



Division of Transportation
Investment Management
PO Box 7914
Madison, WI 53707-7914

Scott Walker, Governor
Mark Gottlieb, P.E., Secretary
Internet: www.dot.wisconsin.gov

Telephone: 608-266-3351
Facsimile (FAX): 608-267-6748

April 27, 2016

Walt Nehlsen
Airport Manager
Washington Island Airport
PO Box 22
Washington Island, WI 54246

Dear Walt,

Thank you for contacting me about the proposed use of unmanned aircraft on/near the Washington Island Airport. As I mentioned on the phone, the primary goal is to avoid any conflict between manned and unmanned aircraft (UAS). That said, FAA does not outright prohibit the use of UAS on airports. At a minimum, any UAS operator is required by law to contact all airports within 5 miles of the operation. Obviously, in your case, that would apply to anyone flying an unmanned aircraft on the island.

Enclosed are three documents you should find useful when it comes to dealing with unmanned aircraft near your airport. The document entitled "Unmanned Aircraft Systems" is something I put together and is a consolidation of just about everything one might want to know about UAS. It includes an example airport notification form, example letter of agreement, and a copy of the Academy of Model Aeronautics' Safety Code, which all UAS users should adhere to.

The second document is entitled "Frequently Asked Questions (FAQs) about the Use of Model Aircraft Near an Airport." This is an FAA document and does a good job describing FAA's expectations of both UAS operators and airports in your situation.

Finally, I attached the letter of agreement put in place at the Mauston-New Lisbon Airport for the on-airport remote controlled aircraft club. If the Town wants UAS activities to be located on the airport, this document is a good example of the controls and restrictions that should be put in place. However, RC club activities can be adequately separated from manned aircraft at Mauston-New Lisbon Airport, due to the configuration of the airfield. I'm not sure that's the case at Washington Island. Personally, I think the best location for unmanned aircraft activities is elsewhere on the island.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Hal Davis".

Hal Davis, C.M. | Airport Compliance Manager
Wisconsin Department of Transportation | Bureau of Aeronautics
howard.davis@dot.wi.gov | 608-267-2142



Cc: Valerie Carpenter – Town of Washington Island

May 24, 2016

Town Board
Drones

It has come to my attention that the drone people have set up a permanent camp on the southwest corner of the Airport. This looks shabby, but if okay with the Town Board, so be it.

Also after checking with the FAA when they fly they must not go over 400 feet and they are to notify person or persons of the event. At one of the Town meetings one flyer sais he would call flight service anytime they flew but as of now this has not happened. I think this needs to be addressed and also keep their camp tidy.

Walt Nehlsen



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June 10, 2016

Valerie Carpenter
Town Clerk-Treasurer
Town of Washington Island
PO Box 220
Washington Island, WI 54246

Subject: Death's Door Barbeque Event August 26-27, 2016

The Wisconsin Department of Transportation's Bureau of Aeronautics (BOA) is in receipt of a proposal to utilize portions of the Washington Island Airport to hold a public barbeque competition on August 26th and 27th 2016. BOA understands the airport will remain open and available to aeronautical users during the event.

BOA acknowledges the Airport Sponsor has provided sufficient evidence that the proposed event will not violate federal grant assurances or conditions of state aid.

In addition, the Federal Aviation Administration (FAA) has completed an airspace study for the proposed event and issued a final determination of "no objection" provided runway 14/32 is closed during the duration of the event, event activities do not attract hazardous wildlife, necessary security measures are implemented to control access to the air operations area, and a NOTAM is issued 72 hours in advance of the runway closure. A copy of the final determination has been attached to this letter.

Therefore, BOA considers the Washington Island Airport to have satisfactorily coordinated the proposed event with FAA and BOA. Furthermore, BOA has no objection to the activities of the proposed event provided:

- The event occurs as proposed;
- Runway 14/32 is closed during the duration of the event;
- Event personnel remain vigilant to ensure event activities do not attract hazardous wildlife;
- Necessary security measures are implemented to control access to the air operations area; and
- All necessary NOTAM are issued.

This determination applies only to the above described event on the day proposed. Any future special airport events, similar or otherwise, must be separately coordinated with BOA and FAA.

Please contact me if you have any questions concerning this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Hal Davis".

Hal Davis
Airport Compliance Program Manager



U.S. Department
of Transportation

Federal Aviation
Administration

August 24, 2015

TO:
Town of Wahsington
Attn: Valerie Carpenter
PO Box 220
Washington Island, WI 54246
townoffice@washingtonisland-wi.gov

RE: (See attached Table 1 for referenced case(s))
FINAL DETERMINATION

Table 1 - Letter Referenced Case(s)

ASN	Prior ASN	Location	Latitude (NAD83)	Longitude (NAD83)	AGL (Feet)	AMSL (Feet)
2015-AGL-5357-NRA		WASHINGTON ISLAND, WI	45-23-05.07N	86-55-23.04W	15	659
2015-AGL-5358-NRA	2015-AGL-5357-NRA	WASHINGTON ISLAND, WI	45-23-04.20N	86-55-23.05W	15	658
2015-AGL-5359-NRA	2015-AGL-5358-NRA	WASHINGTON ISLAND, WI	45-23-04.18N	86-55-27.05W	15	662
2015-AGL-5360-NRA	2015-AGL-5359-NRA	WASHINGTON ISLAND, WI	45-23-01.89N	86-55-21.92W	15	670
2015-AGL-5361-NRA	2015-AGL-5358-NRA	WASHINGTON ISLAND, WI	45-23-01.88N	86-55-14.28W	15	669
2015-AGL-5362-NRA	2015-AGL-5361-NRA	WASHINGTON ISLAND, WI	45-23-07.06N	86-55-14.28W	15	654
2015-AGL-5363-NRA	2015-AGL-5362-NRA	WASHINGTON ISLAND, WI	45-23-07.24N	86-55-27.14W	15	652
2015-AGL-5364-NRA	2015-AGL-5363-NRA	WASHINGTON ISLAND, WI	45-23-07.88N	86-55-13.75W	15	656
2015-AGL-5365-NRA	2015-AGL-5364-NRA	WASHINGTON ISLAND, WI	45-23-02.15N	86-55-13.51W	15	668
2015-AGL-5366-NRA	2015-AGL-5365-NRA	WASHINGTON ISLAND, WI	45-23-02.23N	86-55-06.01W	15	672
2015-AGL-5367-NRA	2015-AGL-5366-NRA	WASHINGTON ISLAND, WI	45-23-08.10N	86-55-06.28W	15	680
2015-AGL-5368-NRA	2015-AGL-5367-NRA	WASHINGTON ISLAND, WI	45-23-08.10N	86-55-10.00W	15	667

Description: See documents, 'DDBBQ20153.pdf'. North end of western most point of DDBBQ Event Area. Assume 15' for tents and other miscellaneous structures.

We do not object to the construction described in this proposal provided:

You comply with the requirements set forth in FAA Advisory Circular 150/5370-2, "Operational Safety on Airports During Construction."

A memorandum of agreement between the Wisconsin Department of Transportation-Bureau of Aeronautics and the Chicago Airports District Office, grants the state block grant representative below, on behalf of the FAA, authority to issue this final determination.

Air Traffic Obstruction Evaluation Group David Dull
(816) 329-3693 No Objection.

Airports Rob Lee (847) 294-7526 No Objection with Provision No objection as long as comments 3 thru 12 from previous objection review comments are followed.

