\"/>
- SET 1 1/4\"/>
- ✕ SET R.R. SPIKE IN ASPHALT



LOCATION MAP
NW 1/4 SEC. 14-7-18
SCALE 1\"/>



TERRANCE E. PISAREK S-1930

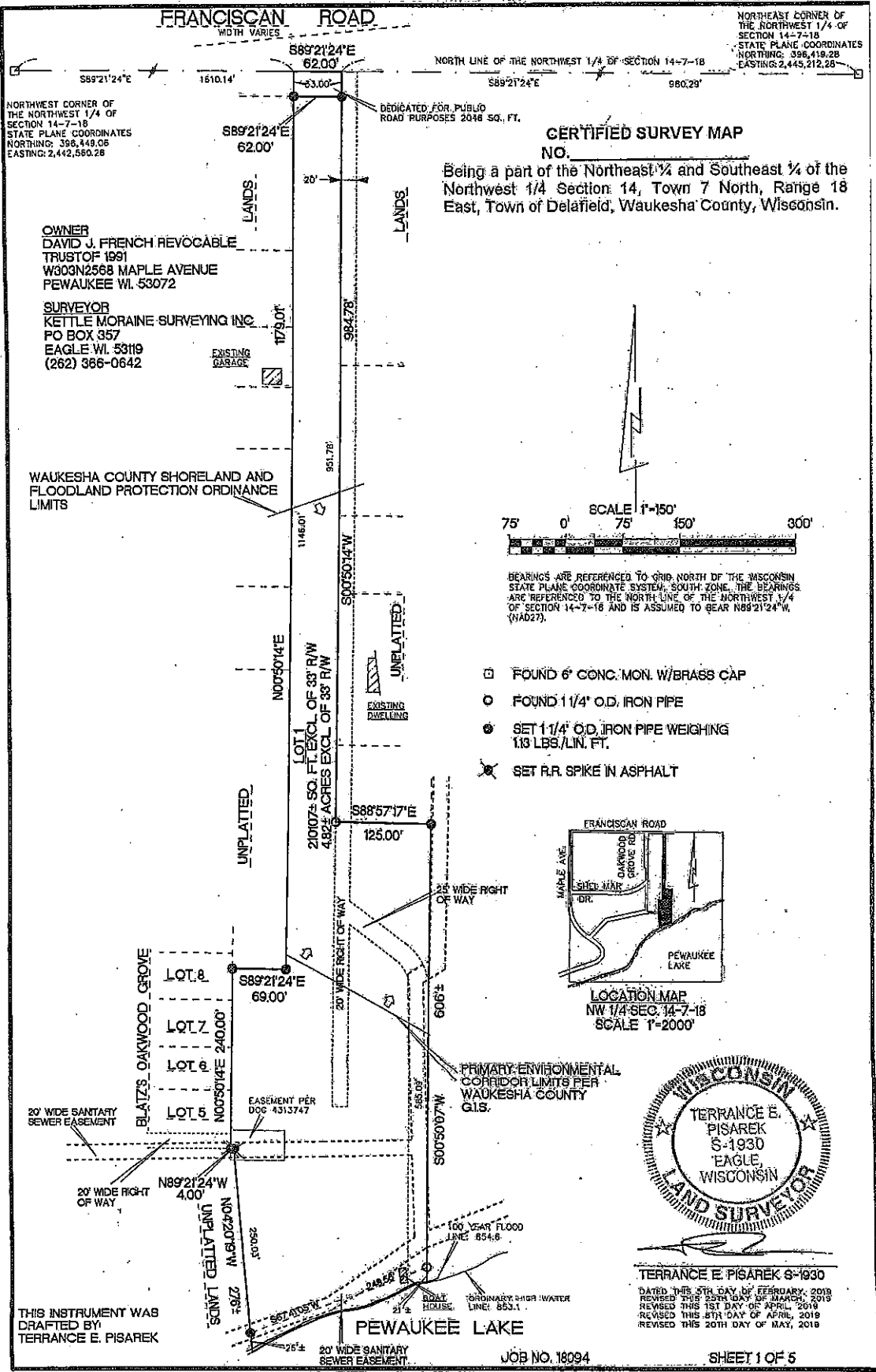
DATED THIS 5TH DAY OF FEBRUARY, 2018
REVISED THIS 23RD DAY OF MARCH, 2018
REVISED THIS 1ST DAY OF APRIL, 2018
REVISED THIS 8TH DAY OF APRIL, 2018
REVISED THIS 20TH DAY OF MAY, 2018

THIS INSTRUMENT WAS DRAFTED BY
TERRANCE E. PISAREK

PEWAUKEE LAKE

JOB NO. 18094

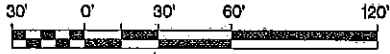
SHEET 1 OF 5



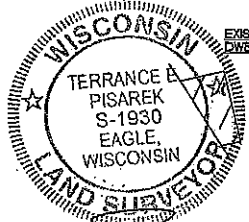
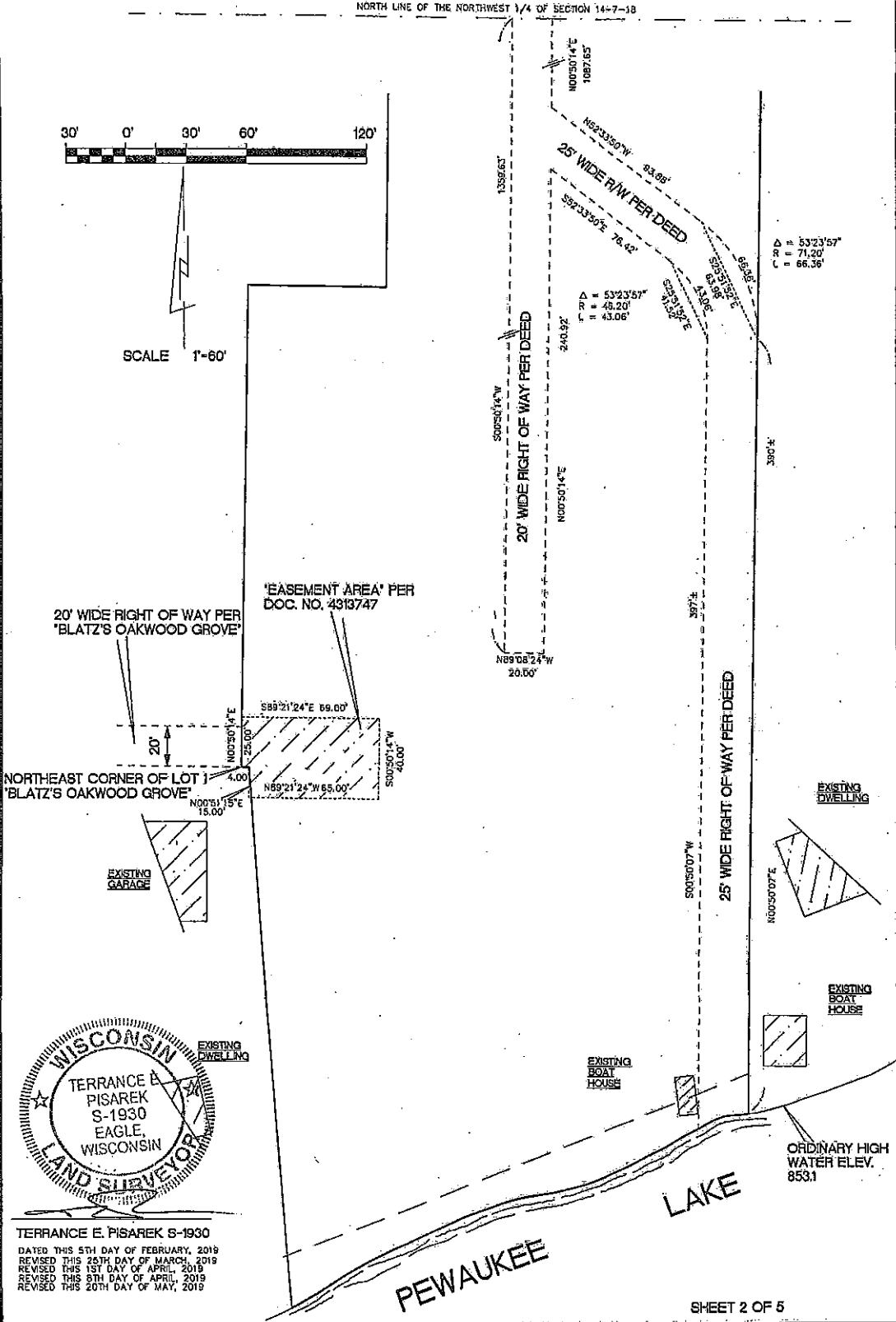
CERTIFIED SURVEY MAP NO. _____

