

# Town of Washington

Door County

www.washingtonisland-wi.gov

(920) 847-2522

Fax (920) 847-2303

P.O. Box 220

Washington Island, WI 54246

## RENTAL OF SCHOOLHOUSE BEACH PAVILION

\_\_\_\_\_  
(Customer Name)

\_\_\_\_\_  
(Address/Cell phone number)

Rented for Date: \_\_\_\_\_ Fee: \$50.00 \_\_\_\_\_ (pd) \_\_\_\_\_

Thank you for reserving the Schoolhouse Beach Pavilion. We hope you and your guests have a great time and enjoy Schoolhouse Beach Town Park. Please follow these rules:

1. You are responsible for the Reserve sign and the electric box key that you picked up at the Town office. At the end of the event, either drop the key and sign off at the Town office or reverse the sign on the post and lock the key up in the electric box.
2. Please feel free to move the picnic tables to meet your needs but after your event return them to the place where you found them.
3. You will find trash and recycling containers in the pavilion area. Make sure that all trash and recycling has been secured at the end of your event.
4. You may use thumb tacks to secure banners and signs to the pavilion structure, but you cannot use nails or screws for that purpose.
5. Schoolhouse Beach Town Park is open to the public 24-7 every day of the year, but a 10 p.m. quiet hour is observed at the Pavilion. Please turn down the music and show respect for the residential neighborhood.

**RESOLUTION 2015-06**

**DESIGNATING SIGNATURES FOR CHECK SIGNING**

**WHEREAS**, the Town Board of the Town of Washington has previously adopted a policy requiring two signatures per check for accounts of the Town at Bay Lake and Citizens Banks: and

**WHEREAS**, it is necessary to designate the names of those authorized to sign checks:

**NOW, THEREFORE BE IT RESOLVED** the following three persons are authorized to sign Town checks:

Valerie Carpenter, Town Clerk/Treasurer

James Hanson, Town Chairman

Elizabeth Holmes, Town Supervisor

ADOPTED: 04/28/2015

\_\_\_\_\_  
James Hanson, Town Chairman

APPROVED: 04/28/2015

\_\_\_\_\_  
Attest – Valerie Carpenter, Town Clerk

**ROLL CALL VOTE**

James Hanson

Elizabeth Holmes

Randall Sorensen

Kirby Foss

John Rader

AYE

NAY

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COPY

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
004-0000113976-01

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
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 Located In
City Village Town
City of WASHINGTON
Business Telephone
(920) 8472536
City State ZIP Code
WASHINGTON ISLAND WI 54246
County
DOOR
Mailing Address (if different than Business Address)
City State ZIP Code
WI 54246

Organization (check one)
Sole Proprietor
Wisconsin Corporation - Enter date incorporated: 06/01/80
Partnership
Out-of-State Corporation - Are you registered to do business in Wisconsin? YES NO
Other (describe)

- 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?
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?
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?
4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services?
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)?
6. Does the applicant understand that they may not sell single cigarettes?
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?
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 22 day of APRIL, 2015
Mary Lynn Cindin
(Clerk / Notary Public)
My commission expires 09-08-2017

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