Airports Rob Lee (847) 294-7526 Objection

Airport management shall ensure sufficient and qualified personnel are present to maintain constant surveillance and oversight during the event. This determination does not constitute FAA approval or disapproval of the Special Event involved in the proposal. It is a determination with respect to the safe and efficient use of navigable airspace by aircraft and with respect to the safety of persons and property on the ground. 1. The ADO does not approve of the Parking location inside the Runway Protection Zone (RPZ). Of RW 14/32. Suggest closing RW 14/32, or finding another location for auto parking. 2. The ADO does not approve of the Tent location inside the RW 14/32 approach. Also make sure the tent location and Event area are outside the RPZ of RW 14/32. Suggest closing RW 14/32 for the event. 3. Event personnel must be aware of and avoid Event activities that can create wildlife hazards on airports, such as trash (food scraps not collected from spectator activity), standing water on event site, poorly maintained fencing and gates. 4. The airport operator shall take immediate measures to alleviate wildlife hazards whenever they are detected. Care shall be taken during Event activities to ensure that wildlife attractants are not created. Ensure perimeter gates are closed when not in use. 5. Vehicles shall be operated in a manner that does not interfere with aircraft operations. Vehicles shall not stop or be parked in areas so as to block aircraft ingress and egress to/from open taxiways and runways. 6. Event Coordinator/Airport Management should ensure that entrances during the Event will not allow ingress and egress of errant or unauthorized vehicles. 7. Security measures must be implemented to limit access to errant or unauthorized vehicles (temporary gates, fence, barriers, signs, etc.). 8. Conduct additional self-inspections in the vicinity of the event with special emphasis on the presence of FOD that could damage aircraft. 9. There shall not be any staging/parking of aircraft or vehicles inside or within the established critical or runway safety/object free areas of the airport. 10. No spectators shall be allowed near any electronic facilities or its critical areas on the airport. 11. At no point during the event (set up and tear down included) should the airport be completely shut down, the airport must maintain one open Runway and Taxi route to the terminal building at all times. 12. Runways and Taxiways shall be closed if people will be entering the: (1) Runway Safety Area/Runway Object Free Area and (2) Taxiway Safety Area (TSA)/Taxiway Object Free Area respectively. NOTAMs alerting pilots of runway and taxiway closures should be issued at least 72 hours in advance to allow accurate flight planning.

Flight Procedures Anthony Turke (817) 321-7600 No IFR Effect.

Flight Standards Mark Fox (847) 294-7546 No Objection.

Tech Ops Werner Buch (847) 294-8438 No Objection.

A separate notice to the FAA is required for any construction equipment, such as temporary cranes, whose working limits would exceed the height and lateral dimensions of your proposal.

This determination does not constitute FAA approval or disapproval of the physical development involved in the proposal. It is a determination with respect to the safe and efficient use of navigable airspace by aircraft and with respect to the safety of persons and property on the ground.

In making this determination, the FAA has considered matters such as the effects the proposal would have on existing or planned traffic patterns of neighboring airports, the effects it would have on the existing airspace structure and projected programs of the FAA, the effects it would have on the safety of persons and property on the ground, and the effects that existing or proposed manmade objects (on file with the FAA), and known natural objects within the affected area would have on the airport proposal.

This determination expires on February 24, 2017 unless:

(a) extended, revised or terminated by the issuing office.

(b) the construction is subject to the licensing authority of the Federal Communications Commission (FCC) and an application for a construction permit has been filed, as required by the FCC, within 6 months of the date of this determination. In such case, the determination expires on the date prescribed by the FCC for the completion of construction, or the date the FCC denies the application.

NOTE: Request for extension of the effective period of this determination must be obtained at least 15 days prior to expiration date specified in this letter.

If you have any questions concerning this determination contact Justin Hetland (608) 267-5018
Justin.Hetland@dot.wi.gov.

Justin Hetland
SBG



Division of Transportation Investment Management
Rustic Roads Program
PO Box 7913
Madison, WI 53707-7913

Scott Walker, Governor
Mark Gottlieb, P.E., Secretary
Internet: www.dot.wisconsin.gov

Telephone: (608) 266-0649
Facsimile (FAX): (608) 267-0294

E-mail: jane.carrola@dot.wi.gov

VIA E-Mail

May 9, 2016

James F. Hanson, Chair
Valerie Carpenter, Clerk
Town of Washington
910 Main Road - PO Box 220
Washington Island, WI 54246

John Kolodziej
Door County Highway Commissioner
1001 S. Duluth
Sturgeon Bay, Wisconsin 54235-3812

Dear Mr. Hanson, Ms. Carpenter & Mr. Kolodziej:

This is to confirm that I received the Town of Washington's Rustic Road application papers for Swenson, Indian Point, Old Camp, Sunrise, Mountain and Little Lake Roads, Wickman and Hemlock Drives, as well as segments of Michigan, East Side, Airport, Townline and Old West Harbor Roads. The termini and mileage for these roads are on the attached map. Also shown are the segments of County W which are under Door County jurisdiction and needed to complete the route. They are known colloquially as Lobdell Point, Detroit Harbor, Lake View, and Jackson Harbor Roads and South Shore Drive.

Mr. Scott Sonoc relayed to me that the Door County Highway Committee unanimously passed a resolution of support in favor of these segments of County W being a part of the proposed route. The next and final step is for the full County Board to act on the resolution. Until I have receipt of the County Board application, the application will be considered as contingent. This means the Rustic Road application will not be considered final until the receipt of Door County's resolution of support nor can the Rustic Road Board formally confer designation.

Given local government and County Highway Committee support, the Rustic Roads Board will consider this application at their next meeting that is scheduled for Monday, June 13th. You will receive a copy of the agenda, once it is finalized.

In preparation for the Rustic Roads (RR) Board meeting, all RR Board members will receive copies of the application materials to review. If any other pertinent information is received, it will also be included.

Additionally, two Rustic Roads Board members will review this route independently of each other and give a presentation to the rest of the Board on the degree to which the candidate route meets the criteria specified in Trans RR 1.04. The Rustic Roads Board will discuss the route and vote at the meeting. I will notify you in writing as to the RR Board's decision.

You and/or other local government representatives or citizens are welcome to attend, but it is not mandatory and your presence or absence will not affect the Board's decision. If one person would like to do a short (5 min) presentation to the Rustic Roads Board on the application, I would need to know and place that person on the agenda. Alternately, a person could be available to address any questions that the Board may have. Because the conference room is on a restricted floor, it would be helpful to know who may be attending and if directions are needed.

If this road is approved for Rustic Roads status, the Wisconsin Department of Transportation will furnish a schematic and the official Rustic Road signs for local installation.

If you have any questions or I may be of assistance, please contact me. My phone number (608) 266-0649 and my e-mail is jane.carrola@dot.wi.gov. Thanks to all who were involved for the work on this application!

Sincerely,

Jane V. Carrola
Rustic Roads Program Coordinator

Cc: Scott Sonic



DOOR COUNTY

Resolution No. 2016-43

**RUSTIC ROAD DESIGNATION
PART OF CTH W, TOWN OF WASHINGTON**

TO THE DOOR COUNTY BOARD OF SUPERVISORS:

ROLL CALL Board Members	Aye	Nay	Exc.
AUSTAD	X		
BACON	X		
D. ENGLEBERT	X		
R. ENGLEBERT	X		
ENIGL	X		
FISHER	X		
GUNNLAUGSSON	X		
HAINES	X		
HALSTEAD	X		
KOCH	X		
KOHOUT	X		
LITENAU	X		
LUNDAHL	X		
MOELLER	X		
NEINAS	X		
ROBILLARD	X		
SCHULTZ	X		
SITTE	X		
SOHNS	X		
VIRLEE	X		
WAIT	X		
	21	0	0

BOARD ACTION

Vote Required: Majority Vote of a Quorum

Motion to Approve: Adopted Defeated

1st Neinas 2nd Fisher

No: 0 Yes: 21 Exc: 0

Reviewed by: [Signature], Corp. Counsel

Reviewed by: [Signature], Administrator

FISCAL IMPACT:

Certification:

I, Jill M. Lau, Clerk of Door County, hereby certify that the above is a true and correct copy of a resolution that was adopted on the 24th day of May, 2016 by the Door County Board of Supervisors.

