

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

COPY

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

FEE \$ _____

Application Date: 05/18/2015

[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.
[] 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 07/18/2015 and ending 07/18/2015 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) [X] Bona fide Club [] Church [] Lodge/Society [] Veteran's Organization [] Fair Association

(a) Name Washinton Island Lions Club

(b) Address 2142 Old Indian Point Rd. Washington Island, WI 54246

(c) Date organized 01/02/1935

[X] Town [] Village [] City

(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 Mike Miotke

Vice President Joel Gunnlaugsson

Secretary Jeffrey Heal

Treasurer John Rader

(g) Name and address of manager or person in charge of affair: John Rader 2142 Old Indian Point Rd. WASHINGTON Island WI 54246

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

(a) Street number Island Airport

(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: _____

3. NAME OF EVENT

(a) List name of the event Fly-In Fish Boil

(b) Dates of event 07/18/2015

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 John Rader (Signature/date)

Officer Jeffrey Heal (Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Washington Island Lions Club

(Name of Organization)

Officer Mike Miotke (Signature/date)

Officer Joel Gunnlaugsson (Signature/date)

Date Reported to Council or Board _____

License No. _____

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

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Application Date: 05/18/2015

FEE \$ _____

Town Village City of Washington Island 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 08/15/2015 and ending 08/15/2015 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 Veteran's Organization Fair Association

(a) Name Washington Island Lions Club

(b) Address 2142 Old Indian Point Rd. Washington Island, WI 54246
(Street)

(c) Date organized 01/02/1935 Town Village City

(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 Mike Miotke

Vice President Joel Gunnlaugsson

Secretary Jeffrey Heal

Treasurer John Rader

(g) Name and address of manager or person in charge of affair: John Rader 2142 Old Indian Point Point Rd.

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

- (a) Street number _____
(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: _____

3. NAME OF EVENT

(a) List name of the event Island Fair

(b) Dates of event August, 15, 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 John Rader (Signature/date)

Officer Jeffrey Heal (Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Washington Island Lions Club (Name of Organization)

Officer Mike Miotke (Signature/date)

Officer Joel Gunnlaugsson (Signature/date)

Date Reported to Council or Board _____

License No. _____

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

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FEE \$ _____

Application Date: 05/18/2015

Town Village City of Washington Island 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 08/29/2015 and ending 08/29/2015 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 Veteran's Organization Fair Association

(a) Name Washington Island Lions Club

(b) Address 2142 Old Indian Point Rd. Washington Island, WI 54246
(Street)

(c) Date organized 01/02/1935

Town Village City

(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 Mike Miotke

Vice President Joel Gunnlaugsson

Secretary Jeffrey Heal

Treasurer John Rader

(g) Name and address of manager or person in charge of affair: John Rader 2142 Old Indian Point Point Rd.

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

(a) Street number Airport

(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: _____

3. NAME OF EVENT

(a) List name of the event Deaths Door BBQ

(b) Dates of event August, 29, 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 John Rader
(Signature/date)

Officer Jeffrey Heal
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Washington Island Lions Club
(Name of Organization)

Officer Mike Miotke
(Signature/date)

Officer Joel Gunnlaugsson
(Signature/date)

Date Reported to Council or Board _____

License No. _____

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

COPY

Washington Island, WI

Month June Year 2015

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, 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 28 years of age. Date of Birth 12/18/86 x Maria Roberts
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Maria Roberts Is application new or a renewal? new

Address of Applicant 1517 Old West Harbor Rd, Washington Island, WI
(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) _____
(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.

MARIA ROBERTS, 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 Maria Roberts
Applicant sign here

Subscribed and sworn to before me this 5
day of June, 2015

Samre A. Johnson
Notary Public, Door County,

Licensing.

414 323 0659

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

(202) 787-8193
COPY

Washington Island, WI May, 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 34 years of age. Date of Birth 06/19/80 x Tajsha Maertz
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tajsha J Maertz Is application new or a renewal? new
(First) (MI) (Last)

Address of Applicant 1202 LAKE VIEW ROAD WASH. ISL, WI

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? 360training.com

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? yes
Date of such conviction 2007 Name of Court WAUSHARA COUNTY

Nature of offense DOI

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.

Tajsha Maertz 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 Tajsha Maertz
Applicant sign here

Subscribed and sworn to before me this 20
day of May, 2015

Licensing.
Tamre L. Jorgenson
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 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 July 1, 2015 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 06/04/83 Aaron Bresnahan
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Aaron J. Bresnahan Is application new or a renewal? renewal
(First) (MI) (Last)

Address of Applicant 1239 Main Rd. Washington Island, 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) Town 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

Aaron Bresnahan 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.

Aaron Bresnahan Applicant sign here

Subscribed and sworn to before me this 8th day of June, 2015

Valerie Carpenter Notary Public, Door County,

Valerie M. Carpenter Notary Public State of Wisconsin