



VILLAGE OF WILLIAMS BAY

250 Williams Street | PO Box 580 | Williams Bay | WI | 53191 | vi.williamsbay.wi.gov

Phone: 262-245-2700

NOTICE

VILLAGE BOARD OF TRUSTEES MEETING

MONDAY, JULY 1, 2024 AT 6:30 PM

Village Hall Council Room

250 Williams Street

Williams Bay, WI 53191

AGENDA

The following agenda items may be considered for Discussion, Consideration, or Action

- I. Call to Order**
- II. Roll Call**
- III. Pledge of Allegiance**
- IV. Minutes**
 - A. Village Board Meeting Minutes of June 17, 2024
 - B. Special Village Board Meeting Minutes of June 24, 2024
- V. Presentation of Accounts and Petitions**
 - A. Payroll ending 06/14/2024 in the amount of \$49,544.08
 - B. Accounts Payable Unpays dated 06-28-2024 in the amount of \$123,786.84
 - C. Accounts Payable Prepays dated 6/18/2024 in the amount of \$1,567.50
- VI. Public Comments**
- VII. President's Remarks**
 - A. Recognition of the Village of Williams Bay Public Works for their clean-up efforts after the F1 tornado on June 22, 2024.
- VIII. Ordinances and Resolutions**
 - A. Consideration of Resolution R-44-24 Formally Establishing the Boundaries of and Approving the Project Plan for Tax Incremental District No. 1.
 - B. Consideration and Possible Action on Ordinance 2024-O-03 An Ordinance Repealing Sections 22-1 Through 22-6, and Amending Sections 1-4D. (2), 19-2G. (1) and 19-5 of the Code of Ordinances of the Village of Williams Bay Relating To the Municipal Court. Abolishing the Williams Bay Municipal Court. Second Reading and Possible Action to Approve.
- IX. Committee Report**
 - A. Protective Services, Chair - Trustee Vlach
 - 1. Alcohol License Renewals

2. Cigarette, Tobacco, and Electronic Vaping Device License Renewal

3. Original, Renewal, or Temporary Operator License Applications

X. Public Comments

XI. Adjournment

Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the Village Clerk's office in advance so the appropriate accommodations can be made.

Posted: 06/28/2024 5:00 PM



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UNOFFICIAL MINUTES VILLAGE BOARD MEETING 6/17/2024 MEETING MONDAY, JUNE 17, 2024 AT 6:30 PM VILLAGE HALL COUNCIL ROOM 250 WILLIAMS STREET WILLIAMS BAY, WI 53191

I. Call to Order

President Duncan called the meeting to order at 6:30pm.

II. Roll Call

Present: President Bill Duncan, Trustees George Vlach, Jim D'Alessandro, Lowell Wright, Robert Umans, Adam Jaramillo, Steven Russell

Also Present: Administrator Lothspeich, Police Chief Timm, Village Engineer Snyder, Public Works Director Edwards, Fire Chief Smith, Recreation Director Knop, Treasurer Wiese, Clerk Kolls

III. Pledge of Allegiance

The Pledge of Allegiance was recited by all.

IV. Minutes

A. Village Board Meeting Minutes of June 3, 2024

The motion to approve the Village Board Meeting Minutes of June 3, 2024 was initiated by Trustee Umans and seconded by Trustee D'Alessandro. Unanimously carried.

B. Joint Williams Bay Village Board and Fontana Village Board Meeting Minutes of June 5, 2024

The motion to approve the Joint Williams Bay Village Board and Fontana Village Board Meeting Minutes of June 5, 2024 was initiated by Trustee Umans and seconded by Trustee Vlach. Unanimously carried.

V. Presentation of accounts and petitions

A. Payroll ending 05-31-2024 in the amount of \$55,568.79

The motion to approve the Payroll ending 05-31-2024 in the amount of \$55,568.79 was initiated by Trustee Wright and seconded by Trustee Umans. Unanimously carried.

B. Accounts Payable Unpays dated 06-14-2024 in the amount of \$71,842.03

The motion to approve the Accounts Payable Unpays dated 06-14-2024 in the amount of \$71,842.03 was initiated by Trustee Wright and seconded by Trustee Umans. Unanimously carried.

C. Library Accounts Payable dated 06-13-2024 in the amount of \$2,002.49

The motion to approve the Library Accounts Payable dated 06-13-2024 in the amount of \$2,002.49 was initiated by Trustee Wright and seconded by Trustee Umans. Unanimously carried.

D. Monthly EFT Payments for May 2024 in the amount of \$169,667.60

The motion to approve the Monthly EFT Payments for May 2024 in the amount of \$169,667.60 was initiated by Trustee

Wright and seconded by Trustee Umans. Unanimously carried.

E. May 2024 Financial Statement

The motion to approve the May 2024 Financial Statement was initiated by Trustee Wright and seconded by Trustee Umans. Unanimously carried.

VI. Plan Commission

- A.** APPLICANT: John Berget, North by Northwest Storage, LLC (Owner)
TAX KEY: FNNW 00004
STREET ADDRESS: 4954 Hwy. 50, Town of Delavan
Applicant requests a condominium plat addendum to convert Unit 4 from rental units to owner occupied.

The motion to approve the condominium plat addendum to convert Unit 4 from rental units to owner occupied was initiated by President Duncan and seconded by Trustee Jaramillo. Unanimously carried.

- B.** APPLICANT: Andrew Brown (Lessee)
TAX KEY: WFS 00005
STREET ADDRESS: 186 Elkhorn Rd, Village of Williams Bay
Applicant is requesting a Certificate of Compliance per Section 390.1211.B(1)(b) "New occupancy and use of an existing building when the new use is of a different land use classification".

This item was tabled until the July 1, 2024 Village Board Meeting.

- C.** APPLICANT: Village of Williams Bay
TAX KEY: WWUP 00011
STREET ADDRESS: Former George Williams University Property, Williams Bay, WI 53191
TID No. 1 will be classified as a "Mixed-Use District" based on the identification and classification of the property proposed to be included in the TID. Public improvements within TID #1 include the replacement and reconstruction of all existing public water/sewer and extensions which serve the former George Williams University property and within the area of the proposed district, water system improvements near the development to include a water transfer station to improve fire flows to the development, public roadway improvements, and related pedestrian improvements. Recommendation and Possible Action on Resolution Formally Adopting Proposed Project Plan and Boundaries for Tax Incremental District No. 1

This item was for information only.

VII. Public Comments

Kathy Kostock, Walworth County Register of Deeds, introduced herself as the new Register of Deeds for Walworth County.

Maggie Gage, 737 Cedar Point Dr, Spoke about the Plan Commission Meeting and requested Administrator Lothspeich to explain the TID impact.

VIII. President's Remarks

President Duncan had no remarks.

IX. Ordinances and Resolutions

- A.** Consideration of Resolution R-41-24 Declaring June 30, 2024 Harold J. Friestad Day in the Village of Williams Bay

The motion to approve Resolution R-41-24 Declaring June 30, 2024 Harold J. Friestad Day in the Village of Williams Bay was initiated by President Duncan and seconded by Trustee Vlach. Unanimously carried.

- B.** Consideration and Possible Action on An Ordinance Repealing Sections 22-1 Through 22-6, and Amending Sections 1-4D. (2), 19-2G. (1) and 19-5 of the Code of Ordinances of the Village of Williams Bay Relating To the Municipal Court. Abolishing the Williams Bay Municipal Court - 1st Reading

The motion to Approve the First reading of Ordinance Repealing Sections 22-1 Through 22-6, and Amending Sections 1-

4D. (2), 19-2G. (1) and 19-5 of the Code of Ordinances of the Village of Williams Bay Relating To the Municipal Court. Abolishing the Williams Bay Municipal Court was made by Committee, no second required. Motion Carries.

Votes:

Yes: President Bill Duncan, Trustees George Vlach, Jim D'Alessandro, Lowell Wright, Robert Umans, Steven Russell

No: Trustee Adam Jaramillo

Abstain: None

Result: Passed

C. Consideration of Resolution R-40-24 Establishing An Ad-hoc Tree Enhancement Committee

The motion to approve Resolution R-40-24 Establishing An Ad-hoc Tree Enhancement Committee was initiated by Trustee Umans and seconded by Trustee D'Alessandro. Unanimously carried.

The motion to amend Resolution R-40-24 Establishing An Ad-hoc Tree Enhancement Committee as corrected was initiated by Trustee Umans and seconded by Trustee D'Alessandro. Unanimously carried.

X. Committee Reports

A. Streets & Highways, Chair - Trustee D'Alessandro

1. Consideration of Resolution R-24-24 Approving Roadway Functional Classification Changes

The motion to approve Resolution R-24-24 Approving Roadway Functional Classification Changes was made by Committee, no second required. Unanimously carried.