[Signature]
Jill M. Lau
County Clerk, Door County

1 **WHEREAS**, the Wisconsin Legislature established the Rustic Roads
2 program in 1973 to help citizens and local units of government preserve what
3 remains of Wisconsin's lightly traveled scenic and historic back roads (See: §
4 83.42, Wis. Stats. and Ch. TRANS-RR 1, Wis. Adm. Code); and

5
6 **WHEREAS**, The Door County Highway Committee has decided to apply to
7 the Wisconsin Department of Transportation's Rustic Roads Board (hereafter
8 "Rustic Roads Board") for the designation of a road under its jurisdiction as a
9 rustic road; and

10
11 **WHEREAS**, The subject road (i.e., part of CTH W situated in the Town of
12 Washington) is described in the Town of Washington's April 21, 2016 *Rustic*
13 *Road Resolution*, attached hereto as Addendum A and incorporated herein by
14 reference as if set forth in full; and

15
16 **WHEREAS**, The Door County Highway Committee has reviewed and
17 believes that the subject road meets the qualifications for rustic road
18 designation (See: § TRANS-RR 1.04, Wis. Adm. Code); and

19
20 **WHEREAS**, The Door County Highway Committee has reviewed and
21 believes that designation of the subject road as a rustic road is compatible with
22 any adopted plan for potential Rustic and Scenic Roads.

23
24 **NOW, THEREFORE, BE IT RESOLVED**, that the Door County Board of
25 Supervisors hereby applies to the Rustic Roads Board for designation of the
26 subject road as a Rustic Road. This application is made in conjunction with the
27 Town of Washington's April 21, 2016 *Rustic Road Resolution*.

28
29 **BE IT FURTHER RESOLVED**, That the Door County Board of Supervisors
30 represents that the subject road meets the qualifications for rustic road
31 designation.

32
33 **BE IT FURTHER RESOLVED**, that the Door County Board of Supervisors
34 respectfully requests that the Rustic Roads Board approves this application for
35 designation of the subject road as a rustic road.

**SUBMITTED BY:
DOOR COUNTY HIGHWAY COMMITTEE**

[Signature] John Neinas, Chairman
[Signature] Ken Fisher
[Signature] Dan Austad
[Signature] Joel Gunnlaugsson
[Signature] Roy Englebert

MAY TOWN FILE REPORT

<u>DATE ISSUED</u>	<u>NAME AND ADDRESS</u>	<u>TAX NO.</u>	<u>SITE AND BUILDER</u>	<u>CONSTRUCTION</u>
5/23/2016	HERBERT HOWARD 2194 COUNTY HIGHWAY S STURGEON BAY WI 54235	024-02-31272622	2194 CTH S BLDR: OWNER	A 14' DIAMETER, OCTAGON-SHAPED GAZEBO. AMENDED: AS PER 5/13/16. PLANS AMENDED ON 5/20/16.
5/5/2016	ERVIN KRULL & ALEXANDER BROTHERS 2183 DALY DRIVE GREEN BAY WI 54311	026-00-16262312D	1286 BAY SHORE S RD UNION	A 10' X 10' SHED.
5/2/2016	DR PETER S HURST N2475 SNAKE ROAD LAKE GENEVA WI 53147	028-04-27343024B	140 OLD CAMP RD WASHINGTON BLDR: OWNER	A 12' X 30' LEAN-TO ADDITION ONTO THE EXISTING DETACHED GARAGE AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 5/2/16.
5/4/2016	ALLEN W & NANCY R THIELE 1810 SWENSON ROAD WASHINGTON ISLAND WI 54246	028-04-29343041B	1810 SWENSON RD BLDR: JIM JORGENSEN CONSTRUCTION	A ONE-STORY SINGLE FAMILY RESIDENCE WITH AN ATTACHED GARAGE, BREEZEWAY, AND DECK, ALL AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 2/25/16.
5/6/2016	NICOLET NATIONAL BANK 111 N WASHINGTON STREET GREEN BAY WI 54301	028-01-023332914E	1131 MAIN RD	A 7' 3 1/4 X 3' 3" ON-PREMISE ADVERTISING SIGN AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 4/29/16.
5/6/2016	MARCIA J CARR 1436 MAIN RD WASHINGTON ISLAND WI 54246	028-02-36342932C1	1436 MAIN RD BLDR: DENNIS YOUNG	A 32' X 34' ATTACHED GARAGE ADDITION, DECKS, AND A COVERED PORCH, ALL AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPARTMENT ON

MAY TOWN FILE REPORT

<u>DATE ISSUED</u>	<u>NAME AND ADDRESS</u>	<u>TAX NO.</u>	<u>SITE AND BUILDER</u>	<u>CONSTRUCTION</u>
5/6/2016	EDGAR ANDERSON 1671 DETROIT HARBOR ROAD WASHINGTON ISLAND WI 54246	028-02-36342943B	1350 AIRPORT RD	A 16' X 39'3 LEAN-TO" ADDITION ONTO THE EXISTING BUILDING AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 5/4/16.
5/23/2016	KATHRYN KANIEF 1699 JACKSON HARBOR ROAD WASHINGTON ISLAND WI 54246	028-02-25342943B	1699 JACKSON HARBOR RD	THE REPAIR OF THE EXISTING STOOP AND STAIRS, ALL AS PER PLANS SUBMITTED TO THE DOOR COUNTY PLANNING DEPT. ON 5/19/16.



Norsec

Computer Recyclers LLC

801 S. Broadway
Green Bay, WI 54304
Phone 920-660-8181
lkuehl@norsecr.com

Invoice

Date	Invoice #
5/4/2016	3780

Bill To
Town of Washington Island 910 Main Rd Washington Island, WI 54246

P.O. No.	Terms	Due Date	Project
Net 30	Net 30	6/3/2016	

Quantity	Description	Rate	Serial #	Date Received	Amount
	Pick-up 5.4.16	0.00			0.00
40	Television Monitor	20.00			800.00
9	CRT Computer Monitor	10.00			90.00
2	Appliances containing Freon	5.00			10.00
15	Microwaves	0.00			0.00

Thank you for your business.

Total	\$900.00
Payments/Credits	\$0.00
Balance Due	\$900.00
Customer Total Balance	\$900.00

www.norsecr.com

Memo

To: Town Board Members: James F. Hanson, Chairman, Supervisors – Holmes, Sorensen, Rader and Foss

From: Valerie Carpenter 

cc: Fire Department

Date: June 15, 2016

Re: Time sheets

Received payroll from Fire Chief Pete Nehlsen on Friday, June 10, 2016 using the new time sheets we both noted a few changes for next payroll otherwise worked well.

1. Hours are to be written in regular time, not military. Chief verify total hours worked by adding the amounts, circling and initialing the total.
2. To distinguish between a Fire Call and a Rescue Call a column was added for Rescue Calls
3. No time was listed from any fire department employee for work nights – therefore we eliminated this column.

For questions/clarification feel free to contact me.

Mountain Tower property

1 message

nelsonjulie@comcast.net <nelsonjulie@comcast.net>

Wed, Jun 1, 2016 at 8:31 PM

To: "Holmes, Elizabeth" <eholmes1941@gmail.com>

Liz,

I just heard today from my lawyer that he received a letter with a lease agreement from the Town of Washington Island over a month ago....You must be wondering why you had not gotten any response! Well, blame it on the lawyer, who basically just says he dropped the ball. Anyway, I am a teacher and this is my last week of school and I am buried, and so it will be a few days before I can even read through it and respond, but I wanted to acknowledge that I appreciate that you pushed to make this happen and as soon as I can get to it, you will be hearing back from me.

Best,
Julie Nelson

the expenditure of Town funds in amounts of not more than \$3,000.00, provided such expenditures are made out of budgeted funds.

