

J. NEW BUSINESS

1. Approval of Renewals of Alcoholic Beverage Licenses for: Motion made by Huffman, seconded by Stayton to approve the following Liquor licenses except for Item i, Uptown Bar and Grill. Motion carried.
 - a. Brothers Too
 - b. Kap's Marina/Ships Wheel
 - c. Deer Run Golf Resort
 - d. Findlay's Holiday Inn
 - e. Shipyard Island Marina/Sailor's Pub
 - f. Triple K Enterprises, LTD
 - g. Nelson' Hall, Bitters Pub & Restaurant
 - h. K. K. Fiske (d.b.a. The Grainery)
 - i. Up Town Bar and Grill
 - j. Washington Hotel & Restaurant
 - k. Fiddler's Green
 - l. Red Cup

2. Approval of Cigarette License applications: - Motion made by Holmes, seconded by Stayton to approve the following Cigarette License. Motion carried.
 - a. Brothers Too
 - b. Mann's Store
 - c. Nelson's Hall, Bitters Pub & Restaurant
 - d. K.K. Fiske (d.b.a. The Grainery)
 - e. Karly's Bar and Cellar Restaurant
 - f. Gunnerson's Kaupstadur
 - g. Hansen's BP Amoco

3. Approval of five (5) Temporary Class "B" Retailer's Licenses for: Washington Island Ball Club (7-4, 7-12, 7-26, 8-9 and 8-16-2009); one (1) Temporary "Class B" for the Art and Nature Center 6/12/2009) and two (2) for the American Legion Post 402 (7/4/2009 and 9/5/2009) – Motion made by Sorensen, seconded by Stayton to approve the submitted Temporary Retailer's Licenses. Motion carried.

4. Approval of Operator's Licenses for: Motion made by Holmes, seconded by Stayton to approve the following Operator's Licenses. Motion carried.
 - a. James R. Morris
 - b. Jenny M. Stults
 - c. Janet Jessen
 - d. Terri Moore
 - e. Patricia Foss
 - f. Nathan Greenfeldt
 - g. Sue Cornell
 - h. Dawn Marie Downey
 - i. Candis Kirchner

5. Pursuant to Wisconsin State Statute 60.30 approval to reappoint Valerie Carpenter for a three-year term (July 2009 through July 2012) as Town of Washington Clerk/Treasurer – Motion made by Sorensen, seconded by Holmes to approve the reappointment of Valerie Carpenter as Clerk/Treasurer for three (3) years. Motion carried.

6. Payment of WRS variable trust loan with JP Morgan using monies from Commissioner of Public Lands. Discussion – Motion made by Holmes, seconded by Sorensen to approve payment. Motion carried.

7. Approval of a distributor for Town Maintenance Supplies. Discussion – After discussion the action postponed until more information is received.

8. Authorization for Town Clerk/Treasurer to issue operator's licenses prior to Board approval with the understanding the license issued is subject to board ratification (at the next Town Board meeting). Thereby amending Washington Code 230-3 F. ***Operator's license: as set by the Town Board. The Town Clerk/Treasurer can authorize and approve an provisional operator's license.*** Motion made by Holmes, seconded by Huffman for authorization for Clerk/Treasurer to issue licenses subject to board ratification at the next scheduled Town Board Meeting. Motion carried.

Application for Cigarette and Tobacco Products License

COPY

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000563260-03

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>HANSENS BP AMOCO</u>		Federal Employer Identification No. (FEIN)
Trade or Business Name (if different than Legal Name)		Telephone Number <u>(920) 847-2008</u>
Business Address (Permit Location) <u>2006 LOBDELL POINT RD</u>	Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Business Telephone <u>(920) 847-2008</u>
City <u>WASHINGTON ISLAND WI</u>	State <u>WI</u>	ZIP Code <u>54246</u>
Mailing Address (if different than Business Address)		County <u>DOOR</u>
City		State
ZIP Code		ZIP Code

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 2007

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO

Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
 this 14 day of JUNE, 2012
Shirley A. Grogan
 (Clerk / Notary Public)

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

My commission expires March 1 2015

COPY

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
004000011397601

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Mann's Store Inc.</u>		Federal Employer Identification No. (FEIN) <u>39-1399248</u>	
Trade or Business Name (if different than Legal Name)		Telephone Number ()	
Business Address (Permit Location) <u>1290 Main Road</u>		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	
City <u>Washington Island</u>	State <u>WI</u>	ZIP Code <u>54246</u>	Business Telephone <u>(920) 847-2536</u>
Mailing Address (if different than Business Address)		of: <u>Washington</u>	County <u>Door</u>
		City	State ZIP Code

Organization (check one)

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

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

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

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Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 24 day of April, 2012
Valerie Carpenter
(Clerk / Notary Public)

Orion J. Mann
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Valerie M. Carpenter
Notary Public
State of Wisconsin

My commission expires 9-6-15

Application for Cigarette and Tobacco Products License

COPY

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000 299 041-02

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Gunnerson + Gunnerson</u>		Federal Employer Identification No. (FEIN)
Trade or Business Name (if different than Legal Name) <u>Gunnerson's Kaupstadler</u>		Telephone Number ()
Business Address (Permit Location) <u>680 Lobdells Point Road</u>		Business Telephone ()
Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <u>Washington</u>		County
City <u>Washington Island,</u>	State <u>WI</u>	ZIP Code <u>54246</u>
Mailing Address (if different than Business Address)	City	State ZIP Code

Organization (check one)

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

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
 YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
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Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 6 day of June, 2012
Valerie Carpenter
 (Clerk / Notary Public)

My commission expires 9-6-15

Mary D. Gunnerson
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Valerie M. Carpenter
Notary Public
 State of Wisconsin

OPERATOR'S LICENSE COPY

No. 2012-03

\$ 20.00

WHEREAS the local governing body of the Town of Washington, County of Door, Wisconsin has, upon application duly made, granted and authorized the issuance of an "Operator's" License to:

Amanda R. Danforth

AND WHEREAS the said applicant has paid to the treasurer the sum of \$20.00 as required by local ordinances and has complied with all the requirements necessary for obtaining such license;

Now Therefore, an "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and Local ordinances, is hereby issued to said applicant.

