

773-577-480Z

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

COPY 2 yr.

Washington Island, WI July 14, 2015  
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, 2017, 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 58 years of age. Date of Birth 01/15/57 X Lynn M. Kainer  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Lynn M. Kainer Is application new or a renewal? \_\_\_\_\_  
(First) (MI) (Last)

Address of Applicant 6208 N. Neva Chop II / 1443 Deer Lane 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)

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

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

ss.

Door County

Lynn M. Kainer 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 Lynn M. Kainer Subscribed and sworn to before me this 15  
Applicant sign here day of July, 2015

**Tamre L. Jorgenson**  
**Notary Public**  
**State of Wisconsin**

Tamre L. Jorgenson  
Notary Public, Door County,

Licensing.

0193

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

Washington Island, WI 7-1-2015, 6-1-2017  
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 7-1-2015, 20 15, 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 5-28-83 Robert Radosevich  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Robert A Radosevich Is application new or a renewal? New

Address of Applicant 1202 Lakeview Rd  
(First) (MI) (Last)

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 Island  
(Town) (Village)

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

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

Robert Radosevich, 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 Robert Radosevich  
Applicant sign here

Subscribed and sworn to before me this 1 day of July, 2015

**Tamre L. Jorgenson**  
**Notary Public**  
Licensing  
**State of Wisconsin**

Tamre L Jorgenson  
Notary Public, Door County,

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

COPY

Washington Island, WI July 1, 2015  
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, 2017, 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 51 years of age. Date of Birth 03/12/1964x Charlene Johnson  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Charlene C. Johnson Is application new or a renewal? renewal

(First) (MI) (Last)  
Address of Applicant 1542 Mountain Rd., Washington Island Wis.

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? 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?

\_\_\_\_\_ Date of violation \_\_\_\_\_ Nature of violation \_\_\_\_\_

STATE OF WISCONSIN

Door County

ss.

Charlene Johnson, 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 Charlene Johnson  
Applicant sign here

Subscribed and sworn to before me this 7  
day of July, 2015

**Tamre L. Jorgenson**  
**Notary Public**  
**State of Wisconsin**

Licensing.

Tamre L. Jorgenson  
Notary Public, Door County,

920-535-0187

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

Washington Island, WI 06, 2015  
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, 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 22 years of age. Date of Birth 09/02/1992 X Nicholas Knudsen  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Nicholas P. E. Knudsen Is application new or a renewal? Renewal  
(First) (MI) (Last)

Address of Applicant 1687 Range 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) Washington Island  
(Town) (Village)

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 N/A Name of Court N/A

Nature of offense N/A

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 N/A Nature of violation N/A

STATE OF WISCONSIN

Door County ss.

Nicholas Paul Ehrlich Knudsen, 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 Nicholas Knudsen  
Applicant sign here

Subscribed and sworn to before me this 24th day of JUNE, 2015

**Tamre L. Jorgenson**  
**Notary Public**  
**State of Wisconsin**

Tamre L. Jorgenson  
Notary Public, Door County,

Licensing.

APPLICATION FOR AN "OPERATOR'S LICENSE"

to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI 06, 2015  
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, 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 20 years of age. Date of Birth 07, 18, 94 x Jocelyn C. Kainer  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jocelyn C Kainer Is application new or a renewal? new

Address of Applicant 1443 Deer Lane Rd Washington Island  
6208 N. Neva Chicago, IL

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? 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 N/A Name of Court N/A

Nature of offense N/A

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

N/A Date of violation N/A Nature of violation N/A

STATE OF WISCONSIN

ss.

Door County

Jocelyn Kainer, 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 Jocelyn C. Kainer  
Applicant sign here

Subscribed and sworn to before me this 25 day of June, 2015

**Tamre L. Jorgenson**  
**Notary Public**  
**State of Wisconsin**

Tamre L. Jorgenson  
Notary Public, Door County,

Licensing.

773-317-2411

535-0885

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

COPY

Washington Island, WI June 30 2015  
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, 2017, 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 30 years of age. Date of Birth 1/17/85 x [Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Steve C Thome Is application new or a renewal? Renewal  
(First) (MI) (Last)  
Address of Applicant 1239 Main 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) Washington Island  
(Town)  
(Village)

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?  
Date of violation \_\_\_\_\_ Nature of violation \_\_\_\_\_

STATE OF WISCONSIN

Door ss. County

Steve C Thome 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 June, 2015

Tamre L. Jorgenson  
Notary Public  
State of Wisconsin

[Signature]  
Notary Public, Door County,

Licensing.

720 535-0049

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

Washington Island, WI June 30<sup>th</sup>, 2015  
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<sup>th</sup>, 2017, 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 30 years of age. Date of Birth 05, 12, 85 X Hans Koyen  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Hans C Koyen Is application new or a renewal? \_\_\_\_\_  
(First) (MI) (Last)  
Address of Applicant 1177 main 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? on-line  
If so, where? \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? \_\_\_\_\_  
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.

Hans C Koyen 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 Hans Koyen Applicant sign here  
Subscribed and sworn to before me this 13  
day of July, 2015

**Tamre L. Jorgenson**  
**Notary Public**  
Licensing  
**State of Wisconsin**

Tamre L Jorgenson  
Notary Public, Door County,

224-567-9235

APPLICATION FOR AN "OPERATOR'S LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI

June, 2015

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, 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 19 years of age. Date of Birth 12/14/95 X

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Sean R Casey Is application new or a renewal? New  
(First) (MI) (Last)

Address of Applicant 2551 Fontana Dr. Glenview, IL 60025

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 (online)  
If so, where? 360training.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?  
Date of violation \_\_\_\_\_ Nature of violation \_\_\_\_\_

STATE OF WISCONSIN

Door County ss.

Sean Casey, 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 June, 2015

Licensing. **Tamre L. Jorgenson**  
**Notary Public**  
**State of Wisconsin**

Tamre L. Jorgenson  
Notary Public, Door County,

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: 6/15/2015

[X] Town [ ] Village [ ] City of Washington County of Door

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

- [X] A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
[X] 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 07/04/2015 and ending 07/04/2015 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 [X] Veteran's Organization [ ] Fair Association
(a) Name American Legion, Gislason-Richter Post 402
(b) Address 1254 Main rd., Washington Island, WI 54246
(c) Date organized Sept. 16, 1919
(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: [X]
(f) Names and addresses of all officers:
President Commander Nauta
Vice President 1st Vice Commander Huffman
Secretary Adjutant/Financial Officer Grandy
Treasurer
(g) Name and address of manager or person in charge of affair:
Bill Nauta, P.O. Bos 254, Washington Island, WI 54246

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

- (a) Street number 1254 Main Rd.
(b) Lot Block
(c) Do premises occupy all or part of building?
(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: 1st floor, 2nd floor and all property surrounding.

3. NAME OF EVENT

- (a) List name of the event American Legion July 4th Fish Boil
(b) Dates of event 07/04/2015

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 [Signature] American Legion Post 402 (Name of Organization)
Officer [Signature]
Officer [Signature]

Date Filed with Clerk 6/15/15 Date Reported to Council or Board

Date Granted by Council License No.