Adopted this 21st Day of April, 2016

----End Resolution 2016-04----

- B. Lease agreement with Julie Nelson: Supervisor Holmes stated she has been talking with Julie Nelson and the attorney; ~~Holmes made a Motion to pay Nelson \$1700.00 in "good faith" as negotiations continue. Second by Supervisor Foss. Motion carried. Chairman Hanson will write a letter stating the funds are to be dispersed to Julie Nelson as passed by the Board. At the Regular Town Board Meeting May 18th, 2016 Chairman Hanson stated "The attorney (Town's) later stated he is drawing up a lease and suggested the payment not be sent until the lease is in effect".~~
 - C. David Small report on Fast System: Small reported on recent updates on the system to the pump and to the grinder mechanism. He recommended the system not be used in the summertime when spreading can be done. He also stated one person has opted to change from a holding to a septic system due to the increase in town spreading fees. This and other issues can be discussed at the next Board/Utility District meeting.
13. New Business: Action items.
- C. This item was moved up to be considered first. Joel Gunnlaugsson presented a proposal to identify certain roads as "Rustic Roads". These roads attract tourists and the state will provide the town's necessary signage. A Resolution needs to be written by the Town and submitted to the County. John Rader made a Motion to compose a Resolution that includes the road names identified in Gunnlaugsson's document as Rustic Roads. Second by Supervisor Sorenson. Motion carried.

From: Ron Overdahl
Infrastructure Committee member

To: Joint meeting of the Town of Washington Board and Infrastructure Committee

Date: June 7th 2016

Regarding: Meeting with Scott Sonic on Friday June 3, 2016

On Friday of last week Mr. Sonic shared with me an offer for the town purchase of the Island Dairy along with detailed architectural plans for a police/fire and rescue facility.

The plans also indicate 6 drive thru bay with three firewall bays for police and rescue squad vehicles.

Assumed costs could be less than half of the current plans being considered.

Critical points that favor this plan:

The town crew will have full use of the current fire and rescue building.

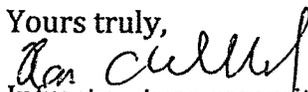
The Sonic property is architecturally stunning and is indeed historic and fully modernized

The large upper story of the facility is larger than the Rutledge room and could be used or leased by the town.

There would be no massive tear down or interruption to safety and town crew service.

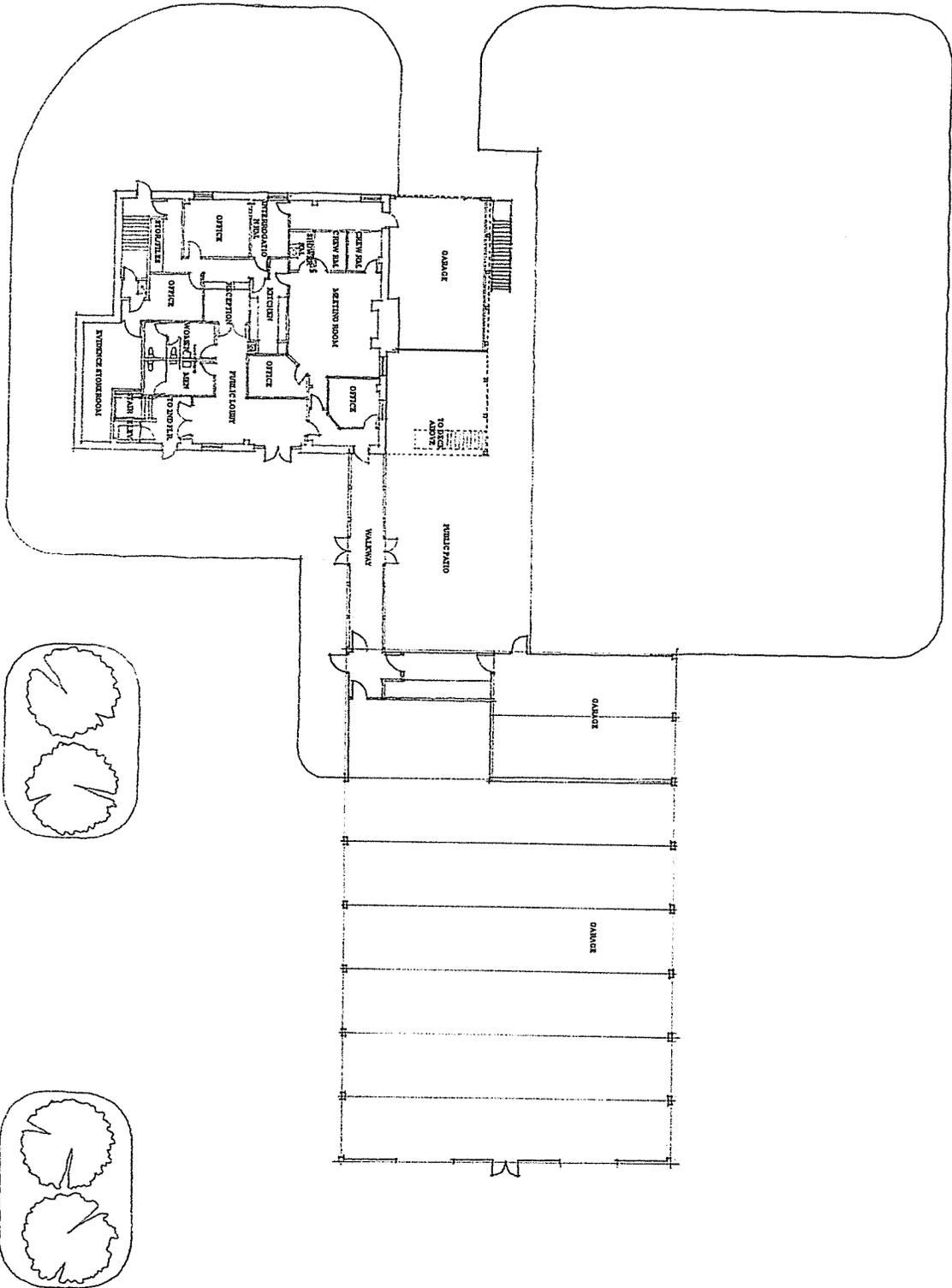
Please give this plan serious consideration. I am sure the Mr. Sonic would be more than willing to meet with the board in the future in open or closed session to discuss this offer in greater detail. Please acknowledge these plans as having been developed by an experienced and seasoned municipal architect with national recognition.

