

Signs of Distinction, Inc.

165 S. Wheeling Road
 Wheeling, IL 60090
 847-520-0787

Fax: 847-520-4589

www.signsofdistinctioninc.com

CUSTOM SIGN QUOTE

5/14/2014

Washington Island ATV/Snowmobile Route signs

All signs will be Engineer Grade Reflective Aluminum Sign, 80mil, standard punch and radius
 (in accordance with Wisconsin Administrative code sec 350.13 and 23.3, chapters NR50 and 64, pub-cf-023 2012)

		Size	Qty	Cost Each	Total
1		24" x 18"	4	\$65.41	\$261.63
2		12" x 9"	0	\$16.54	\$0.00
3		12" x 9"	26	\$15.46	\$401.90
4		12" x 9"	26	\$15.46	\$401.90
5		12" x 9"	26	\$15.46	\$401.90
6		12" x 9"	10	\$16.13	\$161.33
7		12" x 9"	67	\$16.40	\$1,098.97
		(This will be green reflective, same as other signs)			
Total			159		\$2,727.61

*Customer to acquire permits and supply Signs of Distinction, Inc. a copy along with terms as stated below.

Price includes survey of the site and installation and is good for 60 days

All artwork must be approved in writing prior to fabrication

Cost of permits are additional, administration costs are not included and are billed at \$98.00/hour

Evening town meetings and appearance review meetings are extra @ \$100.00 per hour

Seller paid sales tax for materials

Terms 100% at time of order placement

1.75% finance charge, per month on any unpaid balance

If this contract is breached, customer will be responsible for all attorney's and collections fees

120 volt electrical must be supplied by customer, 20 amp circuit

**Shipping not included

Customer Acceptance: _____

Title: _____

BUDGET RESOLUTION No. 2014- 06

TOWN OF WASHINGTON, DOOR COUNTY, WISCONSIN

A resolution changing the 2014 budget of the Town of Washington, Door county, Wisconsin, adopted by a two-thirds majority vote of the entire membership of the TOWN BOARD

BE IT RESOLVED by the TOWN BOARD of the Town of Washington as follows:

That the sum of \$828.16 is hereby transferred from the CIP Unassigned fund account #345000.000 to the Police Department Supplies account #520800.100 for the purpose of showing this activity.

NOW THEREFORE, BE IT RESOLVED by the TOWN BOARD of the Town of Washington to amend the 2014 Budget to reflect the changes listed above.

Adopted: 5/20/2014 _____
Joel Gunnlaugsson, Town Chairman

Approved: 5/20/2014 _____
Attest - Valerie Carpenter, Town Clerk

Roll Call Vote:	Aye	Nay	ACTION TAKEN
Randall Sorensen	___	___	Adopted as presented _____
Elizabeth Holmes	___	___	Adopted as amended _____
John Rader	___	___	Rejected _____
Joel Gunnlaugsson	___	___	Tabled until _____
Kirby Foss	___	___	Referred to _____

Resolution 2014-06

COPY

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered 7-1-14 → 6-30-15
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000113976-03

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Mann's Store Inc.		Federal Employer Identification No. (FEIN) 39-1399248	
Trade or Business Name (if different than Legal Name)		Telephone Number ()	
Business Address (Permit Location) 1290 Main Road		Business Telephone (920) 847-2536	
Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		County	
City Washington Island	State WI	ZIP Code 54246	of: <u>Washington</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)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/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 13 day of May, 20 14

Valerie Carpenter
(Clerk / Notary Public)

My commission expires 9-6-15

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

Valerie M. Carpenter
Notary Public
State of Wisconsin

COPY

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-0000155398-03

← 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>BROTHERS TOO OF W.I. INC.</u>			Federal Employer Identification No. (FEIN) <u>39-1584031</u>	
Trade or Business Name (if different than Legal Name) <u>BROTHERS TOO</u>			Telephone Number <u>(920) 847-2282</u>	
Business Address (Permit Location) <u>1929 TOWN LINE RD.</u>		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Business Telephone <u>(920) 847-2282</u>
City <u>WASHINGTON ISLAND WI</u>	State <u>WI</u>	ZIP Code <u>54246</u>	County <u>DOOR</u>	
Mailing Address (if different than Business Address)			City <u>Washington Island</u>	State <u>WI</u>
			ZIP Code <u>54246</u>	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: Feb 19 1987
- 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 7 day of April, 2014

Valerie Carpenter
(Clerk / Notary Public)

My commission expires 9-6-15

Mark H. Deemlaayson President
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

APPLICATION FOR AN "OPERATOR'S LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI 05, 2014
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door, Wisconsin for a License to serve, from date hereof to June 30, 2016, 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, regulations, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 42 years of age. Date of Birth 06/13/72 x Brenda L Russell
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brenda L Russell Is application new or a renewal? Renewal
(First) (MI) (Last)

Address of Applicant 1315 Lake View Rd Wash Isl WI 54246

If renewal (within the past 2 years held a Class "A", "Class A", Class "B", or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? (City) Washington
(Town)
(Village)

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? YES
If so, where? NUTC

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction Name of Court

Nature of offense

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

Date of violation Nature of violation

STATE OF WISCONSIN

Door County ss.