B. Parks & Lakefront, Chair - Trustee Russell

1. Consideration of Resolution R-27-24 Approving a Edgewater Park Use and Policy Contract for the Williams Bay Fire Department Annual Chicken Roast July 18 through July 21, 2024

The motion to approve Resolution R-27-24 Approving a Edgewater Park Use and Policy Contract for the Williams Bay Fire Department Annual Chicken Roast July 18 through July 21, 2024 was made by Committee, no second required. Unanimously carried.

2. Consideration of Resolution R-39-24 Approving A Village Facilities Usage Policy

The motion to approve Resolution R-39-24 Approving A Village Facilities Usage Policy was made by Committee, no second required. Unanimously carried.

3. Consideration and Possible Action for Waiver of Launch Fees for Contractor(s) of The Geneva Lake Environmental Agency (GLEA) on June 25 and June 26, 2024

The motion to approve a Standing Waiver of Launch Fees for Contractor(s) of The Geneva Lake Environmental Agency (GLEA) for 2024 was initiated by Trustee Russell and seconded by Trustee Umans. Unanimously carried.

4. Consideration and Possible Action on Kayak Rentals

The motion to deny the proposed kayak rental kiosk and eliminate the Village kayak rental program was made by Committee, no second required. Motion Failed.

Votes:

Yes: President Bill Duncan, Trustees Jim D'Alessandro, Steven Russell

No: Trustees George Vlach, Lowell Wright, Robert Umans, Adam Jaramillo

Abstain: None

Result: Failed

C. Water & Sewer, Chair - Trustee Umans

1. Consideration of Resolution R-42-24 Wisconsin Department of Natural Resources Compliance Maintenance Annual Report (CMAR)

The motion to approve Resolution R-42-24 Wisconsin Department of Natural Resources Compliance Maintenance

Annual Report (CMAR) as corrected was initiated by Trustee Umans and seconded by Trustee Wright. Unanimously carried.

D. Protective Services, Chair - Trustee Vlach

1. Consideration of Resolution R-28-24 Approving A Temporary Class "B" Retailer's License for the Williams Bay Fire Department for the Chicken Roast July 20, 2024

The motion to approve Resolution R-28-24 Approving A Temporary Class "B" Retailer's License for the Williams Bay Fire Department for the Chicken Roast July 20, 2024 was made by Committee, no second required. Unanimously carried.

2. Original, Renewal, or Temporary Operator License Applications

The motion to approve the Original, Renewal, or Temporary Operator License Applications was initiated by Trustee Vlach and seconded by Trustee Russell. Unanimously carried.

3. Discussion and Possible Action on Public Administration Associates (PAA) Public Safety Study; Staffing and Fleet Projections

Direction was given to Administrator Lothspeich to work with Village Engineer Snyder to see if it is possible to add to the current Fire Station.

4. Discussion or Action on Next Steps, Including Possible Long-Term Agreement with the Village of Fontana for Emergency Medical Services

Direction was given for Administrator Lothspeich to contact the Village of Fontana to see what they are looking for in Terms of a Long-Term Agreement on Emergency Medical Services.

E. Finance & Personnel, Chair - Trustee Wright

1. Consideration of Resolution R-38-24 Authorizing Change Order #1 for Lime Reactor Cleaning and Painting Project For TMI Coatings

The motion to approve Resolution R-38-24 Authorizing Change Order #1 for Lime Reactor Cleaning and Painting Project For TMI Coatings was made by Committee, no second required. Unanimously carried.

2. Consideration of Resolution R-37-24 Authorizing Baxter & Woodman Work Order 2326270 for Alta Survey

The motion to approve Resolution R-37-24 Authorizing Baxter & Woodman Work Order 2326270 for Alta Survey was made by Committee, no second required. Unanimously carried.

XI. Public Comments

Laverne Duncan, 341 Pierce Dr, Spoke regarding how important the Emergency Medical and Fire Department station location decisions are. Mrs. Duncan encouraged the Board to really think about the response times and what it means for the Citizens of the Village.

XII. Other Items for Discussion, Consideration, or Action

- A. Consideration of Resolution R-35-24 Authorizing the Issuance and Sale of Up to \$2,026,050 Sewerage System Revenue Bonds, Series 2024, and Providing for other Details and Covenants with Respect Thereto

The motion to approve Resolution R-35-24 Authorizing the Issuance and Sale of Up to \$2,026,050 Sewerage System Revenue Bonds, Series 2024, and Providing for other Details and Covenants with Respect Thereto was initiated by Trustee Umans and seconded by Trustee Vlach. Unanimously carried.

- B. Consideration of Resolution R-36-24 Authorizing the Issuance and Sale of Up to \$3,682,950 Water System Revenue Bonds, Series 2024, and Providing for other Details and Covenants with Respect Thereto, and Approval of Related \$4,452,950 Financial Assistance Agreement

The motion to approve Resolution R-36-24 Authorizing the Issuance and Sale of Up to \$3,682,950 Water System Revenue Bonds, Series 2024, and Providing for other Details and Covenants with Respect Thereto, and Approval of Related \$4,442,950 Financial Assistance Agreement was initiated by Trustee Umans and seconded by Trustee Vlach. Unanimously carried.

XIII. Adjournment

The motion to adjourn was initiated by Trustee Umans and seconded by Trustee D'Alessandro at 08:29pm. Unanimously carried.

/s/ Tina Kolls, Village Clerk

These are not official Minutes until approved by the Governing Body.



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UNOFFICIAL MINUTES SPECIAL VILLAGE BOARD MEETING MEETING MONDAY, JUNE 24, 2024 AT 4:00 PM VILLAGE HALL COUNCIL ROOM 250 WILLIAMS STREET WILLIAMS BAY, WI 53191

I. Call to Order

President Duncan called the meeting to order at 04:00pm.

II. Roll Call

Present: President Bill Duncan, Trustees George Vlach, Jim D'Alessandro, Lowell Wright, Robert Umans, Adam Jaramillo, Steven Russell

Also Present: Administrator Lothspeich, Police Chief Timm, Clerk Kolls

III. Pledge of Allegiance

The Pledge of Allegiance was recited by all.

IV. Presidents Remarks

- A. Appreciation to the Village of Williams Bay Emergency Services, Public Works and Administration and to all the surrounding communities and Walworth County response and support to the severe weather on June 22, 2024.

President Duncan spoke in recognition of Williams Bay Emergency Services, Public Works, Police Department and all the surrounding communities for their response and support after the F1 tornado on June 22, 2024.

V. Public Comments

There were no public comments.

VI. Items for Consideration or Action

- A. Consideration and Possible Action on Resolution R-45-24 Ratifying The Declaration of a Local State of Emergency for the Village of Williams Bay

The motion approve Resolution R-45-24 Ratifying The Declaration of a Local State of Emergency for the Village of Williams Bay was initiated by Trustee Wright and seconded by Trustee Umans. Unanimously carried.

The motion to amend Resolution R-45-24 Ratifying The Declaration of a Local State of Emergency for the Village of Williams Bay to include the term F1 tornado was initiated by Trustee Umans and seconded by Trustee Jaramillo. Unanimously carried.

- B. Original, Renewal, or Temporary Operator License Applications

The motion to approve the Original, Renewal, or Temporary Operator License Applications was initiated by Trustee Vlach and seconded by Trustee Russell. Unanimously carried.

- C. Consideration and Possible Action for Waiver of Beach Fees for Village Programs for the 2024 Season

The motion to approve the Waiver of Beach Fees for Village Programs for the 2024 Season was initiated by Trustee Russell and seconded by Trustee Vlach. Unanimously carried.

VII. Adjournment

The motion to adjourn was initiated by Trustee Umans and seconded by Trustee Vlach at 04:08pm. Unanimously carried.