Yours truly,


Infrastructure committee member
Ron Overdahl

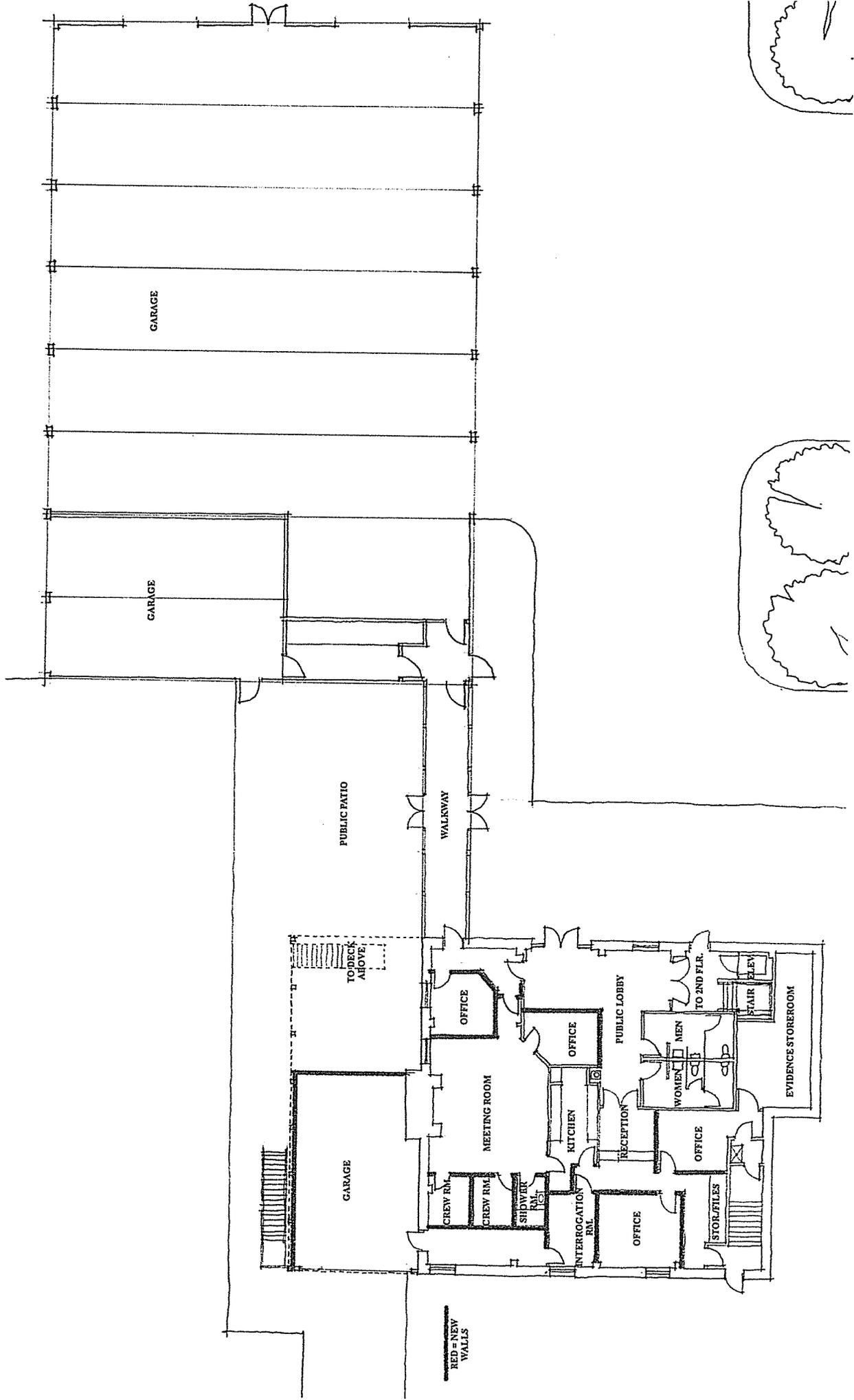
TOWN LINE RD
RANGE LINE ROAD

RANGE LINE ROAD



EXISTING PLANTING





GARAGE

GARAGE

PUBLIC PATIO

WALKWAY

TO DECK ABOVE

OFFICE

MEETING ROOM

OFFICE

PUBLIC LOBBY

WOMEN

MEN

TO 2ND FLR.

STAIR ELEV

EVIDENCE STORAGE ROOM

GARAGE

CREW RM.

CREW RM.

SHOWER RM.

INTERROGATION RM.

OFFICE

STOR. FILES

OFFICE

RED = NEW WALLS

1. Current Dairy Sq. Ft.

First Floor:	3,700 sq. ft.
Second Floor:	3,700 sq. ft.
TOTAL:	7,400 sq. ft.

2. Total acreage at Dairy property: 5 acres

3. Additional amenities at Dairy:
 - a. building and site completely and newly renovated with the highest quality materials and energy conscious products, meets all of the required safety and regulatory laws and is fully licensed.
 - b. separate heating and cooling mechanicals for each floor (second floor can be closed down completely from first floor if not in use, for instance through winter months)
 - c. first floor has radiant hosing installed as a separate heating system for the entire building to save costs (install hot water boiler, connect to in-floor tubing) (install geothermal wells for heating cost economy).
 - d. each floor has a state licensed fully completed commercial kitchen including all equipment. Two commercial kitchens in building total. (Opportunity for economic development training and use as community kitchens).
 - e. building has full operating internet and wi-fi, security systems, including cameras (allows for on and off site monitoring) and alarm systems.
 - f. each floor has flexible sound systems with speakers and audio visual presentation equipment in the building lobby.
 - g. the second floor includes tables and chairs for 200 people, all stored in their respective closets.
 - h. the building is an important historical landmark for the Island Community, memorializing the ancestry and work of the island community.
 - i. the property includes a newly built storage building centered in the farm fields
 - k. the property provides the opportunity to generate income for the Town through rental of the extended farm fields, the commercial kitchens and the second floor community room / conference center.
 - l. the building provides fully handicapped accessible bathrooms, 2 on the first floor and 1 on the second floor
 - m. the building provides presentation space for community exchange and to present historical exhibit materials (rotating exhibit from the Archives...providing a space for an Island history museum)
 - n. the building includes a passenger elevator to the second floor
 - o. the building, especially the second floor, provides multi purpose opportunities for the Town to generate rental revenue.

purpose opportunities for the Town to generate rental revenue.

p. the building can serve as an emergency center and warming center if needed due the to loss of public electric power.

q. the building has a support generator to power the building if the property loses public electric service.

r. the floor plans for Dairy have been designed to provide flexibility to allow for multiple office and reception uses, as shown in the drawings that we reviewed.

s. the Dairy property is centrally located in the Island.

4. The property provides area for future building, as depicted on the draft site plan we reviewed. We have developed prices to build a metal building that was to serve as a full capacity business incubator building for the Island five years ago. That building was to include rooms for training in various specialties, including carpentry, art related activities (glass blowing, ceramics, painting, photography, etc... uses suggested by the community).

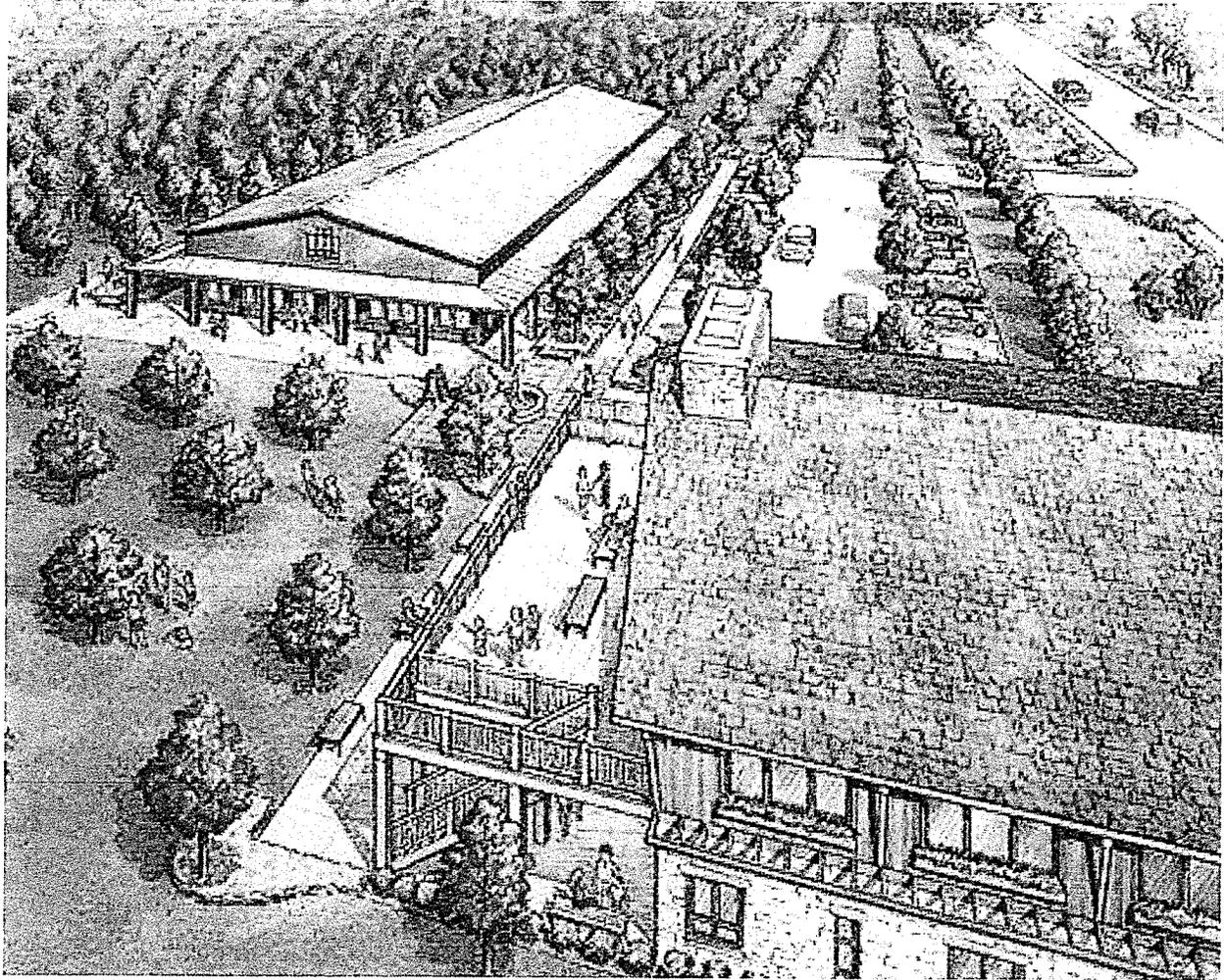
5. The incubator building was also designed to be converted, if needed, as a facility (14ft. door clearances, etc.) to house and service the future needs of the fire department, police department and Town service equipment.

