

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 1914 ending: June 30 1915

Applicant's Wisconsin Seller's Permit Number: 456-102690600023
Federal Employer Identification Number (FEIN): 27-0276423
LICENSE REQUESTED
TYPE: Class B beer, Class B liquor
FEE: \$

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.

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 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

C. 1. Trade Name Business Phone Number
2. Address of Premises Post Office & Zip Code

- 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.

LINDA SCHULT
Notary Public
State of Wisconsin

SUBSCRIBED AND SWORN TO BEFORE ME
this 9TH day of JUNE, 20 14
Linda Schult
(Clerk/Notary Public)
My commission expires 4/3/2015

XVP Frank F. Will 6-9-14
(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, Date reported to council/board, Date license granted. Includes handwritten date 6-17-14 and signature of 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: [X] Town of Washinton [] Village of [] City of

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

CHECK ONE [] 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, 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 Arts Center, Inc. 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:

C.1. Trade Name Trueblood or TPAC Business Phone Number 920-847-2528 2. Address of Premises 870 Main Rd., Washington Island 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.) The Theater, Patio and Grounds
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] 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. [] Yes [X] 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 wine? [] Yes [X] No

Tamre L. Jorgenson Notary Public State of Wisconsin

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant certifies that all of the above questions have been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to the terms, conditions and limitations 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 23rd day of May 2014
Rubeca A. Budinger (Clerk/Notary Public)
My commission expires 05/27/2015

Official Seal of Rebecca A. Budinger, Notary Public - State of Illinois. My Commission Expires May 27, 2015. Includes signatures of Jeanette M. Young (Vice President) and Amanda Engberg (Board Member).

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk (5-29-14), Date reported to council/board (6-17-14), Date license granted, License number issued, Date license issued, Signature of Clerk/Deputy Clerk (Valerie Carpenter).

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: [X] Town of [] Village of [] City of } Washington

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

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

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
Koyen, Kenneth Walter 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:

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, 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? [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.) ss wood structure, 24x60 bsmt, 24x22 loft

5. Legal description (omit if street address is given above): 196'x330'lot, grass, blacktop, cement, dining room + granary

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? [X] Yes [] No

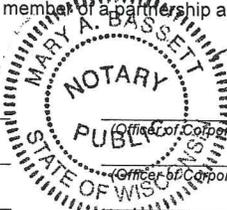
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (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 1st day of May, 2014

Mary A. Bassett (Clerk/Notary Public)

My commission expires 10-29-2017



Signature of Kenneth W. Koyen, Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

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: 7/1/14 ending: 6/30/15

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (\$160.00), Class C wine, Class A liquor, Class B liquor (\$400.00), Reserve Class B liquor, Publication fee, and TOTAL FEE.

TO THE GOVERNING BODY of the: [X] Town of Washington Island
County of Door Aldermanic Dist. No. (if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) D. Itello Robin Home Address 1201 Main Road Washington Island WI 54246 Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company NEISEN'S ALL BOTTLED BEV REST 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

C. 1. Trade Name NEISEN'S ALL BOTTLED BEV REST LLC Business Phone Number 920-847-2496 2. Address of Premises Post Office & Zip Code 54246

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [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, COOKIES, 2 ACIPS, CELLAR
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 6 day of May, 20 14. Sammie L. Jorgensen (Clerk/Notary Public) My commission expires March 1 2015

Signature of Applicant: [Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Signature of Applicant: [Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Signature of Applicant: [Signature] (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 (5-6-14), Date reported to council/board (6-17-14), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk (Valerie Cooper)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7-1 20 14 ending 6-30 20 14

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

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

- 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): ANDERMEYER 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include Edgar Anderson, Martine Anderson, Helene Meyer, and Edgar Anderson.