/s/ Tina Kolls, Village Clerk

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Pay Period Date: 06/01/2024 - 06/14/2024
 Pay Date: 6/21/2024

Department	Gross Regular Wages	Gross OT Wages	Payroll Taxes & Deductions	Net Wages
Crossing Guard	\$253.80	\$0.00	\$19.42	\$234.38
General Administration	\$12,465.22	\$0.00	\$5,473.99	\$6,991.23
KNC	\$3,266.67	\$0.00	\$864.76	\$2,401.91
Lakefront/Beach	\$65.49	\$0.00	\$5.01	\$60.48
Library	\$8,022.42	\$0.00	\$2,960.68	\$5,061.74
Municipal Court	\$1,457.35	\$0.00	\$209.45	\$1,247.90
Parks	\$1,967.24	\$0.00	\$248.07	\$1,719.17
Police	\$24,125.09	\$245.40	\$8,376.63	\$15,993.86
Protective Services (F&R)	\$0.00	\$0.00	\$0.00	\$0.00
Public Works/W&S	\$12,379.14	\$0.00	\$4,468.30	\$7,910.84
Recreation Department	\$3,936.17	\$0.00	\$1,104.38	\$2,831.79
Village Board	\$5,512.50	\$0.00	\$421.72	\$5,090.78
Total Net Wages				\$49,544.08

Payroll Register - Detail by Department

GL Account and Title	Description	Amount	GL Period
624			
AFLAC			
100-21259 AFLAC PAYABLE	EMPLOYEE VOLUNTARY INSUR	327.63	624
Total AFLAC:		327.63	
AMAZON CAPITAL SERVICES			
100-52120-160 POLICE SUPPLIES	POLICE SUPPLIES	36.15	624
100-52120-125 POLICE UNIFORMS	POLICE UNIFORMS	47.88	624
100-52120-130 POLICE IT EXPENSE	IT/MISC	43.97	624
Total AMAZON CAPITAL SERVICES:		128.00	
ASSOCIATED BANK			
600-59360-000 DEBT SERVICE MISC EXPENSE	ANNUAL FEE-	158.34	624
200-57945-000 WATER DEBT SERVICE MISC EXP	ANNUAL FEE-	158.33	624
300-58965-000 SEWER DEBT SERVICE MISC EXP	ANNUAL FEE-	158.33	624
Total ASSOCIATED BANK:		475.00	
ASSOCIATED TECHNICAL SERVICES			
200-57651-150 WATER MAINS REPAIRS/MAINT	LEAK LOCATION VERNON & CH	1,160.00	624
Total ASSOCIATED TECHNICAL SERVICES:		1,160.00	
AT&T MOBILITY			
100-52320-200 FIRE DEPT TELEPHONE	FIRE DEPT PHONE	38.57	624
Total AT&T MOBILITY:		38.57	
AXON ENTERPRISE INC			
100-52120-130 POLICE IT EXPENSE	POLICE IT	57.30	624
Total AXON ENTERPRISE INC:		57.30	
BAXTER WOODMAN			
100-51405-000 BILLABLE SERVICES	WILLABAY MEADOWS	750.00	624
300-58965-140 SEWER CAPITAL OUTLAY	LIFT STATION 3 REMODEL	3,250.00	624
200-57602-150 WELL #2 - REPAIRS	REPLACE PUMP ON WELL #2	312.50	624
200-57610-140 WATER FUND CAPITAL OUTLAY	IMPROVEMENTS TO WATER TR	8,450.00	624
100-51405-000 BILLABLE SERVICES	WOMENS LEADERSHIP CENTE	2,493.75	624
200-57924-000 WATER ENGINEERING EXPENSE	ANTENNA TOWER LEASE PREP	3,952.50	624
100-51405-000 BILLABLE SERVICES	THE PRESERVE GW COLLEGE	1,750.00	624
100-51575-000 FINANCIAL MGT PLAN EXPENSE	TID ASSISTANCE	4,236.25	624
100-51405-000 BILLABLE SERVICES	PARK PLACE CSM	437.50	624
200-57924-000 WATER ENGINEERING EXPENSE	YEARLY CCR ASSISTANCE	375.00	624
300-58973-000 SEWER ENGINEERING EXPENSE	YEARLY CMAR ASSISTANCE	375.00	624
Total BAXTER WOODMAN:		26,382.50	
BAY LOCK SERVICE			
100-55210-271 REC DEPT BASEBALL EXPENSES	LIONS GARAGE KEYS	47.00	624
Total BAY LOCK SERVICE:		47.00	
BAYSIDE HIDEAWAY			
100-43021 TOURIST ROOMING HOUSE PERMIT	REFUND TRH PERMIT PAID IN	450.00	624
100-43009 ROOM TAX PERMIT	REFUND ROOM TAX PAYMENT	25.00	624

GL Account and Title	Description	Amount	GL Period
Total BAYSIDE HIDEAWAY:		475.00	
BURLINGTON WASTEWATER UTILITY			
200-57623-170 WATER TESTING	MONTHLY BILLING	80.00	624
Total BURLINGTON WASTEWATER UTILITY:		80.00	
CLEMENT, THERESA			
100-55210-275 REC DEPT PROGRAM EXPENSES	RETURN OF LOT #40 FOR LUIS	20.00	624
Total CLEMENT, THERESA:		20.00	
COLUMN SOFTWARE PBC			
100-51410-210 GEN ADMIN PUBLICATIONS	GENERAL LEGAL NOTICE 6/19/	61.53	624
100-51410-210 GEN ADMIN PUBLICATIONS	GENERAL LEGAL NOTICE 6/26/	48.18	624
100-51410-210 GEN ADMIN PUBLICATIONS	AFFIDAVIT FEE	1.00	624
100-51410-210 GEN ADMIN PUBLICATIONS	GENERAL LEGAL NOTICE 6/19/	163.52	624
100-51410-210 GEN ADMIN PUBLICATIONS	AFFIDAVIT FEE	1.00	624
Total COLUMN SOFTWARE PBC:		275.23	
CONWAY SHIELD			
215-52320-165 FIRE DUES 2% EXPENDITURES	TOG COAT, TOG PAINT, LETTER	6,714.00	624
215-52320-165 FIRE DUES 2% EXPENDITURES	PACIFIC HELMET	1,390.00	624
Total CONWAY SHIELD:		8,104.00	
COPIES & PRINTS PLUS			
100-52120-160 POLICE SUPPLIES	POLICE SUPPLIES	98.00	624
Total COPIES & PRINTS PLUS:		98.00	
CORE & MAIN			
200-57641-160 WATER DISTRIBUTION SUPPLIES	BACK FLOW PREVENTERS	270.00	624
200-57651-150 WATER MAINS REPAIRS/MAINT	SUPPLIES	1,569.99	624
Total CORE & MAIN:		1,839.99	
DAHLFORS, BRENDA			
100-55210-275 REC DEPT PROGRAM EXPENSES	TAI CHI FOR ENERGY REFUND	80.00	624
Total DAHLFORS, BRENDA:		80.00	
DEPARTMENT OF ADMINISTRATION			
100-51414-000 SOFTWARE LICENSE & IT SUPPORT	MONTHLY EMAIL FILTERING JU	18.80	624
Total DEPARTMENT OF ADMINISTRATION:		18.80	
GILES ENGINEERING ASSOC INC			
300-58965-140 SEWER CAPITAL OUTLAY	LIFT STATION 3 REPLACEMENT	2,545.00	624
Total GILES ENGINEERING ASSOC INC:		2,545.00	
GLSDCHENKO, NICOLE			
100-55210-271 REC DEPT BASEBALL EXPENSES	T BALL HEAD COACH REFUND	65.00	624

GL Account and Title	Description	Amount	GL Period
Total GLSDCHENKO, NICOLE:		65.00	
GORDON FLESCH			
100-51410-162 GEN ADMIN COPIER EXPENSE	VH COPIER CHARGES	122.42	624
100-55210-200 REC DEPT TELEPHONE	REC DEPT COPY CHARGES	51.10	624
Total GORDON FLESCH:		173.52	
GRAYMONT WESTERN LIME INC.			
200-57631-160 WATER TREATMENT CHEMICALS	HIGH CALCIUM HYDRATED LIM	4,375.33	624
Total GRAYMONT WESTERN LIME INC.:		4,375.33	
GUNNAR OLSEN LANDSCAPING			
100-55410-115 PARKS CONTRACT LABOR	WEEDING	1,345.50	624
Total GUNNAR OLSEN LANDSCAPING:		1,345.50	
HAUPT, CAROL			
100-44107 FIELD HOUSE RENTALS	REFUND LIONS FIELDHOSUE D	500.00	624
Total HAUPT, CAROL:		500.00	
HYDRO CORP			
200-57656-150 CROSS CONNECTION INSPECTION	CROSS CONNECTION PROGRA	1,351.00	624
200-57656-150 CROSS CONNECTION INSPECTION	CROSS CONNECTION PROGRA	459.00	624
Total HYDRO CORP:		1,810.00	
IHDE, LAURIE			
100-55210-275 REC DEPT PROGRAM EXPENSES	REFUND FOR SUMMER PICKLE	20.00	624
Total IHDE, LAURIE:		20.00	
KUNES COUNTRY CHEVROLET GMC BUICK			
100-52120-150 POLICE REPAIRS/MAINT	REPAIRS/MAINT POLICE	129.99	624
Total KUNES COUNTRY CHEVROLET GMC BUICK:		129.99	
MCDONALD, TIM			
100-55210-271 REC DEPT BASEBALL EXPENSES	T BALL HEAD COACH REFUND	90.00	624
Total MCDONALD, TIM:		90.00	
MILPORT ENTERPRISES INC			
200-57631-160 WATER TREATMENT CHEMICALS	ALUMINUM SULFATE	269.50	624
Total MILPORT ENTERPRISES INC:		269.50	
O'BRIEN, MARY			
100-55210-275 REC DEPT PROGRAM EXPENSES	REFUND SUMMER PICKLEBALL	20.00	624
Total O'BRIEN, MARY:		20.00	
PACKARD, JOHN S			
100-55210-275 REC DEPT PROGRAM EXPENSES	TAI CHI APRIL 2024	144.00	624
100-55210-275 REC DEPT PROGRAM EXPENSES	TAI CHI MAY 2024	208.00	624