Being a part of the Northeast 1/4 and Southeast 1/4 of the Northwest 1/4 of Section 14, Town 7 North, Range 18 East, Town of Delafield, Waukesha County, Wisconsin.

NORTH LINE OF THE NORTHWEST 1/4 OF SECTION 14-7-18



SCALE 1"=60'

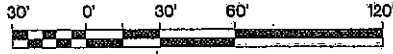


TERRANCE E. PISAREK S-1930
 DATED THIS 5TH DAY OF FEBRUARY, 2019
 REVISED THIS 25TH DAY OF MARCH, 2019
 REVISED THIS 1ST DAY OF APRIL, 2019
 REVISED THIS 8TH DAY OF APRIL, 2019
 REVISED THIS 20TH DAY OF MAY, 2019

PEWAUKEE LAKE

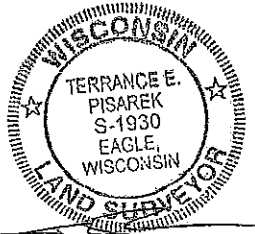
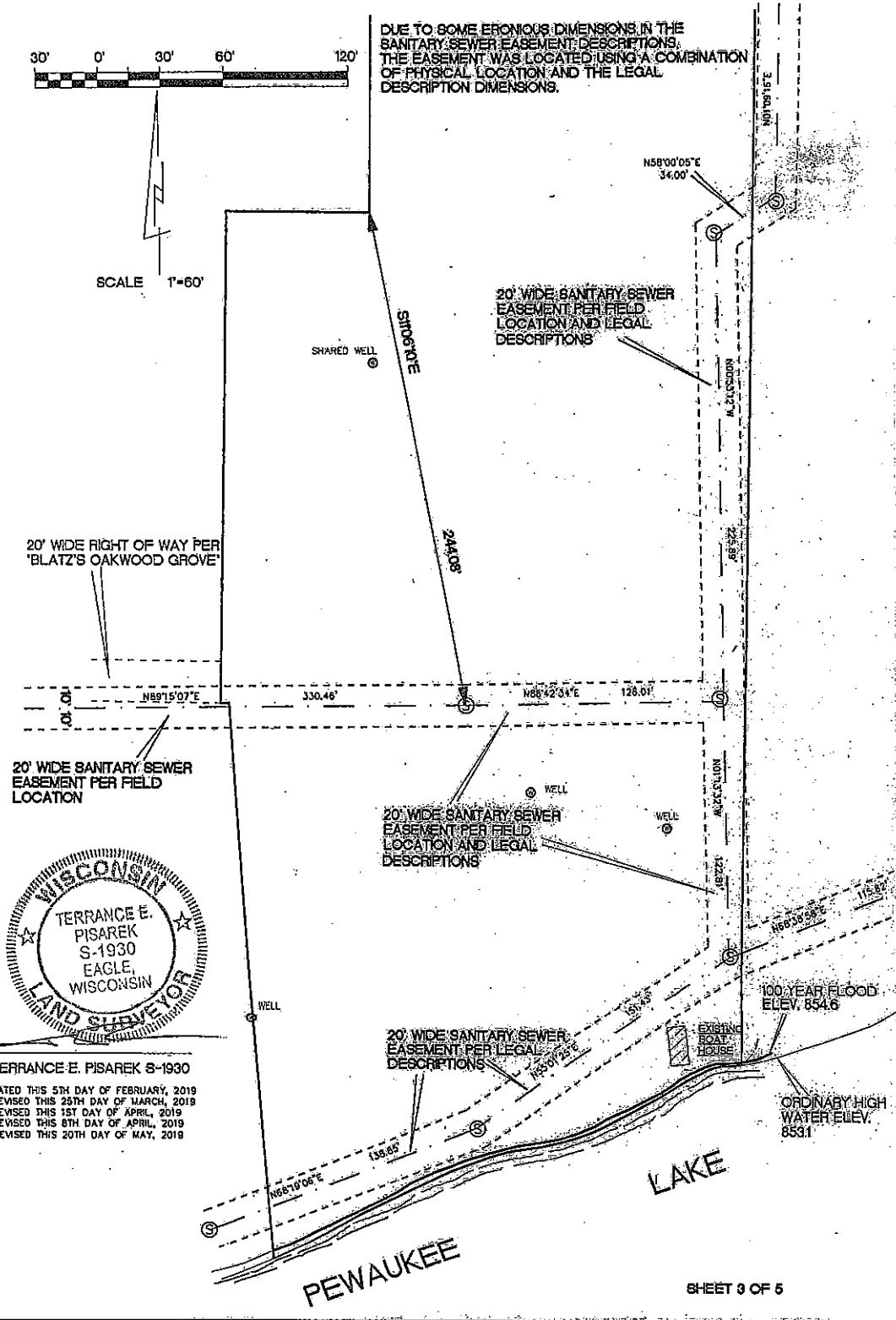
CERTIFIED SURVEY MAP NO. _____

Being a part of the Northeast 1/4 and Southeast 1/4 of the Northwest 1/4 of Section 14, Town 7 North, Range 18 East, Town of Delafield, Waukesha County, Wisconsin.



SCALE 1"=60'

DUE TO SOME ERRONEOUS DIMENSIONS IN THE SANITARY SEWER EASEMENT DESCRIPTIONS, THE EASEMENT WAS LOCATED USING A COMBINATION OF PHYSICAL LOCATION AND THE LEGAL DESCRIPTION DIMENSIONS.



TERRANCE E. PISAREK S-1930
DATED THIS 5TH DAY OF FEBRUARY, 2019
REVISED THIS 25TH DAY OF MARCH, 2019
REVISED THIS 1ST DAY OF APRIL, 2019
REVISED THIS 8TH DAY OF APRIL, 2019
REVISED THIS 20TH DAY OF MAY, 2019

PEWAUKEE

LAKE

CERTIFIED SURVEY MAP NO. _____

Being a part of the Northeast ¼ and Southeast ¼ of the Northwest ¼ of Section 14, Town 7 North, Range 18 East, Town of Delafield, Waukesha County, Wisconsin.