For the period from July 1, 2012 to June 30, 2014



Given under my hand and the corporate seal of the Town of Washington, County of Door, State of Wisconsin, this
20 day of June, 2012

Valerie Carpenter

Valerie Carpenter-Clerk

OPERATOR'S LICENSE **COPY**

No. 2012-04

\$ 20.00

WHEREAS the local governing body of the Town of Washington, ~~County of Door, Wisconsin~~, upon application duly made, granted and authorized the issuance of an "Operator's" License to:

Sara E. Sorensen

AND WHEREAS the said applicant has paid to the treasurer the sum of \$20.00 as required by local ordinances and has complied with all the requirements necessary for obtaining such license;

Now Therefore, an "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and Local ordinances, is hereby issued to said applicant.

For the period from July 1, 2012 to June 30, 2014



Given under my hand and the corporate seal of the Town of Washington, County of Door, State of Wisconsin, this
20 day of June, 2012

Valerie Carpenter

Valerie Carpenter-Clerk

OPERATOR'S LICENSE

No. 2012-02

\$ 10.00

WHEREAS the local governing body of the Town of Washington, County of Door, Wisconsin has, upon application duly made, granted and authorized the issuance of an "Operator's" License to:

Melanie J Krueger

AND WHEREAS the said applicant has paid to the treasurer the sum of \$10.00 as required by local ordinances and has complied with all the requirements necessary for obtaining such license;

Now Therefore, an "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and Local ordinances, is hereby issued to said applicant.

For the period from July 1, 2012 to June 30, 2013



Given under my hand and the corporate seal of the Town of Washington, County of Door, State of Wisconsin, this
18 day of May, 2012

Valerie Carpenter
Valerie Carpenter-Clerk

COPY

PAID
MAY 10 2012

BY: # 1035 Ty

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

COPY

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 6/1/2012 ending: 5/30/2013
(MM DD YYYY) (MM DD YYYY)

Applicant's Wisconsin Seller's Permit Number: <u>45600003508860</u>	
Federal Employer Identification Number (FEIN): <u>391305749</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

TO THE GOVERNING BODY of the: Town of } Washington
 Village of }
 City of }
 County of Door 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
Findlay, James T 1861 The Inn Rd Wash Isle, WI 54226
Findlay, Kathleen R 1861 The Inn Rd Wash Isle, WI 54226

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
 Address of Corporation/Limited Liability Company (if different from licensed premises)
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

C. 1. Trade Name Findlay's Holiday Inn Business Phone Number 920-847-2526
 2. Address of Premises 1861 The Inn Rd Post Office & Zip Code Wash Isle, WI 54226

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Storage garages, cooler
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 31st day of May 2012
Lu Beakman Notary Public
(Clerk/Notary Public) State of Wisconsin
 My commission expires April 26, 2012

James T. Findlay
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Kathleen R. Findlay
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

Date received and filed with municipal clerk <u>5/31/12</u>	Date reported to council/board <u>6/19/12</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Valerie McCauley</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2012 ending: 06 30 2013
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-0000510445-02</u>	
Federal Employer Number (FEIN): <u>340-40-8872</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Remke, Mike A. Home Address 1139 Jackson Harbor Road, Washington Is., 54246 Post Office & Zip Code 54246

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

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

C.1. Trade Name ▶ Red Cup Business Phone Number (920) 847-3304
 2. Address of Premises ▶ 1885 Detroit Harbor Road Post Office & Zip Code ▶ Wash. Is., 54246

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Coffee shop/apt., front/back porches
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign. State officer(s); members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 25th day of May, 2012
Joule A. Gordon
(Clerk/Notary Public)
 My commission expires 1-27-2013

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



Date received and filed with municipal clerk <u>5/30/12</u>	Date reported to council/board <u>6/19/12</u>	Date license granted <u>6/19/12</u>
License number issued	Date license issued	Signature of Clerk/Deputy Clerk <u>Valerie M Carpenter</u>

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2012 ending: 06 30 2012

Table with columns: Applicant's Wisconsin Seller's Permit Number, Federal Employer Identification Number (FEIN), LICENSE REQUESTED (TYPE, FEE), TOTAL FEE.

TO THE GOVERNING BODY of the: [X] Town of [] Village of [] City of } Washington

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

CHECK ONE [X] 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 Kaniff Kathryn Dee 1699 Jackson Harbor Road 54246

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

C. 1. Trade Name Fiddlers Green Business Phone Number 920 847 2610 2. Address of Premises Post Office & Zip Code 54246

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?
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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Building and Grounds
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
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
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.
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.
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?
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SUBSCRIBED AND SWORN TO BEFORE ME

this 29 day of May, 2012 James L. Jorgensen Clerk/Notary Public My commission expires March 1 2015

Kathryn Dee Kaniff (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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