Jim G. and I bid out the cost of the building in 2010,, including concrete work, etc., to begin to establish a budget with the major costs. The building size was 144 ft. long x 60 ft. wide totaling 8,640 sq. ft.

The cost of the building shell by Forest Construction was \$106,700. and the concrete bid by Martin A. was \$55,000.. The economical plan to heat the building would include tubing in the slab to share the geothermal system that would heat the Dairy Building. Jim G. has a file on this initial budgeting that we were working with.

6. Many costs can be saved and much time can be saved by purchasing and using an existing building, using the Dairy property. Soft costs, consultants, Profit and Overhead Charges, unforeseen and unexpected charges, just to name a few.

7. If the current Town uses are moved to a different location like the Dairy property, the existing Town property could be sold to generate revenue for the Town.



From: **Marsha Williams** marshawilliams@outlook.com
Subject: FW: Economic Infrastructure Committee
Date: March 2, 2015 at 12:15 PM
To: scott sonoc chiarch@chicagoarchitects.com

Final version sent

From: Marsha Williams [mailto:marshawilliams@outlook.com]
Sent: Monday, March 02, 2015 1:15 PM
To: jrader1963@gmail.com
Subject: Economic Infrastructure Committee

Hi John!

I hope all is well and that you and Jackie are having a good winter!

I recently read with interest an article in the paper about some of the infrastructure projects your Island committee is undertaking. It's great to see long term planning for the future of the Island. Your background makes you a perfect person to lead that effort.

I am writing because I want to suggest an idea for your committee's consideration. If you are looking for additional space for police, fire and the EMT staff, you might consider buying the Dairy.

There are several reasons why it would be a logical place for expansion of town services:

- It is centrally located ensuring easy access for all and it is very close to the existing building for close coordination.
- There are approximately 3,500 square feet on each floor totaling approximately 7,000 square feet, not including the outdoor space.
- The land area is approximately 5 acres, allowing for future expansion.
- It can easily be converted to offices on the first floor, enabling the current location to be expanded for maintenance and truck use. A garage building could be built for trucks. The newly-paved parking lot would make access clean and easy. A few years ago Scott laid out the first floor for offices. With the blueprints done, it would take very little work to sub-divide the space.
- There are three restrooms, two on the first floor available for public use.
- The upstairs ballroom could be managed by the town, thus generating a revenue stream to the town from events. It is highly sought after as an event venue and various town events could also be held there.
- The Dairy has two state-licensed commercial kitchens which the town could rent. The commercial kitchen in Algoma is in constant demand by small entrepreneurs trying to grow their businesses and the Island could follow that model. Having the town operate it would fit well with the initiatives that the Economic Development Committee is undertaking to bring more opportunities to the Island.
- We would like to continue the lavender business and would lease all or a portion of the fields for at least 10 years. We would find another location (likely on Main Road) for the retail store.
- The town would get a very nearly new building for a fixed price, thus avoiding the potential cost overruns and risks inherent in new construction.

- The building is greatly appreciated by townspeople, many of whom either worked for the cheese maker or started their businesses there, such as Kenny Koyen. I think many voters would support a town purchase of the Dairy.

We would propose to sell it to the town for our costs incurred to renovate it which approximate \$1.5 million. G & G Construction did all of the renovation and we have all of the invoices to support the costs. These costs do not include any of Scott's architectural fees or his time to manage the project, both of which were significant. As you may recall, it took three years to renovate due to the condition it was in when we purchased it.

I hope you will give this idea some consideration. At this point, we would like you to keep our costs confidential.

I am going to be on the Island on March 20-March 22. Please let me know if you would like a full tour of the building or if you would like to talk further.

Thanks for your consideration.

Best regards,

Marsha Williams

Marsha Williams

Email: marshawilliams@outlook.com

PH: 312-485-4885

COPY

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000575178-03

This must be issued in the same Legal Name of the licensee below.

Legal Name (NELSEN'S HALL BITTERS ROB + REST. LLC)
Federal Employer Identification No. (FEIN) (42-1486055)
Trade or Business Name
Business Address (License Location) (1201 Main Road)
Business Located In (Town)
Business Telephone (920) 847-2496
City (Washington Island) State (WI) ZIP Code (54246)
Mailing Address
City State ZIP Code

Organization (check one)

Organization options: Sole Proprietor, Partnership, Other, Wisconsin Corporation, Out-of-State Corporation

- 1. Does the applicant understand that they must purchase cigarettes only from 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 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-directory 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 6 day of May, 2016
Tamre L. Jorgenson
My commission expires March 1, 2019

(Signature of Notary Public)
Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Tamre L. Jorgenson
Notary Public
State of Wisconsin

Application for Cigarette and Tobacco Products Retail License

COPY

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-600039446-3

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>TRIPLE R ENTERPRISES, LTD</u>		Federal Employer Identification No. (FEIN) <u>39-1702144</u>
Trade or Business Name (if different than Legal Name) <u>KARLY'S BAR</u>		Telephone Number <u>(920) 847-2655</u>
Business Address (License Location) <u>1265 MAIN RD</u>	Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <u>WASHINGTON</u>	Business Telephone () <u>SAME</u>
City <u>WASHINGTON ISLAND</u>	State <u>WI</u>	ZIP Code <u>54246</u>
Mailing Address (if different than Business Address)	City	County <u>DOOR</u>
	State	ZIP Code

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 6/1991
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 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? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 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?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 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)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 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?
- YES NO 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-directory 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 25 day of May, 20 16
Valerie Pappas
 (Clerk / Notary Public)
 My commission expires 9-6-19

Tom Yerson
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/16 (MM DD YYYY) ending: 6/30/17 (MM DD YYYY)
 TO THE GOVERNING BODY of the: Town of WASHINGTON
 Village of
 City of
 County of DOOR Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-102852296-02 463788017</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

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) ANDERMEYER LLC Home Address 1350 AIRPORT ROAD WASHINGTON ISLAND WISCONSIN 5424
 Post Office & Zip Code 5424