SURVEYORS CERTIFICATE

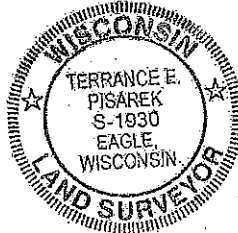
I, Terrance E. Pisarek, Professional Land Surveyor, do hereby certify: That I have surveyed, divided and mapped a parcel of land being a part of the Northeast ¼ and Southeast ¼ of the Northwest ¼ of Section 14, Town 7 North, Range 18 East, Town of Delafield, Waukesha County, Wisconsin, described as follows: Commencing at the Northwest corner of the Northwest ¼ of said Section 14; thence South 89°21'24" East along the North line of the Northwest ¼ of said Section 14, 1610.14 feet to the Point of Beginning; thence continuing South 89°21'24" East along said North line, 62.00 feet; thence South 00°50'14" West, 984.78 feet; thence South 88°57'17" East, 125.00 feet; thence South 00°50'07" West, 585.09 feet to a meander line of Pewaukee Lake; thence South 67°41'05" West along said meander line, 249.56 feet; thence North 04°20'19" West, 250.03 feet; thence North 89°21'24" West, parallel with the North line of the Northwest ¼ of said Section 14, 4.00 feet; thence North 00°50'14" East, along the East line of Blatz's Oakwood Grove, 240.00 feet; thence South 89°21'24" East, parallel with the North line of the Northwest ¼ of said Section 14, 69.00 feet; thence North 00°50'14" East, 1179.01 feet to the Point of Beginning, also those lands lying between the Shore of Pewaukee Lake and the said meander line, being bordered on the East and West by the Easterly and Westerly lines of this Plat as shown on this Certified Survey Map, dedicating the Northerly 33 feet for public road purposes as shown on this Certified Survey Map, containing 4.09%~~36~~ acres of land exclusive of the dedicated right of way.

That I have made such survey, land division and map by the direction of the David J. French Revocable Trust of 1991, Owner of the land

That such map is a true and correct representation of all exterior boundaries of the land surveyed and the land division thereof made.

That I have fully complied with the provisions of Chapter 236 of the Wisconsin State Statutes and the ordinances of the Town of Delafield in surveying, dividing and mapping the same.

Dated this 5th Day of February, 2019
Revised this 25th Day of March, 2019
Revised this 1st Day of April, 2019
Revised this 8th Day of April, 2019
Revised this 20th Day of May, 2019




Terrance E. Pisarek S-1930

OWNERS CERTIFICATE

I, David J. French as Trustee for the David J. French Revocable Trust of 1991, as owner, do hereby certify that I have caused the land described to be surveyed, divided, mapped and dedicated as represented on this map in accordance with the requirements of Chapter 236 of the Wisconsin State Statutes and the Town of Delafield Land Division Ordinance.

I also certify that this plat is required to be approved by the following: Town of Delafield, Waukesha County and the Village of Hartland.

Date: _____, 20____

David J French, Trustee

State of Wisconsin)
County of Waukesha)

Personally came before me this _____ day of _____, 20____ the above named person, to me be known to be the person who signed the foregoing Instrument and acknowledged that he executed the same.

My commission expires _____

Notary Public

CERTIFIED SURVEY MAP NO. _____

Being a part of the Northeast ¼ and Southeast ¼ of the Northwest ¼ of Section 14, Town 7 North, Range 18 East, Town of Delafield, Waukesha County, Wisconsin.

TOWN BOARD APPROVAL

Approved by the Town of Delafield Town Board on the _____ day of _____, 20__.

Ronald A. Troy, Chairman

Mary Elsner, Town Clerk/Treasurer

PLAN COMMISSION APPROVAL

Approved by the Town of Delafield Plan Commission on the _____ day of _____, 20__.

Kevin Fitzgerald, Chairman

Mary Elsner, Town Clerk/Treasurer

VILLAGE OF HARTLAND EXTRA TERRITORIAL APPROVAL

This Certified Survey Map was approved by the Village of Hartland on this _____ day of _____, 20__.

Jeffrey Pfannerstill, President

Darlene Igl, Clerk

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE APPROVAL

The above, which has been filed for approval as required by Section 236 of the Wisconsin Statutes, is hereby approved on this _____ day of _____, 20__.

Dale Shaver, Director

Notes:

There is no mortgage on this property

There are no recorded documents that exclusively specify the right of ways, they are mentioned in Reel 26 Image 1201, Vol. 726, Page 1, Vol. 501 Page 123 and Vol. 526 Page 68.



Dated this 5th Day of February, 2019
Revised this 25th Day of March, 2019
Revised this 1st Day of April, 2019
Revised this 8th Day of April, 2019
Revised this 20th Day of May, 2019

Plan Commission Report for June 4, 2019

**Bob Whitehouse – Louis Court Right-of-Way
Agenda Item No. 5. C.**

Applicant: Bob Whitehouse
Project: Designation of right of way for Louis Court
Requested Action: Approval of 50 foot designation for Louis Court
Zoning: Waukesha County
Location: W285 N2022 Louis Court

Report

Mr. Whitehouse is planning to make improvements to his house and property. In doing so, he contacted Waukesha County (due to the location of his property in the shoreland jurisdiction) and they indicated to him that he needed to have the Town designate Louis Court to be 50 feet wide (reduction from the statutory 66 feet wide Town road). I do not know the history of why Louis Court was developed with a 50 foot wide access, but that is what is currently set aside for the roadway. The Wisconsin statutes requires that town roads be 66 feet wide unless reduced by the Town. Since there is no formal reduction on file for Louis Court, the Town is taking action to memorialize the 50 foot right-of-way.

Staff Recommendation:

The Town could request that adjacent property owners dedicate land to create a 66 foot right-of-way. If this would take place on Mr. Whitehouse's property, his house would become nonconforming due to the front setback. The tax records show Louis Court at 50 feet wide. I am not aware of any right-of-way related issues that would compel the town to request a dedication to 66 feet at this time. I recommend that the Plan Commission provide a positive recommendation to the Town Board to designate Louis Court right-of-way at 50 feet.

Tim Barbeau, Town Engineer
May 29, 2019

JUN 11 2019

ITEM #8D PAGE 1 of 4

Plan Commission Report for June 4, 2019**Bob Whitehouse CSM
Agenda Item No. 5. D.**

Applicant: Bob Whitehouse

Project: Certified Survey Map (CSM) for lot combination

Requested Action: Approval of CSM

Zoning: Waukesha County

Location: W285 N2022 Louis Court

Report

As stated in the report for agenda item 5. C., Mr. Whitehouse desires to make improvements to his property. In doing so, the County determined that his property is made up of parts of 4 lots of record. In order to get a zoning permit from the County, he is required to combine the lots into one lot. I have reviewed the CSM and provided technical comments to the surveyor. I support the combination of the lots into one lot since it removes nonconforming offsets from the lot lines and assures that the existing parcels are not sold off as separate parcels.