- 3. Trade Name: Le Petite Bistro
4. Address of Premises: 1350 Airport Rd.
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
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 WISCONSIN and date 5/15/14 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [X] Yes
(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? [] Yes [X] No
9. Premises description: Cafe section of 2 story metal bldg.
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? [] Yes [X] 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
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
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes

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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of May, 20 14. [Signature] (Clerk/Notary Public) My commission expires 4/2015

[Signature] Valerie M. Carpenter, Notary Public, State of Wisconsin. (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk (5-22-14), Date reported to council/board (6-17-14), Date provisional license issued, License number issued, Signature of Clerk / Deputy Clerk (Valerie 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: 06/02/2014

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. Stat.

at the premises described below during a special event beginning 08/30/2014 and ending 08/31/2014 and agrees to comply with all law, resolution, 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 American Legion Post 402

(b) Address 1254 Main Rd.
(Street) Town Village City

(c) Date organized _____

(d) If corporation, give date of incorporation _____

(e) Names and addresses of all officers:

President Bill Nauta - Commander

Vice President Ken Henning - Adjutant

Secretary -

Treasurer _____

(f) Name and address of manager or person in charge of affair: Bill Nauta, 731 Main Rd.

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: To cover inside building and outside grounds

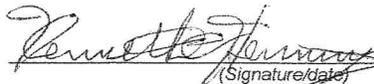
3. NAME OF EVENT

(a) List name of the event American Legion Labor Day Fish Boil

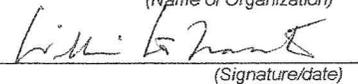
(b) Dates of event 8/30/2014 and rain date set for 8/31/2014

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 
(Signature/date)

Officer _____
(Signature/date)

American Legion Post 402
(Name of Organization)
Officer 
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 6-4-14

Date Reported to Council or Board 6-17-14

Date Granted by Council _____

License No. _____

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: 06/02/2014

[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. Stat.

at the premises described below during a special event beginning 07/05/2014 and ending 07/06/2014 and agrees to comply with all law, resolution, 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 Post 402

(b) Address 1254 Main Rd. (Street) [X] Town [] Village [] City

(c) Date organized

(d) If corporation, give date of incorporation

(e) Names and addresses of all officers:

President Bill Nauta - Commander

Vice President Ken Henning - Adjutant

Secretary -

Treasurer

(f) Name and address of manager or person in charge of affair: Bill Nauta, 731 Main Rd.

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: To cover inside building and outside grounds

3. NAME OF EVENT

(a) List name of the event American Legion Independence Day Fish Boil

(b) Dates of event 7/5/2014 and rain date set for 7/6/2014

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 [Signature] (Signature/date)

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

Officer (Signature/date)

Officer (Signature/date)

Date Filed with Clerk 6-4-14

Date Reported to Council or Board 6-17-14

Date Granted by Council

License No.

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 \$ _____ Application Date: 05/12/2014

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 July 19 and ending July 19, 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 Lions Club, Inc,

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

(c) Date organized 1940's 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 Hamilton Rutledge
Vice President N/A
Secretary Jeffrey Heal
Treasurer John W. 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 _____

(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 July 19 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 John W. Rader 5/27/2014
(Signature/date)

Officer Jeff Heal 5/28/14
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Washington Island Lions Club
(Name of Organization)

Officer Hamilton Rutledge
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____

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 \$ _____ Application Date: 05/12/2014

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 _____ and ending _____ 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, Inc,

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

(c) Date organized 1940's

(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 Hamilton Rutledge
Vice President N/A
Secretary Jeffrey Heal
Treasurer John W. 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 _____

(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 Poor Barbeque (DDBBQ)

(b) Dates of event 8/23/2014

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 John W. Rader 5/27/2014
(Signature/date)
Officer Jeffrey Heal 5/28/14
(Signature/date)

Washington Island Lions Club
(Name of Organization)

Officer Hamilton Rutledge
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

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: 05/12/2014

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 August 16 and ending Aug 16, 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 Lions Club, Inc,

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

(c) Date organized 1940's

(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 Hamilton Rutledge

Vice President N/A

Secretary Jeffrey Heal

Treasurer John W. 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 _____

(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 8/16/14

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 W. Rader 5/27/2014
(Signature/date)

Officer Jeffrey Heal 5/28/14
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Washington Island Lions Club
(Name of Organization)

Officer Hamilton Rutledge
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____