Brenda L Russell, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Brenda L Russell Applicant sign here
Subscribed and sworn to before me this 13 day of May, 2014

Tamre L. Jorgenson
Licensing Notary Public
State of Wisconsin

Tamre L. Jorgenson
Notary Public, Door County,

APPLICATION FOR AN "OPERATOR'S LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

Washington Island, WI

April, 2014
Month Year

COPY

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door, Wisconsin for a License to serve, from date hereof to June, 2016, 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, regulations, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 32 years of age. Date of Birth 10/22/81 X [Signature] Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jennifer S Perez Is application new or a renewal? new
Address of Applicant 2274 Town Line Rd

If renewal (within the past 2 years held a Class "A", "Class A", Class "B", or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? (City) (Town) (Village)

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? yes

If so, where? serverlicense.com

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO

Date of such conviction Name of Court

Nature of offense

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

NO Date of violation Nature of violation

STATE OF WISCONSIN

Door County

ss.

Jennifer S Perez, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [Signature] Applicant sign here

Subscribed and sworn to before me this 25 day of April, 2014

Lamre L. Jorgenson Notary Public State of Wisconsin

[Signature] Notary Public, Door County

APPLICATION FOR AN "OPERATOR'S LICENSE
to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI

April, 2014
Month Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Door,
Wisconsin for a License to serve, from date hereof to ~~April 15~~ ^{July 30}, 20 16, 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, regulations, ordinances and regulations,
Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 79 years of age. Date of Birth 4/9/35 x Sally C. Clancy
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant SALLY C. CLANCY Is application new or a renewal? renewal
(First) (MI) (Last)
Address of Applicant 593 Green Bay Road

If renewal (within the past 2 years held a Class "A", "Class A", Class "B", or "Class B" license or permit or a manager's or operator's
license), where was the privilege obtained? (City, Town, Village) Washington

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Yes
If so, where? online

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? NO
Date of such conviction _____ Name of Court _____
Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?
NO Date of violation _____ Nature of violation _____

STATE OF WISCONSIN

Door County

ss.

Sally C Clancy, being first duly sworn on oath says that (s)he is the person who
made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Sally C. Clancy
Applicant sign here

Subscribed and sworn to before me this 15
day of April, 2014

Tamre L. Jorgenson
Notary Public, Door County,

Licensing.

Tamre L. Jorgenson
Notary Public
State of Wisconsin

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 05 01 2014 ending: 10 15 2014

TO THE GOVERNING BODY of the: Washington

County of Door Aldermanic Dist. No.

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (6mo, \$50.00), 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 WASHINGTON ISLAND BASEBALL CLUB

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Washington Island Baseball Club Address of Corporation/Limited Liability Company (if different from licensed premises) 1053 Main 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 James Charles Rose 1707 Lake View Rd 54246 Vice President/Member Secretary/Member Treasurer/Member Jeannie M. Gunnlaugsson 1455 Townline Rd 54246 Agent James C. Rose Directors/Managers

- C. 1. Trade Name Business Phone Number 2. Address of Premises 1053 Main Rd. 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. Town Ball 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 6. 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 20 day of April, 2014 James H. Johnson (Clerk/Notary Public) My commission expires March 1 2014

Jeannie M. Gunnlaugsson (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 3 columns: Date received and filed with municipal clerk (4-29-14), Date reported to council/board (5-20-14), Date license granted, License number issued, Date license issued, Signature of Clerk/Deputy Clerk (Valen Carpenter)

COPY

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

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

FEE \$ 10.00

Application Date: 05/01/2014

Town Village City of WASHINGTON County of DOOR

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

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 05/18/2014 and ending 05/18/2014 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