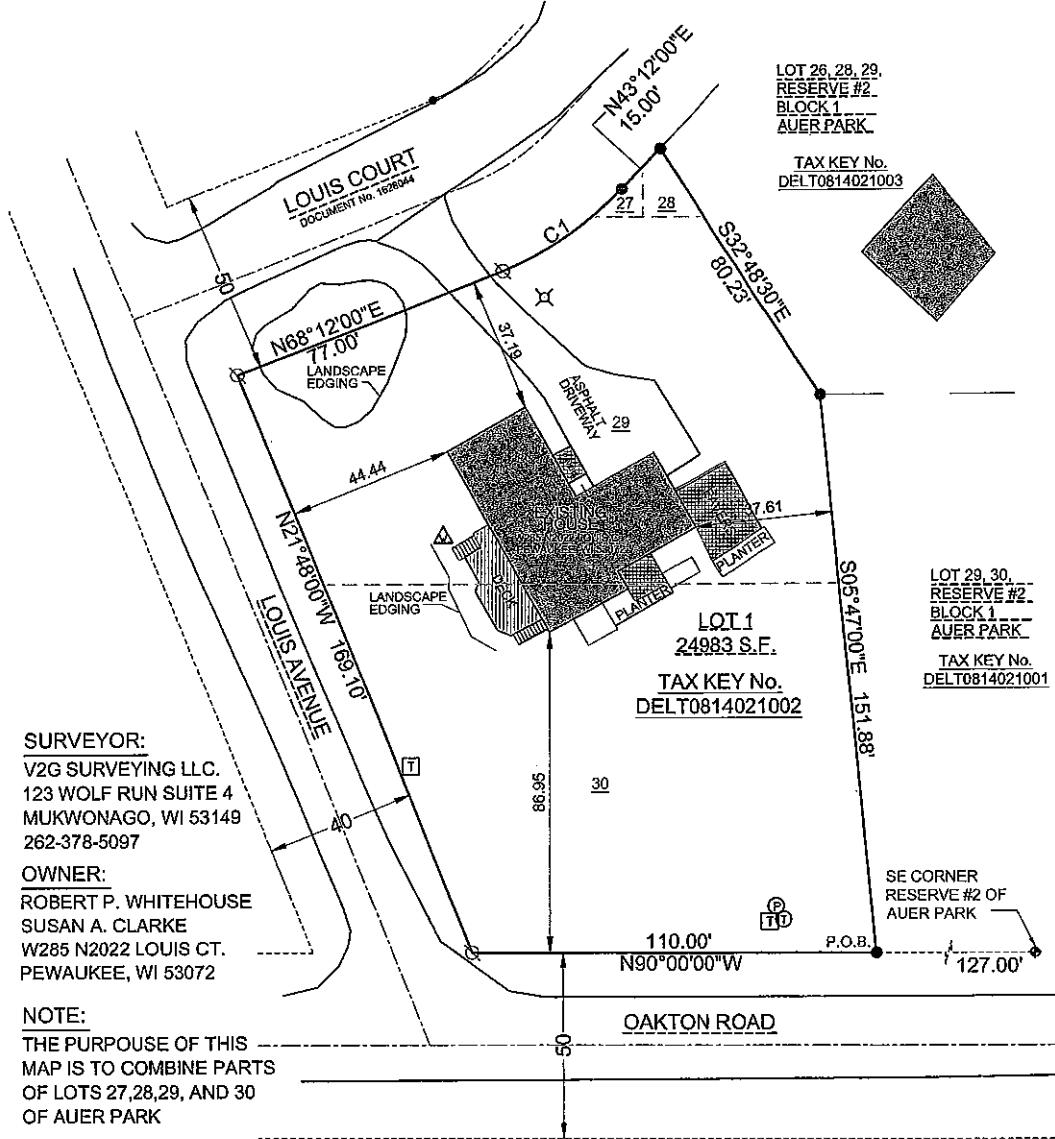
Staff Recommendation:

I recommend approval of the CSM subject to the surveyor addressing my technical comments and incorporation of Waukesha County comments. If Waukesha County's comments are significant, the CSM shall be brought back to the Plan Commission for reconsideration.

Tim Barbeau, Town Engineer
May 29, 2019

CERTIFIED SURVEY MAP NO. _____

BEING A REDIVISOIN OF LOTS 27, 28, 29 AND 30 OF BLOCK 1, AUER PARK ON PEWAUKEE LAKE, BEING A SUBDIVISION OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 24, TOWNSHIP 7 NORTH, RANGE 18 EAST, TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN



LOT 28, 29,
RESERVE #2,
BLOCK 1
AUER PARK

TAX KEY No.
DELT0814021003

LOT 29, 30,
RESERVE #2,
BLOCK 1
AUER PARK

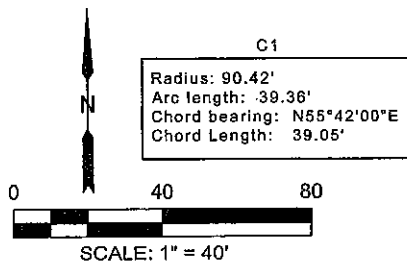
TAX KEY No.
DELT0814021001

SURVEYOR:
V2G SURVEYING LLC.
123 WOLF RUN SUITE 4
MUKWONAGO, WI 53149
262-378-5097

OWNER:
ROBERT P. WHITEHOUSE
SUSAN A. CLARKE
W285 N2022 LOUIS CT.
PEWAUKEE, WI 53072

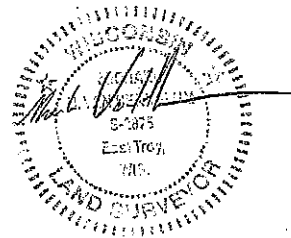
NOTE:
THE PURPOSE OF THIS
MAP IS TO COMBINE PARTS
OF LOTS 27, 28, 29, AND 30
OF AUER PARK

BASIS OF BEARING:
THE SOUTH LINE OF LOT 30
OF AUER PARK
N 90°00'00" W.



LEGEND:

(100.00')	RECORDED DISTANCE
100.00'	MEASURED DISTANCE
●	1" FOUND IRON PIPE, UNLESS NOTED
⊗	3/4" x 16" IRON PIPE SET, 1.13 lbs./L.F.
⚠	EXISTING WELL
Ⓜ	TELEPHONE PEDESTAL
Ⓣ	TV PEDESTAL
Ⓟ	POWER POLE
⚡	LIGHT POLE



SHEET 1 OF 3
DRAFT DATE: 05/24/2019
V2G JOB NO.: 2019-039

CERTIFIED SURVEY MAP NO. _____

BEING A REDIVISOIN OF LOTS 27, 28, 29 AND 30 OF BLOCK 1, AUER PARK ON PEWAUKEE LAKE, BEING A SUBDIVISION OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 24, TOWNSHIP 7 NORTH, RANGE 18 EAST, TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN

SURVEYORS CERTIFICATE:

I, MICHAEL H. VAN HENKELUM, REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT I HAVE SURVEYED, DIVIDED AND MAPPED THE FOLLOWING LAND BOUNDED AND DESCRIBED AS FOLLOWS:

BEING A REDIVISOIN OF LOTS 27, 28, 29 AND 30 OF BLOCK 1, AUER PARK ON PEWAUKEE LAKE, BEING A SUBDIVISION OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 24, TOWNSHIP 7 NORTH, RANGE 18 EAST, TOWN OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN, BOUNDED AND DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF SAID AUER PARK ON PEWAUKEE LAKE SAID POINT BEING THE SOUTHEAST CORNER OF RESERVE NO. 2 AND RUNNING THENCE DUE WEST ALONG THE SOUTHERLY LINE OF SAID BLOCK 1, 127.00 FEET TO THE POINT OF BEGINNING OF THE PARCEL OF LAND HEREINAFTER DESCRIBED; THENCE CONTINUING DUE WEST ALONG SAID LINE 110.00 FEET TO A POINT ON THE EASTERLY LINE OF LOUIS AVENUE; THENCE NORTH 21 DEGREES 48 MINUTES WEST ALONG SAID EASTERLY LINE 169.10 FEET TO A POINT ON THE SOUTHERLY LINE OF AN EASEMENT FOR INGRESS AND EGRESS; THENCE NORTH 68 DEGREES 12 MINUTES EAST 77.00 FEET ALONG THE SOUTHERLY LINE OF SAID EASEMENT TO A POINT OF CURVATURE OF A CURVE; THENCE 39.36 FEET ALONG SAID CURVE (THE CHORD OF WHICH BEARS NORTH 55 DEGREES 42 MINUTES EAST 39.05 FEET) AND THE SOUTHERLY LINE OF SAID EASEMENT TO THE POINT OF TANGENCY OF SAID CURVE; THENCE NORTH 43 DEGREES 12 MINUTES EAST ALONG SAID SOUTHERLY LINE 15.00 FEET TO A POINT; THENCE SOUTH 32 DEGREES 33 MINUTES EAST 80.10 FEET TO A POINT; THENCE SOUTH 05 DEGREES 47 MINUETS EAST 151.88 FEET TO THE POINT OF BEGINNING..