GL Account and Title	Description	Amount	GL Period
100-55210-275 REC DEPT PROGRAM EXPENSES	TAI CHI JUNE 4 & JUNE 11	200.00	624
Total PACKARD, JOHN S:		552.00	
PATS SERVICES INC			
200-57631-160 WATER TREATMENT CHEMICALS	LIME SLUDGE	1,200.00	624
Total PATS SERVICES INC:		1,200.00	
PAYNE & DOLAN INC.			
100-54310-170 STREETS GAS	ASPHALT	592.05	624
Total PAYNE & DOLAN INC.:		592.05	
RITEWAY HEATING COOLING & PLUMBING SERV			
100-51730-150 VH BLDG REPAIRS/MAINT	CHECK AC UNITS	115.00	624
Total RITEWAY HEATING COOLING & PLUMBING SERV:		115.00	
THE COACH'S LOCKER			
100-55210-270 REC DEPT BASEBALL UNIFORMS	T-BALL & BASEBALL SHIRTS AN	1,724.00	624
100-55210-270 REC DEPT BASEBALL UNIFORMS	BASEBALL EQUIPMENT	1,354.00	624
Total THE COACH'S LOCKER:		3,078.00	
THE PARTS PLACE			
100-55410-150 PARKS REPAIRS/MAINT	SUPPLIES	46.17	624
Total THE PARTS PLACE:		46.17	
TOKIO MARINE HCC			
100-51414-000 SOFTWARE LICENSE & IT SUPPORT	IT INVESTIGATION DEDUCTIBL	2,500.00	624
Total TOKIO MARINE HCC:		2,500.00	
USA BLUE BOOK			
200-57632-160 WATER TREATMENT SUPPLIES	WATER TREATMENT SUPPLIES	55.46	624
200-57632-160 WATER TREATMENT SUPPLIES	WATER TREATMENT SUPPLIES	69.25	624
200-57632-160 WATER TREATMENT SUPPLIES	#3 TABLETS	42.00	624
Total USA BLUE BOOK:		166.71	
WALCOMET			
300-58980-300 WALCOMET SEWERAGE EXPENSES	MONTHLY BILLING MAY 2024	62,420.01	624
Total WALCOMET:		62,420.01	
WEIGEL, ETHAN			
100-55210-271 REC DEPT BASEBALL EXPENSES	BASE UMPIRE 5/29, 5/30	50.00	624
Total WEIGEL, ETHAN:		50.00	
WI DEPARTMENT OF TRANSPORTATION			
500-54310-140 STREETS/HIGHWAYS	STH 67 CONSTRUCTION EXPE	805.36	624
Total WI DEPARTMENT OF TRANSPORTATION:		805.36	

GL Account and Title	Description	Amount	GL Period
WI DNR			
200-57600-150 WELL #3 - REPAIRS	BASE FEE	125.00	624
Total WI DNR:		125.00	
WIERZBINSKI, LOGAN			
100-55210-271 REC DEPT BASEBALL EXPENSES	HOME PLATE UMPIRE 5/29	40.00	624
Total WIERZBINSKI, LOGAN:		40.00	
WIL-KIL PEST CONTROL			
100-55411-150 LAKEFRONT REPAIRS/MAINT	THE REC OFFICE	56.04	624
100-55411-150 LAKEFRONT REPAIRS/MAINT	BATH HOUSE/MARINA SHACK	67.38	624
100-51730-150 VH BLDG REPAIRS/MAINT	VILLAGE HALL	72.21	624
100-51720-150 LIONS FIELD HOUSE REPAIR/MAINT	LIONS FIELD HOUSE	65.97	624
400-58100-150 LIBRARY BLDG REPAIRS & MAINT	BARRETT MEMORIAL LIBRARY	65.97	624
Total WIL-KIL PEST CONTROL:		327.57	
WILLE, SANDRA			
100-55210-275 REC DEPT PROGRAM EXPENSES	ART CLASS 2024	76.00	624
Total WILLE, SANDRA:		76.00	
WILLIAMS, BETH			
100-55210-275 REC DEPT PROGRAM EXPENSES	REFUND SUMMER PICKLEBALL	20.00	624
Total WILLIAMS, BETH:		20.00	
WISCONN VALLEY MEDIA GROUP			
100-51410-210 GEN ADMIN PUBLICATIONS	PUBLICATION TID 1 NOTICE	61.11	624
Total WISCONN VALLEY MEDIA GROUP:		61.11	
WISCONSIN POLICE LEADERSHIP FOUNDATION			
100-52120-190 POLICE TRAINING	TRAINING EXPENSES	275.00	624
Total WISCONSIN POLICE LEADERSHIP FOUNDATION:		275.00	
WISCONSIN PROFESSIONAL POLICE			
100-21262 UNION DUES PAYABLE	UNION DUES JULY 2024	267.00	624
Total WISCONSIN PROFESSIONAL POLICE:		267.00	
WISCONSIN STATE LABORATORY OF HYGIENE			
200-57623-170 WATER TESTING	FLUORIDE	29.00	624
Total WISCONSIN STATE LABORATORY OF HYGIENE:		29.00	
WNGER, AUBREY			
100-55210-275 REC DEPT PROGRAM EXPENSES	T BALL REFUND	45.00	624
Total WNGER, AUBREY:		45.00	
YOUNG, AUDREY			
100-55210-271 REC DEPT BASEBALL EXPENSES	T BALL HEAD COACH REFUND	45.00	624

GL Account and Title	Description	Amount	GL Period
Total YOUNG, AUDREY:		45.00	
Total 624:		123,786.84	
Grand Totals:		123,786.84	

Village Board Approval Date: _____

GL Account and Title	Description	Amount	Date Paid	GL Period
SCHAEFFER MUNICIPAL SERVICES LLC				
100-53100-210 ZONING INSPECTION CONTRACT	ZONING CONTRACT FEE	1,567.50		624
Total SCHAEFFER MUNICIPAL SERVICES LLC:		1,567.50		
Grand Totals:		1,567.50		

Village Board Approval Date: _____

Resolution Formally Establishing the Boundaries of and Approving the Project Plan for
Tax Incremental District No. 1

**ESTABLISHING THE BOUNDARIES OF AND APPROVING THE PROJECT
PLAN FOR TAX INCREMENTAL DISTRICT NO. 1, VILLAGE OF WILLIAMS
BAY, WALWORTH COUNTY, WISCONSIN**

WHEREAS, pursuant to Wisconsin Statutes §66.1105 the Village of Williams Bay has determined that use of Tax Incremental Financing is required to promote development and redevelopment within the village; and

WHEREAS, Tax Incremental District No. 1 (“the district”) is proposed to be created as a “mixed-use district” where not less than fifty percent (50%) by area, of the real property within the district is suitable for industrial, commercial, residential development. and

WHEREAS, a Project Plan for Tax Incremental District No. 1 has been prepared that includes the following:

1. A statement listing the kind, number, and location of proposed public works or improvements within the district.
2. An economic feasibility study.
3. A detailed list of estimated projects costs.
4. A description of the methods of financing all estimated project costs and the time when the related costs or monetary obligations are to be incurred.
5. A map showing existing uses and conditions of real property in the district.
6. A map showing proposed improvements and uses in the district.
7. Proposed changes of zoning ordinance, master plan, map, building codes, and Village Ordinances.
8. A statement of the proposed method for relocation of any person to be displaced.
9. A statement indicating how creation of the district promotes the orderly development of the village.
10. A list of estimated non-project costs.
11. An insertion of an Opinion of the Village Attorney advising that the plan is complete and complies with Wis. Statute §66.1105(4)(f); and

WHEREAS, in accordance with the procedures specified in the Tax Increment Law, the Plan Commission, on June 11, 2024, held a public hearing concerning the project plan and boundaries and proposed creation of the district providing interested parties a reasonable opportunity to express their views on the proposed creation of a tax incremental district and the proposed boundaries of the district; and

WHEREAS, after said public hearing, the Plan Commission adopted a resolution, and recommended to the Village Board that it create the district.

