

TOWN OF WASHINGTON
SPECIAL TOWN BOARD MEETING – Budget set up

Agenda

Tuesday, Sept. 30th, 2014

4:00 p.m.

Rutledge Room

1. Call to Order
2. Roll Call by Town Clerk
3. Approval of Original Alcohol Beverage Retail License Application. Washington Hotel.
Motion / Discussion
4. Approval of Operators License, Amanda Engberg. Motion / Discussion
5. Resignation acceptance of John Buxton, WI Foundation / Approval of Hoyt Purinton as
new member. Motion / Discussion
6. Start 2015 Budget discussion. 2014 Budget may be acted upon. Motion / Discussion
7. Adjourn

Authorized for posting Sept. 26th, 2014
Joel Gunnlaugsson, Town Board Chairman

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.: FEIN Number: 050-114-62447-1832098

For the license period beginning 20 ending 20

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

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): The Washington Hotel & Studio, 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. List the name, title, and place of residence of each person.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include Jean H. Kokes, Jennifer A. Hulsey, Todd E. Kokes, Matthew J. Kokes, and Kathleen M. Young.

- 3. Trade Name: Hotel Washington Business Phone Number: 920-847-301
4. Address of Premises: 354 Range Line Rd, Washington Is, WI Post Office & Zip Code: 54246

- 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 [] No
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 9-27-14 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [X] No
(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: 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Hotel dining room + Bar Porch, rooms

- 10. Legal description (omit if street address is given above): Studio grounds 2.6 acres + beach area
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [] No
(b) If yes, under what name was license issued? Washington Hotel at Washington Island LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [X] Yes [] No
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 [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [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.) 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 15th day of September 2014. Lorel J. Gordon, Notary Public, State of Wisconsin. Kathleen M. Young, 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 (9-15-14), Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk (Valerie Carpenter).

APPLICATION FOR AN "OPERATOR'S LICENSE"

to Serve Fermented Malt Beverages and Intoxicating Liquors

COPY

Washington Island, WI

09, 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 5, 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 26 years of age. Date of Birth 04/29/1988 Amanda Engberg
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Amanda M. Engberg Is application new or a renewal? new
(First) (MI) (Last)

Address of Applicant 1580 Wilcox Rd, P.O. Box 106, Washington Is., 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? Washington Island
(City) (Town) (Village)

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

If so, where? on line

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

ss.

Door County

Amanda M. Engberg, 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 Amanda M. Engberg
Applicant sign here

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

Tamre L. Jorgenson
Notary Public
State of Wisconsin

Tamre L. Jorgenson
Notary Public, Door County,

Licensing.

920 847-2237

WASHINGTON ISLAND FOUNDATION, INC.

Post Office Box 68 – Washington Island, Wisconsin 54246

September 22, 2014

To: Town Board Members

Re: Washington Island Foundation Board Member/s

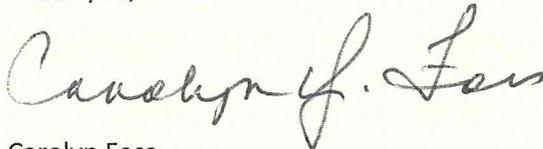
Dear Members of the Town Board,

The Washington Island Foundation, Inc. has been notified by John Buxton that he is resigning from the board of directors.

We would like to put the name of Hoyt Purinton forward as a new board member.

Please consider this action at your next Town Board meeting.

Thank you,

A handwritten signature in cursive script that reads "Carolyn Foss". The signature is written in dark ink and is positioned above the printed name and title.

Carolyn Foss
President, Washington Island Foundation, Inc.