SAID PARCEL SUBJECT TO ALL RIGHTS, RESERVATIONS, RESTRICTIVE COVENANTS AND EASEMENTS EITHER RECORDED OR UNRECORDED.

I FURTHER CERTIFY THAT I HAVE MADE THIS SURVEY AND MAP IN ACCORDANCE WITH THE REQUIREMENTS OF CHAPTER 236.34 OF THE WISCONSIN STATUTES, THE TOWN OF DELAFIELD AND BY THE DIRECTION OF THE OWNERS ROBERT P. WHITEHOUSE AND SUSAN A. CLARKE. THAT SUCH MAP IS A CORRECT REPRESENTATION OF ALL THE EXTERIOR BOUNDARIES OF THE LAND SURVEYED.

THIS _____ DAY OF _____, 2019.

MICHEAL H. VAN HENKELUM, P.L.S. #2875

OWNERS CERTIFICATE:

AS OWNERS, WE ROBERT P. WHITEHOUSE AND SUSAN A. CLARKE, HEREBY CERTIFY THAT WE HAVE CAUSED THE LAND DESCRIBED ABOVE TO BE SURVEYED, DIVIDED, AND MAPPED AS REPRESENTED ON THIS CERTIFIED SURVEY MAP IN ACCORDANCE WITH THE REQUIREMENTS OF CHAPTER 236.34 OF THE STATE STATUTES AND THE TOWN OF DELAFIELD.

WITNESS THE HAND AND SEAL OF SAID OWNERS THIS _____ DAY OF _____, 2019.

, OWNER

, OWNER

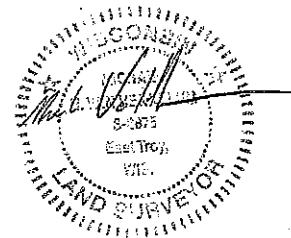
STATE OF WISCONSIN)
) ss.
) COUNTY)

PERSONALLY CAME BEFORE ME THIS _____ DAY OF _____, 2019, THE ABOVE NAMED ROBERT P. WHITEHOUSE AND SUSAN A. CLARKE, TO ME KNOWN TO BE THE PERSONS WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THE SAME.

NOTARY PUBLIC, _____

_____ COUNTY, WISCONSIN.

MY COMMISSION EXPIRES _____



CERTIFIED SURVEY MAP NO. _____

BEING A REDIVISOIN OF LOTS 27, 28, 29 AND 30 OF BLOCK 1, AUER PARK
ON PEWAUKEE LAKE, BEING A SUBDIVISION OF THE NORTHWEST ¼ OF THE
NORTHWEST ¼ OF SECTION 24, TOWNSHIP 7 NORTH, RANGE 18 EAST, TOWN
OF DELAFIELD, WAUKESHA COUNTY, WISCONSIN

TOWN OF DELAFIELD BOARD OF SUPERVISORS APPROVAL CERTIFICATE:

THIS CERTIFIED SURVEY MAP IS HEREBY APPROVED BY THE TOWN OF DELAFIELD BOARD OF SUPERVISORS, ON

THIS _____ DAY OF _____, 2019.

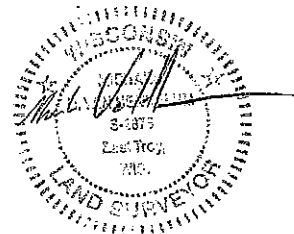
RON TROY, CHAIR

WAUKESHA COUNTY PARKS AND LAND USE APPROVAL CERTIFICATE:

THIS CERTIFIED SURVEY MAP IS HEREBY APPROVED BY THE JEFFERSON COUNTY ZONING AND SANITATION
DEPARTMENT, ON

THIS _____ DAY OF _____, 2019.

DALE SHAVER DIRECTOR OF PARKS AND LAND USE



Renewal Alcohol Beverage License Application

JUN 17 2019

Submit to municipal clerk. Read instructions on reverse side.

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

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-1020156327-03</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>380.00</u>

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 Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PEWAUKEE YACHT CLUB, INC
Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. Box 101, Pewaukee, WI 53072
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JOE BARKER</u>	<u>N22W28217 Beach Park Circle, Pewaukee, WI 53072</u>	<u>53072</u>
Vice President/Member	<u>CHRIS ALLEN</u>	<u>N66W27606 Maple St, Sussex, WI 53089</u>	<u>53089</u>
Secretary/Member	<u>SARAH SPENCER</u>	<u>N22W29140 Elmhurst Dr, Pewaukee, WI 53072</u>	<u>53072</u>
Treasurer/Member	<u>CRAIG DUCHOW</u>	<u>N22W28692 Louis Ave, Pewaukee, WI 53072</u>	<u>53072</u>
Agent	<u>JOHN GRIGNON</u>	<u>1714 Glacier Ridge Rd, Waukesha, WI 53188</u>	<u>53188</u>

C. 1. Trade Name PEWAUKEE YACHT CLUB INC Business Phone Number 262-691-9927
2. Address of Premises N22W28204 Edgewater Dr. 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.) one story frame + metal storage shed
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. change of officers 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. N/A Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 12 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.

Aaron J Frank
Aaron J Frank
exp. 2-24-23



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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/26/19</u>	Date received by council/board <u>6/11/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Mary Osner</u>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MILLER		MAGALIE			
Home Address (street/route)		Post Office	City	State	Zip Code
E. Glen Coast Rd N20W29526			Pewaukee	WI	53072
Home Phone Number			Age	Date of Birth	Place of Birth
414-431-4952					Palaiseau France

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

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

Employer's Name	Employer's Address	Employed From	To
Derco Aerospace Inc	8000 W. Tower Av. Milwaukee WI 53223	2006	2014
Infonet France	Avenue Victor Hugo Courbevoie FRANCE	1999	2005

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.

Aaron Frank
 Aaron J Frank
 exp. 2.24.23



[Signature]
 (Signature of Named Individual)
 04/23/19

TOWN OF DELAFIELD

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

Receipt Number:	<u>211</u>
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

Street Address: N22W28204 Edgewater Dr., Pewaukee, WI 53072

Name of Applicant (Please Print): John W Gignou Jr (Agent)

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 John W Gignou Jr Date 4-19-19

Applicant Address (if different from business location):

1714 Glacier Ridge Rd, Waukesha, WI 53188



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 L1737907872

PEWAUKEE YACHT CLUB, INC.
 PO BOX 101
 PEWAUKEE WI 53072-0101

Wisconsin Department of Revenue Seller's Permit

Legal/real name: PEWAUKEE YACHT CLUB, INC.
Business name: PEWAUKEE YACHT CLUB INC
 GENERAL DELIVERY
 PEWAUKEE 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	456-1020156327-03

JUN 11 2019

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
456-1027496247-02		90-0	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100-		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ 250-		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 25-		
TOTAL FEE	\$ 380-		

Complete A or B. All must complete C.