NOW THEREFORE, BE IT RESOLVED by the Village Board of the Village of Williams Bay that:

Resolution Formally Establishing the Boundaries of and Approving the Project Plan for
Tax Incremental District No. 1

1. The Recitals set forth above are incorporated herein and are made an enforceable part of this resolution.
2. The boundaries of the district are hereby approved and established as legally described in Exhibit A attached and incorporated herein by reference.
3. The district is created effective as of January 1, 2024.
4. The Village Board finds and declares that:
 - a. Not less than fifty percent (50%), by area, of the real property within the district is suitable for industrial, commercial, residential development within the meaning of Section §66.1105(2)(cm) of the Wisconsin Statutes.
 - b. Based upon the findings, as stated in (a) above, the district is declared to be a mixed-use development district based on the identification and classification of the property included within the district.
 - c. The improvement of the area is likely to significantly enhance all the other real property's value in the district.
 - d. The equalized value of the taxable property in the district plus the value increment of all other existing tax incremental districts within the Village does not exceed 12% of the total equalized value of taxable property within the Village.
 - e. The Village estimates under 35% of the territory within the district will be devoted to retail business at the end of the district's maximum expenditure period, pursuant to Section §66.1105 (5)(b) of the Wisconsin Statutes.
 - f. Confirms the project plan is feasible and will be in conformity with the village's master plan.
 - g. Confirms less than 35 percent (35%) of the district is land proposed for newly platted residential development. Residential housing density is a least three unit per acre.
 - h. The project costs relate directly to promoting mixed-use development in the district consistent with the purpose for which the district is created.
 - i. Confirms that the boundaries of the district do not include any annexed territory that was not within the boundaries of the Village on January 1, 2004.
5. The Project Plan, prepared by Robert W. Baird & Co. dated July 1, 2024, which is incorporated herein in its entirety by reference, is approved and the Village further finds that plan is feasible and in conformity with the master plan of the Village.

BE IT FURTHER RESOLVED THAT the Village Clerk is hereby authorized and directed to apply to the Wisconsin Department of Revenue, in such form as may be prescribed, for a "Determination of Tax Incremental Base", as of January 1, 2024, pursuant to the provisions of Section §66.1105 (5) (b) of the Wisconsin Statutes.

BE IT FURTHER RESOLVED THAT the Village Assessor is hereby authorized and directed to identify upon the assessment roll returned and examined under section §70.45 of the Wisconsin Statutes, those parcels of property which are within the District, specifying thereon the name of the District, and the Village Clerk is hereby authorized and directed to make similar notations on the tax roll made under Section §70.65 of the Wisconsin Statutes, pursuant to Section §66.1105(5)(f) of the Wisconsin Statutes.

Resolution Formally Establishing the Boundaries of and Approving the Project Plan for
Tax Incremental District No. 1

Adopted this 1st day of July 2024

Village of Williams Bay

By _____
William Duncan., Village President

CERTIFICATION

I hereby certify that the foregoing Resolution was duly adopted by the Village Board of
the Village of Williams Bay on the 1st day of July 2024.

Tina Kolls,
Village of Williams Bay
Village Clerk

Project Plan & District Boundary
Tax Incremental District No. 1
in the
VILLAGE OF WILLIAMS BAY, WISCONSIN



July 1, 2024

(Approved Actions)

Organizational Joint Review Board Meeting Held	June 4, 2024
Public Hearing Held	June 11, 2024
Adopted by Planning Commission	June 11, 2024
Adopted by Village Board	July 1, 2024
Adopted by Joint Review Board	July 17, 2024

Prepared in part by:



Robert W. Baird & Co.
Public Finance
777 E. Wisconsin Ave.
Milwaukee, WI 53202
800.792.2473

**Village of Williams Bay
TID #1 Project Plan & District Boundary**

Contents	
Section 1: Village of Williams Bay Officials.....	3
Section 2: Introduction and Description of District	4
Section 3: Summary of Findings	5
Section 4: Map of Proposed District Boundary	7
Section 5: One Half Mile Radius Map of Proposed District Boundary	8
Section 6: Map Showing Existing Uses and Conditions	9
Section 7: Preliminary Parcels List and Analysis	10
Section 8: Equalized Valuation Test.....	11
Section 9: Statement of Kind, Number and Location of Proposed Projects	11
Section 10: Maps Showing Proposed Improvements and Uses	13
Section 11: Detailed List of Project Costs.....	15
Section 12: Economic Feasibility	16
Section 13: Method of Financing and Timing of When Costs are to be Incurred.	16
Section 14: Annexed Property	19
Section 15: Proposed Changes in Zoning Ordinances	19
Section 16: Proposed Changes in Master Plan, Map, Building Codes, and Village Ordinances.....	19
Section 17: Relocation	19
Section 18: Orderly Development of the Village	20
Section 19: A List of Estimated Non-Project Costs.....	20
Section 20: Village Attorney Opinion	20
SECTION 21: EXHIBIT A CASH FLOW PROFORMA ANALYSIS	21
SECTION 22: ESTIMATED TAX INCREMENTS BY TAXING ENTITY	22
SECTION 23: EXHIBIT B VILLAGE ATTORNEY OPINION.....	23
SECTION 24: EXHIBIT C TID # 1 BOUNDARY LEGAL DESCRIPTION	24
SECTION 25: DISCLAIMER TEXT	25

Section 1: Village of Williams Bay Officials

Village Board

William Duncan	Village President
Jim D'Alessandro	Village Trustee
Adam Jaramillo	Village Trustee
Robert Umans	Village Trustee
George Vlach	Village Trustee
Lowell Wright	Village Trustee
Steven Russel	Village Trustee

Village Staff

David Lothspeich	Village Administrator
Tina Kolls	Village Clerk
Jennifer Wiese	Village Treasurer

Finance & Personnel Committee

Lowell Wright	Chair
Robert Umans	Board Member
Jim D'Alessandro	Board Member

Planning Commission

William Duncan, Chairperson	Pat Watts
Maggie Gage	Jess Haak
Marianne Klemke	Matt Robbins
Lowell Wright	James Killian

Joint Review Board

Dr. William Duncan	Village Representative- Chairperson
Jessica Conley	Walworth County
Sharon Johnson	Gateway Technical College
Jennifer Fredrick	Williams Bay School District
Dr. Edgar "Skip" Mosshamer	Village Public Member

Section 2: Introduction and Description of District

The village plans to use Tax Incremental Financing ("TIF") as a successful economic development programming tool by providing public improvements and development incentives to encourage and promote residential and commercial development. The goal is to increase the tax base, to create and enhance economic opportunities, and to increase housing options within the village. The village works with developers and property owners to provide infrastructure improvements and incentives for development. Public infrastructure and property improvements will be financed by a combination of TIF increments and debt financing.

Tax Increment District ("TID") No. 1 contains approximately 57.59 acres consisting of the former George Williams University campus. The TID is being created as a "Mixed-Use District" based on the identification and classification of the property proposed to be included in the TID. The maximum life (absent extension) of the TID is 20 years from the date of adoption.

Tax incremental financing is being proposed to assist in the redevelopment of the former George William University property. A developer is proposing to redevelop the former George Williams University campus into a beautiful, low density, and environmentally sustainable destination for visitors and locals to enjoy. The proposed and potential new developments will generate additional property taxes (tax increment) that will be used to offset the cost of the public investments resulting from, or needed by, the new developments.

Public improvements within TID #1 1 include the replacement and reconstruction of all existing public water/sewer and extensions which serve the former George Williams University property and within the area of the proposed district, water system improvements near the development to include a water transfer station to improve fire flows to the development. public roadway improvements, and related pedestrian improvements. Planned or potential development projects are detailed in the Statement of Kind, Number and Location of Proposed Projects section of this project plan.

The village anticipates various public improvement project cost expenditures of approximately \$5,581,000 plus financing/interest costs during the TID's 15-year expenditure period. Proposed public project improvements may include but are not limited to developer incentives in the form of cash grants or TID loans, professional and organizational services, administrative costs, and finance costs.

As a result of the creation of this TID, the village projects a preliminary and conservative cash flow analysis indicating \$9,344,705 in increments. The TID

increment will primarily be used to pay the debt service costs of the TID, and project development incentives. The increment will also be used for public improvements as defined above on page 4. The village projects land and improvement values (incremental value) of approximately \$46,000,000 will be created in the TID by the end of 2027. This additional value will be a result of the improvements made and projects undertaken within the TID. Maps depicting the boundaries and existing uses and conditions of the TID are found in the respective mapping sections of this project plan.

