

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 - 2012 ending: June 30 - 2013

Applicant's Wisconsin Seller's Permit Number: 456-0001670518-03
Federal Employer Identification Number (FEIN): 20-0445661
LICENSE REQUESTED: Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, TOTAL FEE

TO THE GOVERNING BODY of the: Town of WASHINGTON
County of POOR 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: KAP'S MARINA & SHIPSWHEEL RESTAURANT INC
Address of Corporation/Limited Liability Company (if different from licensed premises)

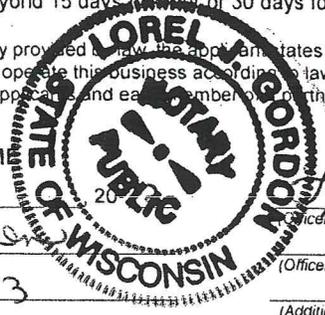
Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Rows for President/Member, Vice President/Member, Secretary/Member, Treasurer/Member.

C. 1. Trade Name: KAP'S MARINA & SHIPSWHEEL RESTAURANT INC Business Phone Number: 920-847-2640
2. Address of Premises: 239 LOBOUCE PT. RD. WASHA-TEL. WI. 54246 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.
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...
6. b. Are charges for any offenses presently pending...
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?
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?
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?
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?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

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.

SUBSCRIBED AND SWORN TO BEFORE ME this 15th day of April 2012
Lois Ann Krueger (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lois Ann Krueger (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
My commission expires 1-27-2013



TO BE COMPLETED BY CLERK: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk/Deputy Clerk.

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2011 ending: 06 30 2013

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

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

CHECK ONE [X] Individual [] Partnership [] Limited Liability Company [] Corporation/Nonprofit Organization

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, 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) Home Address Post Office & Zip Code
Ditello Robin 1201 Main Road Washington Island WI 54246

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Nelsen's Hall Bitters Pub & Rest.
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 Nelsen's Hall, Bitters pub, & Rest Business Phone Number 920-847-2496
2. Address of Premises 1201 Main Road Post Office & Zip Code 54246

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.) Main bar, walk-in-cooler, 2 acres, cell
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 [X] 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 [X] 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 [X] 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. [X] 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] [X] 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? [X] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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 16 day of April, 20 12
Janne S. Sprague (Clerk/Notary Public)
My commission expires March 1 2015

Signature of Robin Ditello
(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.

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 2013

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 [] Individual [] Partnership [] Limited Liability Company [X] 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

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 Andrew J. Munao, Sr, 553 Forestview Rd., Washington Island, WI 54246
Vice President/Member Louis A. Munao, Sr., 1421 Buckridge Ct. Washington Isl., WI 54246
Secretary/Member Bonnie D. Munao, 552 Forestview Rd., Washington Island, WI 54246
Treasurer/Member Andrew J. Munao, Jr., 751 Fawn Ct., Washington Island, WI 54246
Agent Andrew J. Munao, Sr.

Directors/Managers Andrew J. Munao, Sr, Bonnie D. Munao, Louis A. Munao, Sr, Andrew J. Munao, Jr

C. 1. Trade Name Sailor's Pub Restaurant Business Phone Number 920-847-2105

2. Address of Premises 1475 South Shore Drive Post Office & Zip Code Washington Is., WI

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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 bldg., retail bldg, deck, dock

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 [X] 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 [X] 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 [X] 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. [X] 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] [X] 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? [X] Yes [] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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 20th day of April, 2012

Bonnie D. Munao (Clerk/Notary Public)

My commission expires 4/12/15

Andrew J. Munao, Sr (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Andrew J. Munao, Jr (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 3 columns: Date received and filed with municipal clerk (4/24/12), Date reported to council/board (6/19/12), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk (Valerie McCayton)

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 2013

Applicant's Wisconsin Seller's Permit Number: 456-0000141707-02
Federal Employer Identification Number (FEIN): 39-1886287
LICENSE REQUESTED
TYPE: Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor
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
Schelitzche Trudy Helen 1885 Michigan Road Washington Island, WI 54246
Schelitzche Daniel Frank 1885 Michigan Road Washington Island, WI 54246

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Deer Run Golf Resort, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Daniel Frank Schelitzche 1885 Michigan Rd Washington Island, WI 54246
Vice President/Member Trudy Helen Schelitzche
Secretary/Member Trudy Helen Schelitzche
Treasurer/Member Trudy Helen Schelitzche
Agent Trudy Helen Schelitzche
Directors/Managers Trudy Helan Schelitzche