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:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>EDGAR ANDERSON</u>	<u>1671 DETROIT HARBOR RD</u>	<u>WASHINGTON IS</u>
Vice President/Member	<u>MARTINE ANDERSON</u>	<u>1671 DETROIT HARBOR RD</u>	<u>WASHINGTON ISLAND</u>
Secretary/Member	<u>HELENE MEYER</u>	<u>1475 AZNOE ROAD</u>	<u>WASHINGTON ISLAND WI 5424</u>
Treasurer/Member			
Agent	<u>EDGAR ANDERSON</u>	<u>1350 AIRPORT RD</u>	<u>WASHINGTON ISLAND, WI 54246</u>

- C. 1. Trade Name LE PETIT BISTRO Business Phone Number 920 847 2950
 2. Address of Premises 1350 AIRPORT RD, WASHINGTON ISLAND WI Post Office & Zip Code 54246
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BUILDING INTERIOR, TERRACE FIELD BISTRO AREA AND ENTIRE PREMISES CONSISTING OF 21 ACRES
 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 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 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 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 No
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Notary Public
 State of Wisconsin
 Tamre L. Jorgensen
 Clerk/Notary Public

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 or transferred. 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 24 day of May, 2016
Tamre L. Jorgensen
 (Clerk/Notary Public)
 My commission expires March 1 2019

Edgar Anderson
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Martine Anderson
 (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		
Date received and filed with municipal clerk <u>5/24/16</u>	Date reported to council/board <u>6/15/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2016 ending: 6/30/2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } WASHINGTON
 Village of }
 City of }

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 JACKSON HARBOR SOUP, 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
President/Member	ARTHUR H. GIBSON	1904 INDIAN POINT RD, WASHINGTON ISLAND, WI	54246
Vice President/Member	SARAH R. GIBSON	2206 W HARBOR RD, WASHINGTON ISLAND, WI	54246
Secretary/Member	REBECCA E. GIBSON	1174 TOWN LINE RD, WASHINGTON ISLAND, WI	54246
Treasurer/Member			
Agent	SARAH R. GIBSON	2206 W HARBOR RD, WASHINGTON ISLAND, WI	54246
Directors/Managers			

C. 1. Trade Name JACKSON HARBOR SOUP, LLC

Business Phone Number 920-847-2589

2. Address of Premises 1904 INDIAN POINT ROD

Post Office & Zip Code 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) COOLERS AND LOCKED BLDG ON PREMISIES

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 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 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 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. WE JUST OPENED IN MAY 2016 Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 or transferred. 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 25 day of May, 20 16

Samuel L. Jorgensen
(Clerk/Notary Public)

My commission expires March 1 2019

Sarah R. Gibson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Rebecca E. Gibson
(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

Date received and filed with municipal clerk <u>5/25/16</u>	Date reported to council/board <u>6/15/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>4561029065205002</u>		FEIN Number: <u>47-5637398</u>	
LICENSE REQUESTED			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	
<input checked="" type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input checked="" type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	
TOTAL FEE		\$	

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/16 ending: 06/30/2017
(MM DD YY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Washington
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456000035088-039-1305749</u>		FEIN Number: _____	
LICENSE REQUESTED			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	
<input checked="" type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class A liquor (cider only)	\$	N/A
<input type="checkbox"/>	Class B liquor	\$	
<input checked="" type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
	Publication fee	\$	
TOTAL FEE		\$	

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Findlay, James T Home Address 1861 Thelon Rd Post Office & Zip Code Wash Isl, WI 54246
Findlay, Kathleen R " " " "

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Pindlay's Holiday Inn
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1861 Thelon Rd, Wash Isl, WI 54246
 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
 President/Member _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

C. 1. Trade Name Pindlay's Holiday Inn Business Phone Number 920-847-2526
 2. Address of Premises 1861 Thelon Rd 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? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Coolers, garage
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 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 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 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 No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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. 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 25 day of May, 20 16
Jamie A. Jorgenson
(Clerk/Notary Public)
 My commission expires March 1, 2019

James T. Findlay
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Kathleen R. Findlay
(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		
Date received and filed with municipal clerk <u>5/25/16</u>	Date reported to council/board <u>6/15/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-16 ending: 6-30-17
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Washington
 Village of }
 City of }
 County of Door Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>4561020924500-03</u> FEIN Number: <u>347-56-9090</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Kaniff Kathryn Dee Home Address 1699 Jackson Harbor Rd Post Office & Zip Code 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:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

C. 1. Trade Name Fiddlers Green Business Phone Number 920-847-2610
 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? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____
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 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 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 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 No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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 sale and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Tamre L. Jorgenson
Notary Public
State of Wisconsin

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 anyone other than the 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 25 day of May, 2016
Tamre L. Jorgenson
(Clerk/Notary Public)
 My commission expires March 1 2019

Kathryn Dee Kaniff
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Kathryn Dee Kaniff
(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		
Date received and filed with municipal clerk <u>5/25/16</u>	Date reported to council/board <u>6/15/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

COPY

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } WASHINGTON
 Village of }
 City of }

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 ISLAND CAFE-ISLAND BREAD COMPANY 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
President/Member	<u>Owner Heidi Ann Gilberkan</u>	<u>1702 Mountain Rd</u>	<u>Washington Island 54246</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____

C. 1. Trade Name ISLAND CAFE & BREAD Business Phone Number 920-847-3006

2. Address of Premises 1266 MAIN RD Post Office & Zip Code W.I. 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ENTIRE PREMISES AT 1266 MAIN RD & Lot

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 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 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 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. NO SALES IN PREVIOUS YEAR Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 24 day of May, 20 16
Valerie Coss
(Clerk/Notary Public)

Heidi Ann Gilberkan
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires 9-6-19

(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

Date received and filed with municipal clerk <u>5-24-16</u>	Date reported to council/board <u>6-15-16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

39-1941673

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } WASHINGTON
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-006051044502</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
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
▶ REMKE, MIKE A	1139 JACKSON HARBOR ROAD	WASHINGTON ISLAND 54246
ANN LENNON	1139 JACKSON HARBOR ROAD	WASHINGTON ISLAND 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:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ RED CUP Business Phone Number (920) 847-3304
 2. Address of Premises ▶ 1885 DETROIT HARBOR ROAD Post Office & Zip Code ▶ WASH. IS. 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) COFFEE SHOP/APT., FRONT/BACK PORCHES
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 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 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 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 No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that all invoice must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indicating any wholesale beyond 15 days for beer or 30 days for liquor? Yes No

Tamre L. Jorgenson
Notary Public
State of Wisconsin

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 and that the applicant will 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 25 day of May, 20 16
Tamre L. Jorgenson
 (Clerk/Notary Public)
 My commission expires March 1 2019

[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
 (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		
Date received and filed with municipal clerk <u>5/25/2016</u>	Date reported to council/board <u>6/15/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 16 ; ending 06/30 20 17

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): 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include Jean Helene Kokes, Kathleen Young, and various titles like President, Vice President, Secretary, Treasurer, Agent, and Directors/Managers.

- 3. Trade Name: HOTEL WASHINGTON & STUDIO Business Phone Number: 920-847-3010

- 4. Address of Premises: 354 RANGE LINE RD WASHINGTON ISLAND Post Office & Zip Code: WI 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 WI and date 9/14 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

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- 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, OFFICE, BASEMENT, CELLAR, DINING ROOM, PORCH

- 10. Legal description (omit if street address is given above): ROOMS, GROUNDS, DOCK

- 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?

- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] [X] Yes [] No

- 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [X] Yes [] No

- 14. Does the applicant understand 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 the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another.

SUBSCRIBED AND SWORN TO BEFORE ME

this 20 day of May, 20 16

Signature of Notary Public: Tamre L. Jorgensen

My commission expires March 1 2019

Signatures of Jean H. Kokes and Kathleen M. Young

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes dates 5/19/16 and 6/15/16.

COPY

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/01 20 16 ending 6/30 20 17

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): MIDDLE BAR II, 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.