Section 3: Summary of Findings

As required by s.66.1105 Wis. Stats., and as documented in this Project Plan and the exhibits contained and referenced herein, the following findings are made:

1. That “but for” the creation of this TID, the development projected as detailed in this Project Plan: 1) would not occur; or 2) would not occur in the manner, at the values, or within the timeframe desired by the village. In making this determination, the village has considered the following information:
 - Infrastructure and other development related expenses are not likely to be borne exclusively by private developers; therefore, the village has concluded that public investment will be required to fully achieve the village’s objectives for this area.
 - To achieve its objectives, the village has determined that it must take an active role in encouraging development by making appropriate public expenditures in the area. Without the availability of tax increment financing, these expenditures are unlikely to be made. Enhancement of this area will complement existing venues in the village, and benefit not only the village, but all overlapping taxing jurisdictions. Accordingly, the costs to implement the needed projects and programs are appropriately funded through tax increment financing.
 - To make the area included within the TID suitable for development, the village will need to make a substantial investment to pay costs of some or all the projects listed in the project plan.
2. The economic benefits of the Tax Incremental District, as measured by increased property values, are sufficient to compensate for the cost of the improvements. In making this determination, the village has considered the following information:

Village of Williams Bay
TID #1 Project Plan & District Boundary

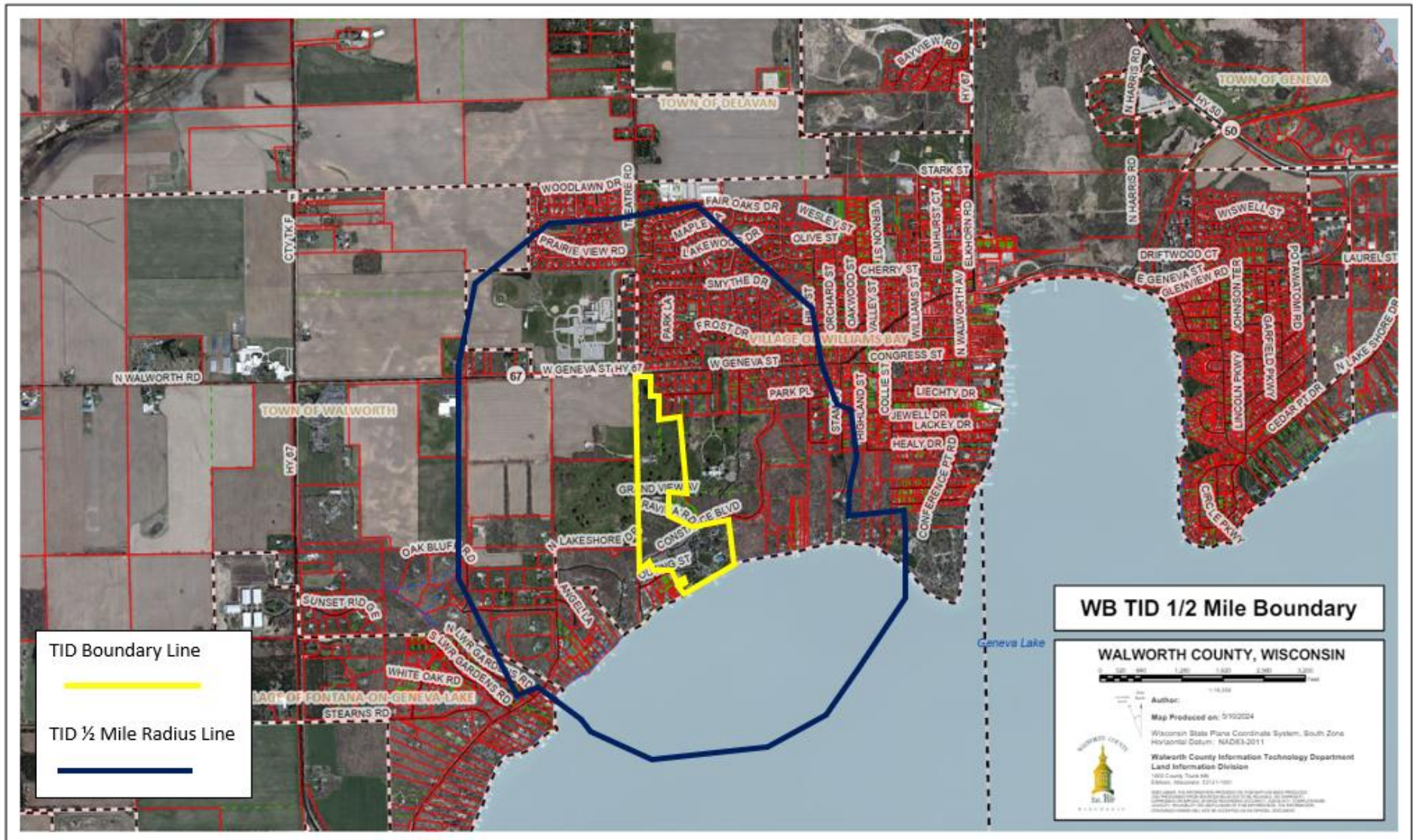
As demonstrated in the Economic Feasibility Section of this Project Plan, the tax increments projected to be collected and the debt issuance will be more than sufficient to pay for the proposed project costs. On this basis alone, the finding is supported.

3. The benefits of the proposal outweigh the anticipated tax increments to be paid by the owners of property in the overlying taxing jurisdictions.

Since the development expected to occur is unlikely to take place without the use of Tax Incremental Financing (see Finding #1) and since the TID will generate economic benefits that are more than sufficient to compensate for the cost of the improvements (see Finding #2), the village reasonably concludes that the overall benefits of the TID outweigh the anticipated tax increments to be paid by the owners of property in the overlying taxing jurisdictions. It is further concluded that since the "but for" test is satisfied, there would, in fact, be no foregone tax increments to be paid in the event the TID is not created.

4. The improvements to be made within the TID are likely to significantly enhance the value of substantially all other real property in the village surrounding the TID.
5. The equalized value of taxable property of the TID does not exceed 12% of the total equalized value of taxable property within the village.
6. The Project Plan for the TID is feasible and is in conformity with the master plan of the village.
7. The village estimates that less than 35% of the territory within the district will be devoted to retail business at the end of the district's maximum expenditure period, pursuant to Wisconsin Statutes Sections 66.1105(5)(b).
8. The village confirms 0% percent of the district is land proposed for newly platted residential development adhering to the statute compliance requirement of being less than 35%. Residential housing density is at least three units per acre.
9. The TID is being created as a Mixed-Use District. This project plan has met the definition and requirements for a Mixed-Use District. Not less than 50% of the proposed district's area land is suitable for industrial, commercial, and residential use.

Section 5: One Half Mile Radius Map of Proposed District Boundary



Section 6: Map Showing Existing Uses and Conditions

Existing Uses and Conditions Map



5/10/2024

Village Limits

Village Parcels

Zoning Overlay Designation

Zoning Districts

SF-1

SF-1 (PDO OVER)

SF-2

SF-3

SF-6

P&I

Extra Territorial Zoning Area

1:9,028
0 0.05 0.1 0.2 mi
0 0.07 0.15 0.3 km

Esri, HERE, IPC, SEWRPC, Maxar

Section 7: Preliminary Parcels List and Analysis

As of the 01/01/2024 parcel list.

Map ID	Tax Parcel ID Number	Property Owner	Property Address	Municipality	Zoning	Acres	Land	Improvements	Personal Property	Total Valuation
1	WWUP 00011	Aurora University	350 Constance Blvd	Williams Bay	Commercial	27.59	\$ 515,000.00	\$ -	\$ 51,700.00	\$ 566,700.00
1	WWUP 00011	Aurora University	350 Constance Blvd	Williams Bay	Exempt Other (Local)	30.00	\$ -	\$ -	\$ -	\$ -
								Total Assessed Value		\$ 566,700.00
								Total Estimated Equalized Value		\$ 628,700.00

Section 8: Equalized Valuation Test

The following calculations demonstrate that the village is in compliance with s.66.1105(4) (gm)4. c. Wis. Stats., which requires that the equalized value of the taxable property in the proposed TID, plus the value increment of any existing Tax Incremental Districts, does not exceed 12% of the total equalized value of taxable property within the village. With TID #1, the value increment of all existing Tax Increment Districts will be approximately 0.003%.

Valuation Test Compliance Calculation

2023 Projected Equalized Valuation (TID IN)	\$ 1,396,515,100
Limit for 12% Test	\$ 167,581,812

Increment Value of Existing TIDs	\$ 0
Projected Base Value of New TID	<u>\$ 628,700</u>
Total Value Subject to Test	\$ 628,700

Compliance (\$628,700 < \$167,581,812)	Meets Requirement
--	-------------------

Section 9: Statement of Kind, Number and Location of Proposed Projects

The village expects to implement the following public project improvements. Any costs including eligible administrative costs necessary or convenient to the creation of the district or directly or indirectly related to the public works and other projects are considered "project costs" and eligible to be paid with tax increment revenues of the TID.