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

Thompson, Kim Louise
1015 Wellington Way Hartland, WI 53029

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Kim Thompson	1015 Wellington Way Hartland, WI 53029	
Directors/Managers			

C. 1. Trade Name: Kims Lakeside LLC Owned by Kim Intel Business Phone Number: 262-369-3866

2. Address of Premises: W303N2582 Maple Ave. Pewaukee, WI 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.) Bar, closet storage, basement storage

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

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

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

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

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

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

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

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/6/19</u>	Date reported to council/board <u>6/11/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Mary Woner</u>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Thompson		Kim		Louise	
Home Address (street/route)		Post Office		City	
1015 Wellington Way				Hartland	
Home Phone Number		Age		Date of Birth	
262-993-3878					
State		Zip Code		Place of Birth	
WI		53029		Waukesha, WI	

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

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

Kim Thompson of Kim's Lakeside LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 50 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Kim's Gourmet Pizza N67W33395 Cty Rd K Deonowoc WI 53066
(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
Employer's Name	Employer's Address	Employed From	To

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

Kim Thompson
(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: \$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: Kim's Lakeside

Street Address: W303 N2582 Maple Ave Pewaukee, WI 53072

Name of Applicant (Please Print): Kim Thompson

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 Kim Thompson Date 5-6-19

Applicant Address (if different from business location):



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

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

KIMS LAKESIDE LLC OWNED BY KIM FINTEL
 1015 WELLINGTON WAY
 HARTLAND WI 53029-2707

Letter ID: L1705150912
 Batch Index: 302017024-59

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: KIMS LAKESIDE LLC OWNED BY KIM FINTEL
 BUSINESS NAME:
 W303N2582 MAPLE AVE
 WAUKESHA WI 53029-0000

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027496247-02

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Western Lakes Golf Club, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) W287 N1963 OAKTON RD., Pewaukee
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53072

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GREGORY DONALD ESSIG	W338 53715 MESA TRAIL	DOUSMAN, WI 53118
Vice President/Member			
Secretary/Member	PAULA MARIE ESSIG	W338 53715 MESA TRAIL	DOUSMAN, WI 53118
Treasurer/Member			
Agent	GREGORY DONALD ESSIG	W338 53715 MESA TRAIL	DOUSMAN WI 53118
Directors/Managers	JASON CHRISTOPHER HOELZ	W392 N1983 CHURCHVIEW DR	WAUKESHA, WI 53186

C. 1. Trade Name WESTERN LAKES GOLF CLUB Business Phone Number 262-891-0900
 2. Address of Premises W287 N1963 OAKTON RD 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
- 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 (Twinbar), Pro Shop, beverage carts, Halfway Harry's (on course)
- Legal description (omit if street address is given above): Main bar
- Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the 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.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/3/19</u>	Date reported to council/board <u>6/11/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>Mary Moser</i>

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) ESSIG		(first name) GREGORY		(middle name) DONALD	
Home Address (street/route) W234 S 3715 MESA TR		Post Office	City DOUSMAN	State WI	Zip Code 53118
Home Phone Number 414-801-0900		Age	Date of Birth	Place of Birth CHICAGO, IL	

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

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

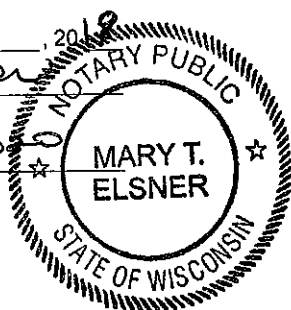
1. (a) How long have you continuously resided in Wisconsin prior to this date? 4.5 years
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? 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)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, 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; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 7th day of May, 2018
Mary T. Elsner
(Clerk/Notary Public)



Gregory D. Essig
(Signature of Named Individual)

My commission expires 2/21/2020

TOWN OF DELAFIELD

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

Receipt Number:	<u>2116</u>
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: W297 N1963 OAKTON RD

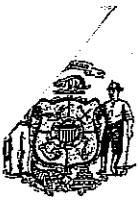
Name of Applicant (Please Print): GREGORY DONALD ESSIG

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 *Greg Essig* Date 5/3/19

Applicant Address (if different from business location):

W238 S3715 MESA TRAIL, DOWSMAN, WI 53118



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 L0638799520

WESTERN LAKES GOLF CLUB, INC.
 W287N1963 OAKTON RD
 PEWAUKEE WI 53072-5080

Wisconsin Department of Revenue Seller's Permit

Legal/real name: WESTERN LAKES GOLF CLUB, INC.
Business name: WESTERN LAKES GOLF CLUB
 W287N1963 OAKTON RD
 PEWAUKEE WI 53072-5080

- 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	456-0000531137-03

414-334-9363

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/19 ending: 6/30/20
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>156-1028520676-02</u>		FEIN Number: <u>47-2425451</u>	
LICENSE REQUESTED			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	<u>100</u>
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input checked="" type="checkbox"/> Class B liquor		\$	<u>250</u>
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	<u>25</u>
TOTAL FEE		\$	

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Charles Brian Hastings</u>	<u>N26 W30227 Maple Ave Apt 3B</u>	<u>Pewaukee 53072</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____

 Directors/Managers _____

C. 1. Trade Name SEABOARD Business Phone Number _____
 2. Address of Premises N26 W30227 Maple Ave Post Office & Zip Code Pewaukee 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.) Bar & Dining room - stored in cooler, liquor room
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Trade name change Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/14/19</u>	Date reported to council/board <u>6/11/19</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Mary Klover</u>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) HASTINGS		(first name) CHARLES		(middle name) Brian	
Home Address (street/route) 1026 W30227 Maple Ave		Post Office AA 3B	City Pewaukee	State WI	Zip Code 53072
Home Phone Number 414-334-9363		Age	Date of Birth	Place of Birth MT. Clemens, MI	

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 **Golden Anchor Properties WI, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 14 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? Q.W. - 5 years ago 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. Jerry's - Germantown, Milwaukee Street Traders - Delafield
(Name, Location and Type of License/Permit)
Beer Liquor
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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


(Signature of Named Individual)

TOWN OF DELAFIELD

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

Receipt Number: <u>217</u>
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: Seaboard

Street Address: N26 W30227 Maple Ave Pewaukee WI 53072

Name of Applicant (Please Print): Charles Hastings

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 Char Hastings Date 5/10/20

Applicant Address (if different from business location):



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@wisconsin.gov
 website: revenue.wi.gov

Letter ID L1889331856

GOLDEN ANCHORS PROPERTIES LLC WI
 N26W30227 MAPLE AVE
 PEWAUKEE WI 53072-3274

Wisconsin Department of Revenue Seller's Permit

Legal/real name: GOLDEN ANCHORS PROPERTIES LLC WI
Business name: SEABOARD
 N26W30227 MAPLE AVE
 PEWAUKEE WI 53072-3274

- 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	456-1028520676-02

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-0060264271-03</u>		FEIN Number: <u>39-1847252</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	100
<input checked="" type="checkbox"/> Class C wine Soda		\$	5
<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		\$	25
TOTAL FEE		\$	130

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ BUCK RUB OUTFITTERS, LTD
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ N13W28400 SILVERNAIL RD PEWAUKEE
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53072

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GREG J. KAZMIERSKI</u>	<u>W330S7650 COUNTY RD EE MUKWONAGO, WI</u>	<u>53149</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ BUCK RUB OUTFITTERS, LTD Business Phone Number 262-547-0535
 2. Address of Premises ▶ N13W28400 SILVERNAIL RD Post Office & Zip Code ▶ PEWAUKEE 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.) INDOOR RANGE/LOUNGE AREA/STORE ROOM
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

Greg Kazmierki Pres.
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/25/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>Mary Nelson</i>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KAZMIERSKI		GREG		J	
Home Address (street/route)		Post Office	City	State	Zip Code
W330S7650 CTY RD EE			MUKWONAGO	WI	53149
Home Phone Number			Age	Date of Birth	Place of Birth
262-470-3880					MILWAUKEE

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 RUB 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.