- (a) Name WASHINGTON ISLAND BASEBALL CLUB
- (b) Address 1053 MAIN ROAD WASHINGTON ISLAND WI 54246
(Street) Town Village City
- (c) Date organized _____
- (d) If corporation, give date of incorporation _____
- (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:
- (f) Names and addresses of all officers:
 President JACK C ROSE 1707 LAKE VIEW ROAD WASHINGTON ISLAND WI 54246
 Vice President _____
 Secretary JEANNIE M GUNNLAUGSSON 1455 TOWN LINE ROAD WASHINGTON ISLAND WI
 Treasurer _____
- (g) Name and address of manager or person in charge of affair: _____
JACK C ROSE

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

- (a) Street number 1053 MAIN ROAD WASHINGTON ISLAND WI 54246
- (b) Lot _____ Block _____
- (c) Do premises occupy all or part of building? PART
- (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. NAME OF EVENT

- (a) List name of the event WASHINGTON ISLAND BASEBALL
- (b) Dates of event 5/18/2014

DECLARATION

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

Officer  5/1/14
(Signature/date)

WASHINGTON ISLAND BASEBALL CLUB
(Name of Organization)

Officer  5/1/14
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 5-1-14

Date Reported to Council or Board 5-20-14

Date Granted by Council _____

License No. 2014-01

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2014 ending: 06/30/2015

Applicant's Wisconsin Seller's Permit Number: 456-0000141707 02
Federal Employer Identification Number (FEIN): 39-1886287
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 Village of City 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.

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Schelitzche, Trudy Helen 1885 Michigan Rd Washington, WI 54246
Schelitzche, Daniel Frank "

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 WI, 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 Helen Schelitzche

C. 1. Trade Name: Deer Run Golf Course + Resort Business Phone Number: 920-847-2017
2. Address of Premises: 1885 Michigan Rd WI 54246 Post Office & Zip Code: Washington, 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, grounds,
5. Legal description (omit if street address is given above): basement
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 23 day of April, 2015
Jaimie S. Jorgensen (Clerk/Notary Public)
My commission expires March 1 2015

David ... (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)

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-2014 ending: 06/30-2015

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

Table with columns: License Requested, Type, Fee. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and 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 Kap's Marina & Shipswheel Rest Inc.

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 Kap's Marina + Shipswheel Rest Dr. Business Phone Number 920-847-2640

2. Address of Premises 239 Lobdell St. Rd. Wash ISWI Post Office & Zip Code 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.

5. Legal description (omit if street address is given above): Restaurant gift shop, bait shop + tackle front deck of Rest.

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 2nd day of April (2014) 2014

My commission expires 12-18-2016

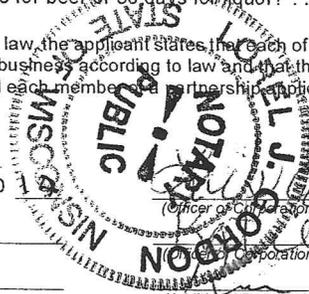


Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-14 ending: 06-30-15

TO THE GOVERNING BODY of the: Town of Washington
County of Door Aldermanic Dist. No.

CHECK ONE Individual Partnership Limited Liability Company
Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: 004-0000155398-03
Federal Employer Identification Number (FEIN): 39-1584031
LICENSE REQUESTED: Class A beer, Class A 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: 1929 Town Line Rd. Wash. Del. WI 54246

Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Rows for Mack H Gunnlaugsson, James R Gunnlaugsson, etc.

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. Del. 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 26X40 NEW & 24X60 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 7 day of April, 20 14
Valeri Carpenter (Clerk/Notary Public)
My commission expires 9-6-15

Signature of Mack H Gunnlaugsson, President
Signature of James R Gunnlaugsson, Sec/Treasurer

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 2014 ending: 06 30 2015

TO THE GOVERNING BODY of the: Town of Washington

County of Door Aldermanic Dist. No.

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 Shipyard Island Marina, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) 1475 South Shore Drive

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 Joseph Munao, Sr. 553 Forestview Rd, Washington Island 54246

Vice President/Member Louis Andrew Munao, Sr. 1421 Buckridge Ct Washington Island 54246

Secretary/Member Bonnie Diane Munao, 553 Forestview Rd, Washington Island 54246

Treasurer/Member Andrew J. Munao, Jr. 752 Fawn Ct, Washington Island 54246

Agent Andrew Joseph Munao, Sr.

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

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 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. Storage Bldg, Deck, Dock, Restaurant

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

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SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April, 2014

Bonnie D Munao (Clerk/Notary Public)

My commission expires 4-12-15

Valerie M. Carpenter Notary Public State of Wisconsin for Bonnie M. (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Andrew Munao (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) Bonnie D Munao (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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.

TO BE COMPLETED BY CLERK

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.