Title Name Home Address Post Office & Zip Code
President/Member ANGELINE C GOODLET 1234 MAIN RD WASHINGTON ISLAND, WI 54246
Vice President/Member
Secretary/Member
Treasurer/Member SUZANNE CORNELL 864 GUNNLAUGSSON RD WASHINGTON ISLAND, WI 54246
Agent ANGELINE C GOODLET
Directors/Managers

- 3. Trade Name THE MIDDLE BAR II, LLC Business Phone Number 920-847-3400
4. Address of Premises 1239 MAIN ROAD Post Office & Zip Code WASH ISL, WI 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? [] Yes [X] 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 Wisc and date of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [] 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.) BAR/POOLROOM/PARKING LOT/DECK/YARD/COOLER/BASEMENT

- 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? [X] Yes [] No
(b) If yes, under what name was license issued? THE MIDDLE BAR II LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] [X] Yes [] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. [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 know! edge 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 24 day of May, 20 16

Signature of Notary Public: Tamme R. Oprekash

My commission expires March 1, 2019

Signature of Applicant: Angeline C Goodlet
Signature of Applicant: Suzanne Cornell

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes handwritten dates 5/24/16 and 6/16/16.

COPY

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/01/2016 ending: 6/30/2017

Applicant's WI Seller's Permit No.: FEIN Number: 456-00003 944003 39-170214

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, TOTAL FEE.

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 [] Individual [] Partnership [] Limited Liability Company [X] 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 TRIPLE K ENTERPRISES, LTD
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 Timothy H. Jessen, Lois L. Jessen, and Agents.

C. 1. Trade Name KARLUS BAR Business Phone Number (920) 847-2657
2. Address of Premises 1265 MAIN RD Post Office & Zip Code WASHINGTON IS, WI, 54

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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BARROOM, DANISH LIVING ROOM, KITCHEN, OFFICE

5. Legal description (omit if street address is given above): DECK, PARKING LOT, ALLEYS, STORAGE ROOMS

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. EXTENSION FILED [] Yes [X] No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [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 25 day of MAY, 20 16

Valerie Paquette (Clerk/Notary Public)

Timothy H. Jessen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lois L. Jessen (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 9-6-19

(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, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } WASHINGTON
 Village of }
 City of }

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 SHIPYARD ISLAND MARINA, 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:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ANDREW J. MUNAO, SR.	553 FORESTVIEW ROAD, WASHINGTON IS, WI 54246	
Vice President/Member	LOUIS A MUNAO, SR.	1421 BUCKRIDGE CT., WASHINGTON IS., WI 54246	
Secretary/Member	BONNIE D MUNAO	553 FORESTVIEW ROAD, WASHINGTON IS., WI 54246	
Treasurer/Member	ANDREW J. MUNAO, JR.	752 FAWN CT., WASHINGTON IS., WI 54246	
Agent	ANDREW J. MUNAO, SR.	553 FORESTVIEW RD., WASHINGTON IS., WI 54246	
Directors/Managers	ANDREW MUNAO, SR, BONNIE MUNAO, LOUIS MUNAO, ANDREW MUNAO, JR		

C. 1. Trade Name SAILOR'S PUB RESTAURANT Business Phone Number 920-847-2105
 2. Address of Premises 1475 SOUTH SHORE DRIVE Post Office & Zip Code WASHINGTON IS 54246

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) STORAGE BLDG, DECK, DOCK, RESTAURANT
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 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 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 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 No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 the terms and conditions 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 29th day of April, 20 16

Bonnie D Munao
(Clerk/Notary Public)
 My commission expires 4-29-19

Tamre L. Jorgenson
 Notary Public
 State of Wisconsin
Bonnie D Munao 5/2/16
Tamre L Jorgenson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Louis A Munao
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Andrew J Munao Jr
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/2/16</u>	Date reported to council/board <u>6-15-16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2016 ending: 6/30/2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Washington
 Village of }
 City of }

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

Address of Corporation/Limited Liability Company (if different from licensed premises) Trueblood Performing Arts Center Inc
870 Main Rd., Washington Island

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
President/Member	<u>H. BRUCE McCLAREN</u>	<u>316 W. ROYAL FLAMINGO DR</u>	<u>SARASOTA FL 34236</u>
Vice President/Member	<u>EDGAR ANDERSON</u>	<u>1671 Detroit Harbor Rd,</u>	<u>Washington Island WI 54241</u>
Secretary/Member			
Treasurer/Member	<u>Jeanette N Young</u>	<u>1855 Jackson Harbor Rd</u>	<u>Washington Island WI 54246</u>
Agent	<u>Terry W Henkel</u>	<u>1271 Jackson Harbor Rd</u>	<u>Washington Island WI 54246</u>
Directors/Managers	<u>Elizabeth Burnham Wallman</u>	<u>8803 Airport Rd,</u>	<u>Middleton WI 53562</u>

C. 1. Trade Name Trueblood Performing Arts Center 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? 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, consumption, and/or storage of alcohol beverages and resorts. (Alcohol beverages may be sold and stored only on the premises described.) PAC & patio. Liquor in locked room

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 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 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 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 No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] 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 purchase and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 be exercised in accordance with applicable laws and each member of a partnership applicant must sign: corporate officer(s), members/managers of Limited Liability Company (as applicable).

SUBSCRIBED AND SWORN TO BEFORE ME
 this 26 day of May, 20 16
Samre L Jorgenson
(Clerk/Notary Public)
 My commission expires March 1 2019

H. Bruce McClaren
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Jeanette N. Young
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Terry W Henkel
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/27/16</u>	Date reported to council/board <u>6/15/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

COPY

APPLICATION FOR AN OPERATOR'S LICENSE

To Serve Fermented Malt Beverages and Intoxicating Liquors

Washington Island, WI 6, 2016
month year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town Of Washington, Door County, Wisconsin for a license to serve, from date hereof to 6/30, 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 24 years of age. Date of Birth 05/12/1992

X Hilary Young signature of applicant

Answer the following questions fully and completely:

Name of Applicant Hilary Young
(first) (MI) (last)

Is application new or a renewal? New

Address of Applicant 1138 Arapaho Ave Grouton WI 53024

If renewal (within the past 2 years held a class "A", "Class A", or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained?

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

If so, where? SENECA SAKE WINE MILLS, WI

Have you been convicted of any felony or of violating any law of the State of Wisconsin or 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

Dook County ss.

Hilary Young, 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 Hilary Young applicant sign here subscribed and sworn to before me this 7 day of June, 2016

Tamre L. Jorgenson
Notary Public
State of Wisconsin

Tamre L. Jorgenson
Notary Public, Dook County

COPY

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I certify that I am 46 years of age. Date of Birth 8/13/1969

X [Signature] signature of applicant

Answer the following questions fully and completely:

Name of Applicant Christian J. Healy (first) (MI) (last)

Is application new or a renewal? new

Address of Applicant 479 Green Bay Rd., Washington WI 54246

If renewal (within the past 2 years held a class "A", "Class A", or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained?

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Yes
If so, where? Washington Is. Public Library, Online

Have you been convicted of any felony or of violating any law of the State of Wisconsin or 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 ss.

Christian J Healy, 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 2 day of June, 2016

Tamre L. Jorgenson
Notary Public
State of Wisconsin

[Signature]
Notary Public, Door County



Washington Island Fire Department
P.O. Box 250
Washington Island Wi 54246

Protecting Washington Island Since 1948

Jun 9th 2016

To: Chairman James Hansen
And the Town Board Town of Washington

RE: Election of Chief Paul Swanson

At our business meeting held Jun 9th 2016, the Washington Island Fire Department unanimously elected Paul Swanson as our new chief replacing retiring Chief Peter Nehlsen. We look forward to the boards support and hiring of Paul as the Chief of the fire department serving the Town of Washington.

Respectfully submitted

A handwritten signature in black ink that reads "Robert Carr". The signature is written in a cursive, flowing style.

Robert Carr
President Board of Directors
Washington Island Fire Department