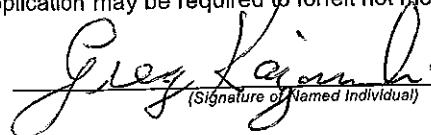
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 63
- 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
Employer's Name	Employer's Address	Employed From	To

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


(Signature of Named Individual)

TOWN OF DELAFIELD

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

Receipt Number: <u>2118</u>
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: BUCK RUB OUTFITTERS, LTD.

Street Address: N13 W28400 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 _____ Date _____

Applicant Address (if different from business location):

W330 S7650 Cty Rd EE, Mukwonago WI 53149



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

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-0000204271-03

JUN 11 2019

ITEM # 86. PAGE 1 of 2

TOWN OF DELAFIELD

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

Receipt Number: <u>2119</u>
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: St. Anthony on the Lake

Street Address: W280 N2101 Prospect Ave., Pewaukee, WI 53012

Name of Applicant (Please Print): Arthur Scheuber

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 [Signature] Date 4/17/19

Applicant Address (if different from business location):
SAME



TOWN OF DELAFIELD

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

Receipt Number: 2120
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: Prairie Hill Waldorf School

Street Address: NH W29443 Silvernail Rd
Pewaukee, WI 53072

Name of Applicant (Please Print): Jeanne Ring

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 [Signature] Date 4/12/19

Applicant Address (if different from business location):



Town of Delafield
Fermented Malt Beverages & Intoxicating Liquors License Application

JUN 11 2019

ITEM # 84 PAGE 1 of 15

To the Board of Supervisors of the Town of Delafield:

I hereby apply for a License of service, from date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

New Renewal

Please Print

Driver's License Or WI I.D.# 2200-4380-0958-03	Birth Date	Telephone Number (262) 951-1855	
First Name Jadyn	Middle Initial T	Last Name Zywicke	
Street Address 3003 Madison	City Waukesha	State WI	Zip Code 53188
Social Security Number	United States Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Male <input type="checkbox"/>	Female <input type="checkbox"/>
White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>	Business Establishment For Which Applying Western Lakes Golf Club		

- If you checked **NEW** above – have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last two years? Yes No
- Have you **EVER** been convicted of violating any:

Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Wisconsin State Laws?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laws of ANY other State?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ordinances of any municipality?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. If you answered **YES** to any question listed in #2 above complete the following for each conviction:

Date of Conviction	City & State where violation occurred
Nature of offense	

Date of Conviction	City & State where violation occurred
Nature of offense	

(List additional offenses on back of form)

4. Are there any charges listed in #2 above that are **PRESENTLY PENDING** against you? Yes No
If YES answer:

Date of Offense	City & State where violation occurred
Nature of offense	

(List additional offenses on back of form)

Serving Alcohol Incorporated

is proud to present this certificate to

Jadyn Zywicke

for successful completion of the online course

Wisconsin Alcohol Seller-Server



PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

PNznQUhG06

Date Issued

Apr 14th, 2019

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Wisconsin Bartender License

Name: Jadyn Zywicke

Certification Date: Apr 14th, 2019

Certificate Code: PNznQUhG06

Verify Online: servingalcohol.com

125.17(6) & 125.04(5)(a)5. Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 6/5/2019

Report Date: 6/5/2019

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: ZYWICKE, JADYN

Date of Birth:

Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau

(CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records that are confidential by law. The results of this search are effective and current for the date of this search only. A new search should be submitted if an updated response is needed at a later time.

Crime Information Bureau
WI Department of Justice

Background Request Payment

Date: 6/5/2019
Time: 12:25 PM
Entered By:
mary.elsner@townofdelafield.org
Order Reference Number: 7lqCVKJo
Request Type: General
Number of Requests: 1
Fees per Request:
CIB: \$7.00

Total Fee: \$7.00

Payment Method: Bill to Account

Use the Order Reference Number listed above to
retrieve your result online at:

<https://recordcheck.doj.wi.gov/BackgroundRequest/Results/7lqCVKJo>



TOWN OF DELAFIELD
 W302N1254 Maple Avenue, Delafield, WI 53018
 Tel: (262) 646-2398 Fax: (262) 646-8687
www.townofdelafield.org

BARTENDER / OPERATOR LICENSE APPLICATION

To serve fermented malt beverages/intoxicating liquors in the Town of Delafield

For license period ending June 30 2020 June 11th

Applicant Information

Applicant's Full Name Jenna Johann Portz
 Date of birth _____ Check One: Male Female
 Phone Number (262) 232-3254 Email jenna.portz10@gmail.com
 Home Address W294 S2598 cambrian rdg
 City, State & Zip Waukesha, WI, 53188

Violations

✓ I understand that failure to list all violations may result in the rejection of this application. JP (please initial)
 1. Have you ever been arrested, cited or convicted of charges related to activities performed while bartending? Yes No
 2. Have you had any arrests, charges or citations related to controlled substance or involving alcoholic beverages? Yes No
 3. Have you ever been convicted of a felony? Yes No
 *If you answered yes to any questions above, please provide date and details: _____

4. List all arrests, convictions, dismissals and pending cases from age 18 to present below (do not include speeding and parking violations).

Violation	City	Date

*(List additional offenses on back of form)

Employment

Place of Employment as a bartender or seller of alcohol: Western Lakes Golf Course

Applicant Signature

I, the undersigned do hereby make application to the Town of Delafield for an Operator's License to serve fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and Town of Delafield Ordinances.

I give the Town of Delafield permission to conduct a background check to verify the information I have provided and authorize the release of all information regarding my record.

Signature Jenna Portz Date 05/29/19

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Jenna Portz

School Name: 360training.com, Inc.

Date of Completion: 05/23/2019

Certification #: WI-98242

I, 

Certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 6/5/2019

Report Date: 6/5/2019

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: PORTZ, JENNA

Date of Birth:

Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see Statute 111.335 and the Department of Workforce Development's publication, Arrest and Conviction Records Under the Law.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on The Department of Justice website or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

NO RECORD FOUND

An arrest record search based only on a name, date of birth, and other identifying data that is not unique to a particular person (like "sex" or "race") may result in:

1. Identification of criminal history records for multiple persons as potential matches for the identifying data submitted, or
2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau

(CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records that are confidential by law. The results of this search are effective and current for the date of this search only. A new search should be submitted if an updated response is needed at a later time.