1. STREET & HIGHWAYS INFRASTRUCTURE IMPROVEMENTS

LOCATION: Entire TID and ½ Mile Boundary (Public Projects within Proposed Business Area, Constance Boulevard, Observatory Place)

TOTAL: \$1,170,000

DESCRIPTION: The Village has identified aged street and highway infrastructure in need of replacement and improvements necessary to support and serve the new development and ancillary surrounding areas.

2. SANITARY SEWER UTILITY IMPROVEMENTS

LOCATION: Entire TID and ½ Mile Boundary (Public Projects within Proposed Business Area, Constance Boulevard,)

TOTAL: \$1,469,000

DESCRIPTION: This category includes sanitary sewer extension and rehabilitation of aged infrastructure and gravity sewer rehabilitation in need of replacement necessary to support and serve the new development and ancillary surrounding areas.

3. WATER UTILITY IMPROVEMENTS

LOCATION: Entire TID and ½ Mile Boundary (Public Projects within Proposed Business Area, Constance Boulevard, and Observatory Place)

TOTAL: \$2,912,000

DESCRIPTION: This category includes water utility extension and rehabilitation of aged infrastructure in need of replacement necessary to support and serve the new development and ancillary surrounding areas. This category also includes the creation of a water transfer station to serve the new and ancillary areas.

4. ADMINISTRATIVE / ORGANIZATIONAL FEES

LOCATION: Entire TID

TOTAL: \$30,000

DESCRIPTION: Annual TID and village staff administration fees and professional fees for creation and organization, including legal fees.

Section 10: Maps Showing Proposed Improvements and Uses

TID 1 PUBLIC IMPROVEMENTS

WILLIAMS BAY, WI



Source(s): Base Data from Walworth County, Utility data from the Village of Williams Bay.



BAXTER & WOODMAN
Consulting Engineers

Village of Williams Bay
TID #1 Project Plan & District Boundary

Project #	See Note # Below	Item	Project Costs			
			Streets and Highways	Sanitary Sewer Utility	Water Utility	Total Cost
100	1	Public Projects within Proposed Business Area	\$ 264,000.00	\$ 697,000.00	\$ 1,372,000.00	\$ 2,333,000.00
101	2	Constance Boulevard Utility Extension and Roadway Rehabilitation	\$ 785,000.00	\$ 524,000.00	\$ 1,140,000.00	\$ 2,449,000.00
102	1	Water Transfer Station	\$ -	\$ -	\$ 400,000.00	\$ 400,000.00
103	2	Gravity Sewer Rehabilitation Lift Station #5 to Preserve Development	\$ -	\$ 248,000.00	\$ -	\$ 248,000.00
105	2	Observatory Place	\$ 121,000.00	\$ -	\$ -	\$ 121,000.00
GRAND TOTALS			\$ 1,170,000.00	\$ 1,469,000.00	\$ 2,912,000.00	\$ 5,551,000.00

Associated Sketch Showing Projects: TID Public Improvements Dated 05/17/2024

Notes
1- Project is within the boundary of the development
2- Project is outside of the boundary of the development but within 1/2 mile buffer.

Phase 2 Project Costs

The below projects are not currently included within the scope of the project costs detail identified within Section 9 starting on page 11. The Village will only undertake these projects if enough tax increment is generated to either cover the cost of the projects or cover the cost including financing and interest expenses.

Project #	See Note # Below	Item	Project Costs				Total Cost
			Streets and Highways	Sanitary Sewer Utility	Water Utility	Fire/Rescue	
104	2	STH 67 West - Utility and Roadway Improvements - Non-Participating	\$1,099,000	\$695,000	\$4,091,000	\$0	\$5,885,000

Section 11: Detailed List of Project Costs

1. STREET & HIGHWAY INFRASTRUCTURE IMPROVEMENTS	\$1,170,000
2. SANITARY SEWER UTILITY IMPROVEMENTS	\$1,469,000
3. WATER UTILITY IMPROVEMENTS	\$2,912,000
4. ADMINSTRATIVE / ORGANIZATIONAL IMPROVEMENTS	\$30,000
ESTIMATED TOTAL	\$5,551,000

The project cost is based on current prices and preliminary estimates. The village reserves the right to increase this cost to reflect inflationary increases and other uncontrollable circumstances between the creation of the TID and the time of construction. The tax increment allocation is preliminary and is subject to adjustment based upon the implementation of the Plan.

This Plan is not meant to be a budget nor an appropriation of funds for specific projects, but a framework within which to manage projects. All costs included in the Plan are estimates based on the best information available. The village retains the right to delete or pursue future projects listed in the prior paragraph, and shown on the map, or change the scope and/or timing of projects implemented as they are individually authorized by the Village Board, without amending the Plan.

The Village has provided a full list of projects, including a phase 2 that would only be included in the TID in the event sufficient increment growth is expected to be generated. The Village reserves the right to replace specific projects within the general categories stated in Section 9 to better meet the needs of the development as it progresses. If the total project costs (excluding financing costs) of \$ 11,436,000 plus a 20% contingency are exceeded prior to the end of the expenditure period, newly added projects will be brought forward for approval to the Joint Review Board, even if increment exists for payment.

The Plan authorizes the expenditure of funds for project costs within a 1/2-mile radius of the TID boundary.

Section 12: Economic Feasibility

The information and exhibits contained within this project plan demonstrate that the proposed TID is economically feasible insofar as:

- The village has available to it the means to secure the necessary financing required to accomplish the projects contained within this Plan. A listing of “Method of Financing and Timing of When Costs are to be Incurred” follows.
- The development anticipated to occur because of the implementation of this Plan will generate sufficient tax increments to pay for the cost of the projects. This Plan identifies the following: 1) the development expected to occur, 2) a projection of tax increments to be collected resulting from that development and other economic growth within the TID, and 3) a cash flow model demonstrating that the projected tax increment collections and all other revenues available such as debt issuance will be sufficient to pay all Project Costs.

To evaluate the economic feasibility of TID #1 it is necessary to project the amount of tax revenue that can be reasonably generated over the legal life of the TID. Included in Exhibit A is a proforma analysis of TID #1. The proforma analyzes expenses based on project plan costs of TID #1 against projected TID revenue. Tax revenue is conservatively estimated. Cash received from future TID #1 tax increments will be used to fund project costs and implementation of this Plan. In 2044, the final year of revenue collection for the TID, it is projected to have repaid all expenditures and is left with a positive surplus balance.

Section 13: Method of Financing and Timing of When Costs are to be Incurred.

The village plans to fund project costs with cash received from future TID #1 tax increments and per the projected proforma on page 21 the village estimates approximately \$3,580,988 of costs related towards debt financing and interest, capitalized interest, and cost of issuance fees. Although not proposed at this time a developer’s agreement could be entered into with a developer to be reimbursed for undertaking the entirety or a portion of proposed project costs. The following is a list of the types of obligations the village may choose to utilize.

General Obligation (G.O.) Bonds or Notes (BAN, NAN, TAN)

The Village may issue G.O. Bonds or Notes to finance the cost of Projects included within this Plan. Wisconsin Statutes limit the principal amount of G.O. and State Trust Fund Loan debt that a community may have outstanding

Village of Williams Bay
TID #1 Project Plan & District Boundary

at any point in time to an amount not greater than five percent of its total equalized value (including increment values).

Community Development Authority Lease Revenue Bonds:

Pursuant to Section 66.1335 Wisconsin Statutes (i.e., the "Community Development Authority Law") the Village may issue Community Development Authority Lease Revenue Bonds to finance projects included within this Plan. Lease Revenue Bonds are not general obligations of the Village and therefore do not count against the Village's borrowing capacity. To the extent tax increments collected are insufficient to meet the annual debt service requirements of the revenue bonds, the village may be subject to either a permissive or mandatory requirement to appropriate on an annual basis a sum equal to the actual or projected shortfall.

Tax Increment Revenue Bonds

The Village has the authority to issue revenue bonds secured by the tax increments to be collected. These bonds may be issued directly by the Village or as a Lease Revenue Bond by a Community Development Authority (CDA). Tax Increment Revenue Bonds and Lease Revenue Bonds are not general obligations of the village and therefore do not count against the village's borrowing capacity. To the extent tax increments collected are insufficient to meet the annual debt service requirements of the revenue bonds, the Village may be subject to either a permissive or mandatory requirement to appropriate on an annual basis a sum equal to the actual or projected shortfall.