C. 1. Trade Name Deer Run Golf Course and Resort Business Phone Number 920-847-2017
2. Address of Premises 1885 Michigan Road Post Office & Zip Code Was. Isl. WI 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.) clubhouse, golf course, basement
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand 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 16 day of April, 2012
James L. Johnson (Clerk/Notary Public)
My commission expires March 1 2015

Trudy H. Schelitzche (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Trudy H. Schelitzche (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
Date received and filed with municipal clerk: 4/16/12
Date reported to council/board: 6/19/12
Date license granted:
License number issued:
Date license issued:
Signature of Clerk / Deputy Clerk: Valerie McCaig

COPY APPLICATION

RENEWAL ALCOHOL BEVERAGE LICENSE

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2012 ending: 06 30 2013

Applicant's Wisconsin Seller's Permit Number: 456-0000367232-03
Federal Employer Identification Number (FEIN): 39-1481174
LICENSE REQUESTED
TYPE FEE
Class A beer \$
Class B beer \$
Class C wine \$
Class A liquor \$
Class B liquor \$
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
Koyen, Kenneth W. 1177 Main Road Washington Island, WI 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 KK Fiske, Granary, Koyen Collection Business Phone Number 920-847-2121
2. Address of Premises 1177 Main Road Post Office & Zip Code Wash Isl, WI 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.) SS Wood structure 24x60 bsmt, 24x22
5. Legal description (omit if street address is given above): loft, 196'x330'lot, grass, blacktop cement, granary + dining room
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side
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?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

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 25 day of May, 2012
Valeri Caputo (Clerk/Notary Public)
My commission expires 9-6-15

Kenneth W Koyen
(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)

Table with 3 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

COPY

39-1702144

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

Applicant's Wisconsin Seller's Permit Number: 456-00039441603
Federal Employer Identification Number (FEIN): 39-1702144
LICENSE REQUESTED
TYPE FEE
Class A beer \$
Class B beer \$
Class C wine \$
Class A liquor \$
Class B liquor \$
Reserve Class B liquor \$
Publication 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 [] Individual [] Partnership [] Limited Liability Company [X] 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 TRIPLE K ENTERPRISES, LTD
Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member TIMOTHY H JESSEN 1265 MAIN RD WASHINGTON IS, WI 54244
Vice President/Member LOIS L JESSEN 1265 MAIN RD " " " "
Secretary/Member
Treasurer/Member
Agent LOIS L JESSEN " "
Directors/Managers

C. 1. Trade Name KARL'S BAR Business Phone Number (920) 847-2655
2. Address of Premises 1265 MAIN RD Post Office & Zip Code WASHINGTON IS, WI 54244

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.) BAR, HALL, RESTAURANT, STORAGE, ALLGAS, DECKS, PARKING LOT
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 [X] 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 [X] 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 [X] 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. [X] 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] [X] 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? [X] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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 29 day of May, 2012
Dianne A. Jorgensen (Clerk/Notary Public)
My commission expires March 1 2015

Timothy H. Jessen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lois L. Jessen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 3 columns: Date received and filed with municipal clerk (5/29/12), Date reported to council/board (6/19/12), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk (Valerie McCasparter)

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 12 ; ending JUNE 30 20 13

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and TOTAL FEE.

TO THE GOVERNING BODY of the: [X] Town of [] Village of [] City of } Washington Island
County of DOOR Aldermanic Dist. No. N/A

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [X] LIMITED LIABILITY COMPANY [] CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): WASHINGTON HOTEL AT WASHINGTON ISLAND LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.

President/Member Title Owner Name Cathy G. Burmeister Home Address 5144 Mickum Rd Post Office & Zip Code Black Earth 53515
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Cathy G. Burmeister
Directors/Managers

3. Trade Name The Washington Hotel Business Phone Number 608 469 9188
4. Address of Premises 354 Kangeline Rd Post Office & Zip Code Washington Island 54246

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [X] Yes [] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WIS and date 5/16/12 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [X] Yes [] No

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

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [] No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [X] Yes [] No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [X] Yes [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this 25 day of May, 20 12
Valerie Carpenter
(Clerk/Notary Public)
My commission expires 9-6-15

[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/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 provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/12 ending: 06/30/13

TO THE GOVERNING BODY of the: Town of Washington

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.