Crime Information Bureau
WI Department of Justice

Background Request Payment

Date: 6/5/2019
Time: 12:27 PM
Entered By:
mary.elsner@townofdelafield.org
Order Reference Number: 9F95xeal
Request Type: General
Number of Requests: 1
Fees per Request:
CIB: \$7.00

Total Fee: \$7.00

Payment Method: Bill to Account

Use the Order Reference Number listed above to
retrieve your result online at:

<https://recordcheck.doi.wi.gov/BackgroundRequest/Results/9F95xeal>



TOWN OF DELAFIELD
 W302N1254 Maple Avenue, Delafield, WI 53018
 Tel: (262) 646-2398 Fax: (262) 646-8687
 www.townofdelafield.org

RECEIVED
 MAY 31 2019

BARTENDER / OPERATOR LICENSE APPLICATION

To serve fermented malt beverages/intoxicating liquors in the Town of Delafield

For license period ending 6/30/2020

Applicant Information

Applicant's Full Name Molly Elizabeth Lutes
 Date of birth _____ Check One: Male Female
 Phone Number ~~781~~ 262-777-0429 Email mollilutes@gmail.com
 Home Address W305N5690 Stevens Rd
 City, State & Zip Hortland, WI 53029

Violations

√ I understand that failure to list all violations may result in the rejection of this application. ML (please initial)
 1. Have you ever been arrested, cited or convicted of charges related to activities performed while bartending? Yes No
 2. Have you had any arrests, charges or citations related to controlled substance or involving alcoholic beverages? Yes No
 3. Have you ever been convicted of a felony? Yes No
 *If you answered yes to any questions above, please provide date and details: _____

4. List all arrests, convictions, dismissals and pending cases from age 18 to present below (do not include speeding and parking violations).

Violation	City	Date

*(List additional offenses on back of form)

Employment

Place of Employment as a bartender or seller of alcohol: Pewaukee Joint Club

Applicant Signature

I, the undersigned do hereby make application to the Town of Delafield for an Operator's License to serve fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and Town of Delafield Ordinances.

I give the Town of Delafield permission to conduct a background check to verify the information I have provided and authorize the release of all information regarding my record.

Signature Molly Lutes Date 5/31/19

\$30 cash - paid ✓
LS.

Serving Alcohol Incorporated



is proud to present this certificate to
Molly Lutes

for successful completion of the online course
Wisconsin Alcohol Seller-Server

- PERSONS COMPLETING THIS COURSE HAVE AGREED TO OBSERVE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES:
- * CARD ANY PERSON 18 YEARS OF AGE OR YOUNGER
 - * POSITIVE IDENTIFICATION
 - * POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
 - * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEMS/ SITUATION
 - * NEVER SERVE ALCOHOL TO ANYONE WHO IS OBVIOUSLY INTOXICATED
 - * NEVER SERVE ALCOHOL TO ANYONE UNDER 21
 - * IF THERE IS ANY QUESTION ABOUT THEIR AGE
 - * FIGURE A PERSON MATCHES THEIR VALID IDUAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (b) 3, Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
y7YnM7LL1o

Date Issued
May 31st, 2019
VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Wisconsin Bartender License
Name: **Molly Lutes**
Certification Date: **May 31st, 2019**
Certificate Code: **y7YnM7LL1o**
Verify Online: servingalcohol.com
125.17(6) & 125.04(5)(b)3, Wis. Stats.
SERVING ALCOHOL INC
VALID FOR 2 YEARS



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

Request Date: 6/5/2019

Report Date: 6/5/2019

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

Name: LUTES, MOLLY

Date of Birth:

Alias Names:

NOTICE TO EMPLOYERS

It may be a violation of state law to discriminate against a job applicant because of an arrest or conviction record. Generally speaking, an employer may refuse to hire an applicant on the basis of a conviction record only if the circumstances of the offense for which the applicant was convicted substantially relate to the circumstances of the particular job. For more information, see [Statute 111.335](#) and the Department of Workforce Development's publication, *Arrest and Conviction Records Under the Law*.

Before you make a final decision adverse to an applicant based on the following arrest record, in addition to any other opportunity you offer the applicant to explain the following arrest record, please notify the applicant of:

1. His or her right to challenge the accuracy and completeness of any information contained in a arrest record, and
2. The process for submitting a challenge

The applicant should submit his or her challenge to CIB on Form DJ-LE-247. Form DJ-LE-247 is available free of charge on [The Department of Justice website](#) or by calling (608) 266-7314. A challenge may include a request for comparison of the fingerprints of the person submitting the challenge to the fingerprints on file that are associated with the Wisconsin arrest record below.

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2. Identification of an arrest history record belonging to a person whose identifying information is similar in some way to the identifying data that was submitted to be searched, but is not the same person whose identifying data was submitted for searching. The Crime Information Bureau (CIB) therefore cannot guarantee that the response below pertains to the person in whom you are interested without a fingerprint submission.

Based on the above identifying data provided for this search, no matching Wisconsin arrest records were found at this time. These search results do not preclude an individual from having an arrest record at a local law enforcement agency that was not reported to the Department of Justice or in another state, or juvenile records

that are confidential by law. The results of this search are effective and current for the date of this search only. A new search should be submitted if an updated response is needed at a later time.

Crime Information Bureau
WI Department of Justice

Background Request Payment

Date: 6/5/2019

Time: 12:40 PM

Entered By:

mary.elsner@townofdelafield.org

Order Reference Number: hpwNkm44

Request Type: General

Number of Requests: 1

Fees per Request:

CIB: \$7.00

Total Fee: \$7.00

Payment Method: Bill to Account

Use the Order Reference Number listed above to
retrieve your result online at:

<https://recordcheck.doj.wi.gov/BackgroundRequest/Results/hpwNkm44>

2018 TOWN OF DELAFIELD
ALCOHOL PERMIT FOR TOWN PARK FACILITIES

Request for use of alcohol under the provisions of §9.09(2), Town of Delafield Code.

The user shall submit a \$100.00 security deposit along with this application. This form is sent to the Town Board separately from the main application for review and approval or denial; therefore, all areas must be completed.

(PLEASE PRINT)

DATE OF PROPOSED USE: 6/14/19 TIME OF PROPOSED USE: 3:00 pm TO 7:00 pm **AGENDA ITEM**

PROPOSED USE: Company picnic

JUN 17 2019

NUMBER OF PEOPLE (TOTAL): 50 NUMBER 21 YEARS AND OVER: 45

ITEM # 81 PAGE 1 of 1

ALCOHOLIC BEVERAGES TO BE SERVED: beer, wine coolers

METHOD OF SERVING ALCOHOLIC BEVERAGES: (SELF-SERVE, BARTENDER, WITH MEAL, ETC.):

Self-serve

METHOD OF CHECKING IDS: have record of all employus ages

WILL THERE BE A CHARGE FOR THE ALCOHOLIC BEVERAGES? Y X N

IF YES, HAS A TOWN OF DELAFIELD ALCOHOL BEVERAGE LICENSE BEEN OBTAINED? Y N

IF YES, LICENSEE, _____, LICENSE # _____, EXPIRATION DATE _____

WILL FOOD BE PROVIDED? X Y N IF YES, PLEASE DESCRIBE? BBQ

IF YES, WILL THERE BE A CHARGE? Y X N

Applicant/Person Responsible:

Name: Mike Court

Organization: (If any)

Name: SEH Inc.

Address N20 W29926 Glen Cove Rd.

Address: 501 Maple Avenue

Pewaukee, WI 53072

Delafield, WI 53018

Phone: 414.322.9400 Date of Birth 8/13/65

Phone: (262) 646-6855

Signature: Mike Court

Authorized Signature: _____

Dated: 5/21/19

Dated: _____

FOR OFFICE USE ONLY

AGE VERIFICATION BY _____ TOWN ALCOHOL BEVERAGE LICENSE CHECKED BY _____

TOWN BOARD APPROVAL Y N DATE _____, 20____