Applicant's Wisconsin Seller's Permit No. 44-0000-155398-23 Federal Employer Identification Number (FEIN): 39-1584031 LICENSE REQUESTED TYPE FEE Class A beer \$ Class B beer \$ Class C wine \$ Class A liquor \$ Class B liquor \$ Reserve Class B liquor \$ Publication fee \$ TOTAL FEE \$

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 Brothers Too of W.I. Inc. Address of Corporation/Limited Liability Company (if different from licensed premises) 1929 Town Line Rd.

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 Mack H Gunnlaugsson 1929 Town Line Rd. Wash. Isl. WI 54246 Vice President/Member Secretary/Member James R Gunnlaugsson 1249 Aznoe Rd. Wash. Isl. WI 54246 Treasurer/Member Agent James Gunnlaugsson

C. 1. Trade Name Brothers Too Business Phone Number 920-847-2282 2. Address of Premises 1929 Town Line Rd. Post Office & Zip Code Wash. Isl. WI 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.) FRAME 26 X 40 NEW + 24 X 60 old part.
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 8 day of May 2012 James R Gunnlaugsson (Clerk/Notary Public) My commission expires March 1 2015

James Gunnlaugsson (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Mack H Gunnlaugsson (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 Date received and filed with municipal clerk 5/10/2012 Date reported to council/board 6/19/12 Date license granted License number issued Date license issued Signature of Clerk / Deputy Clerk Valerie McCarty

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 2013

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

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

CHECK ONE [] Individual [] Partnership [X] Limited Liability Company
[] Corporation/Nonprofit Organization

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (100), Class C wine, Class A liquor, Class B liquor (400), Reserve Class B liquor, Publication fee, TOTAL FEE (500).

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
The Middle Bar II LLC 1239 Main Road Washington Island, WI 54246

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Middle Bar II LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 1239 Main Road
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 Angeline C Goodlet 1239 Main Road Washington Island, WI 54246
Vice President/Member Frank Will 7639 Hwy N #5 Sun Prairie, WI 53590
Secretary/Member
Treasurer/Member Suzanne Cornell 816 Gunnlaugsson Road Washington Island, WI 54246
Agent Angeline C Goodlet
Directors/Managers

C. 1. Trade Name Business Phone Number
2. Address of Premises 1239 Main Road Post Office & Zip Code Wash Is WI 54246

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.) Parking lot, deck, yard, basement,
5. Legal description (omit if street address is given above): pool room, bar, and living quarters
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 [X] 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 [X] 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 [X] 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. [X] 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] [X] 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? [X] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] 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 Wisconsin
this 4TH day of JUNE, 2012
Pinda Schult (Clerk/Notary Public) FOR FRANK WILL ONLY
My commission expires 4/3/15

notarized by: 5/31/12
Janne G. Jorgensen
Angeline C Goodlet (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Frank F. Will (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Suzanne Cornell (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with columns: Date received and filed with municipal clerk (6/8/12), Date reported to council/board (6/19/2012), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk

Joel Gunnaugsson**From:** Timothy Raymond [timothy_raymond@hotmail.com]**Sent:** Wednesday, June 13, 2012 5:38 PM**To:** chairman@washingttonisland-wi.gov**Subject:** RE: Services ?

As a recap to our discussion, I'm making our town agenda tomorrow and am putting this item on there. Please add items that i forgot.

Joel, I'll respond using a bold/blue font to assist. Let me know your thoughts.

Town will do for school:

- 1) pick up trash from designated area - **Yes**
- 2) plow snow w/sanding and/or salting - **Yes**
- 3) provide vehicle / lunch for island pick up day - **Yes**

School will do for Town:

- 1) provide technical support for computers, networks and Internet. - **Yes**
- 2) Provide website support - **Yes**
- 3) Provide additional meeting space for the town (before/during/after school) - **Yes**
- 4) Provide 3-4 times a year a power wash (with Kaivec machine) to the community restroom/lock

Purchase Potential:

1. Copy Machine: Paper and Machine use products
2. Custodial and maintenance cleaning tools and supplies
3. Secretarial and office supplies

Joel, let me know your thoughts. Also, a time for our island chat this month. I was thinking

Thanks,

Tim

BOARD MEMBERS - IF WE DECIDE TO PURSUE THIS WORKING RELATIONSHIP W/ THE SCHOOL (WHICH I HOPE WE DO) THEN WE WILL DRAFT A FORMAL AGREEMENT AT A LATER DATE FOR FINAL APPROVAL! Joel