Utility Revenue Bonds

The Village can issue revenue bonds to be repaid from revenues of the sewer and/or water systems, including revenues paid by the village that represent service of the system to the village. There is neither a statutory nor constitutional limitation on the amount of revenue bonds that can be issued, however, water rates are controlled by the Wisconsin Public Service Commission and the village must demonstrate to bond underwriters its ability to repay revenue debt with the assigned rates. To the extent the village utilizes utility revenues other than tax increments to repay a portion of the bonds, the village must reduce the total eligible Project Costs in an equal amount.

Board of Commissioners of Public Lands State Trust Fund Loans

The Village may issue State Trust Fund Loans to finance the cost of Projects included within this Plan. Wisconsin Statutes limit the principal amount of State Trust Fund Loan and GO debt that a community may have outstanding at any point in time to an amount not greater than five percent of its total

equalized value (including increment values).

Bonds Issued to Developers ("Pay as You Go" Financing)

The Village may issue a bond to one or more developers who provide financing for projects included in this Plan. Repayment of the amounts due to the developer under the bonds are limited to an agreed percentage of the available annual tax increments collected that result from the improvements made by the developer. To the extent the tax increments collected are insufficient to make annual payments, or to repay the entire obligation over the life of the District, the Village's obligation is limited to not more than the agreed percentage of the actual increments collected. Bonds issued to developers in this fashion are not general obligations of the Village and therefore do not count against the Village's borrowing capacity.

Federal/State Loan and Grant Programs

The State and Federal governments often sponsor grant and loan programs that municipalities may potentially use to supplement TID expenditures or provide financing for capital costs which positively impact the district. These programs include Wisconsin Community Development Block Grants, Rural Development Administration Community Facility Loan/Grants, Transportation Economic Assistance Grants, and Economic Development Administration Grants. These programs require local match funding to ensure State and Federal participation in the project.

The actual amount of debt issuance will be determined by the village at its convenience and as dictated by the nature of the projects as they are implemented.

Plan Implementation

Projects identified will provide the necessary anticipated governmental services to the area, and appropriate inducements to encourage development of the area. The village anticipates making total project expenditures of approximately \$5,581,000 plus financing/interest costs to undertake the projects listed in this Project Plan. The Expenditure Period of this District is 15 years from the date of adoption of the Creation Resolution by the Common Council. The projects to be undertaken pursuant to this Project Plan are expected to be financed primarily with tax increments. The village reserves the right to alter the implementation of this Plan to accomplish this objective. Interest rates projected are based on current market conditions. Municipal interest rates are subject to constantly changing market conditions. In addition, other factors such as the loss of tax-exempt status of municipal bonds or broadening the purpose of future tax-exempt bonds would affect market conditions. Actual interest expense will be determined once the

methods of financing have been approved and securities or other obligations are issued.

If financing as outlined in this Plan proves unworkable, the Village reserves the right to use alternate financing solutions for the projects as they are implemented.

Section 14: Annexed Property

There are no lands proposed for inclusion within the TID that were annexed by the village on or after January 1, 2004.

Section 15: Proposed Changes in Zoning Ordinances

The property is currently zoned Parks and Institutional within TID # 1. It is projected that this property will be rezoned to either an acceptable zoning classification or an approved Planned Development Overlay. No other changes to the existing zoning district map or zoning ordinance are anticipated to impact this project plan. Any changes in zoning that may take place throughout the life of the TID will be consistent with the Village's Comprehensive Plan – Future Land Use Map.

Section 16: Proposed Changes in Master Plan, Map, Building Codes, and Village Ordinances

The village does anticipate that the TID will require changes in the master plan, map, building codes, and village ordinances to implement this project plan. The proposed development and uses will be reviewed and approved by the Village board to be consistent with the amended Williams Bay Comprehensive Plan.

Section 17: Relocation

The village does not anticipate the need to relocate persons or businesses in conjunction with this Plan. In the event relocation or the acquisition of property by eminent domain becomes necessary at some time during the implementation period, the Village will follow applicable state statutes as required in Wisconsin Statutes Chapter 32.

Section 18: Orderly Development of the Village

The creation of the TID will enable the village to undertake projects in furtherance of the stated objectives of its Comprehensive Plan and other planning documents. To this extent, the creation of the TID promotes the orderly development of the village.

Section 19: A List of Estimated Non-Project Costs

Non-Project costs are public works projects that only partly benefit the TID or are not eligible to be paid with tax increment, or costs not eligible to be paid with Tax Incremental Financing funds. The village does not anticipate any non-project costs for the TID.

Section 20: Village Attorney Opinion

Exhibit B contains a signed opinion from the village attorney advising whether the project plan amendment is complete and complies with Section 66.1105(4)(f) of the Wisconsin Statutes.



SECTION 21: EXHIBIT A CASH FLOW PROFORMA ANALYSIS

Preliminary



Village of Williams Bay
Tax Increment District No. 1
Cash Flow Proforma Analysis

Assumptions	
Annual Inflation During Life of TID.....	1.00%
2024 Gross Tax Rate (per \$1000 Equalized Value).....	\$11.07
Annual Adjustment to tax rate.....	0.00%
Investment rate.....	3.00%
Data above dashed line are actual	

Summary	
New Construction.....	\$46,000,000
TIF Assistance.....	\$0
Does TIF Cash Flow.....	YES
Village Increment Required.....	NO

Year	Background Data					Revenues			Expenditures				Expenditures		TID Status			Year
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	
	TIF District Valuation	Inflation Increment	Construction Increment	TIF Increment Over Base	Tax Rate	Tax Revenue	Investment Proceeds	Total Revenues	Principal	Interest	Capitalized Interest	Debt Service	Administration/ Organizations Fees	Combined Expenditures	Annual Balance	Year End Cumulative Balance	Cost Recovery	
	(January 1)								(4/1)						(December 31)			
	Base Value \$628,700	(1)							RATE= 4.75%									
2024	\$628,700	\$0	\$0	\$0	\$11.07	\$0	\$0	\$0					\$1,500	\$1,500	(\$1,500)	(\$1,500)		2024
2025	\$628,700	\$0	\$21,000,000	\$21,000,000	\$11.07	\$0	\$0	\$0					\$1,500	\$1,500	\$473,500	\$472,000		2025
2026	\$21,628,700	\$0	\$15,000,000	\$36,000,000	\$11.07	\$0	\$14,160	\$14,160		\$429,638	(\$429,638)	\$0	\$1,500	\$1,500	\$12,660	\$55,023		2026
2027	\$36,628,700	\$0	\$10,000,000	\$46,000,000	\$11.07	\$232,470	\$1,651	\$234,121		\$286,425		\$241,063	\$1,500	\$242,563	(\$8,442)	\$1,218		2027
2028	\$46,628,700			\$46,000,000	\$11.07	\$398,520	\$37	\$398,557	\$110,000	\$283,813		\$393,813	\$1,500	\$395,313	\$3,244	\$4,462		2028
2029	\$46,628,700	\$466,287		\$46,466,287	\$11.07	\$509,220	\$134	\$509,354	\$230,000	\$275,738		\$505,738	\$1,500	\$507,238	\$2,116	\$6,579		2029
2030	\$47,094,987	\$470,950		\$46,937,237	\$11.07	\$509,220	\$197	\$509,417	\$240,000	\$264,575		\$504,575	\$1,500	\$506,075	\$3,342	\$9,921		2030
2031	\$47,565,937	\$475,659		\$47,412,896	\$11.07	\$514,382	\$298	\$514,679	\$260,000	\$252,700		\$512,700	\$1,500	\$514,200	\$479	\$10,400		2031
2032	\$48,041,596	\$480,416		\$47,893,312	\$11.07	\$519,595	\$312	\$519,907	\$275,000	\$239,994		\$514,994	\$1,500	\$516,494	\$3,413	\$13,814		2032
2033	\$48,522,012	\$485,220		\$48,378,532	\$11.07	\$524,861	\$414	\$525,275	\$295,000	\$226,456		\$521,456	\$1,500	\$522,956	\$2,319	\$16,133		2033
2034	\$49,007,232	\$490,072		\$48,868,605	\$11.07	\$530,179	\$484	\$530,663	\$315,000	\$211,969		\$526,969	\$1,500	\$528,469	\$2,194	\$18,327		2034
2035	\$49,497,305	\$494,973		\$49,363,578	\$11.07	\$535,550	\$550	\$536,100	\$335,000	\$196,531		\$531,531	\$1,500	\$533,031	\$3,069	\$21,396		2035
2036	\$49,992,278	\$499,923		\$49,863,500	\$11.07	\$540,975	\$642	\$541,617	\$355,000	\$180,144		\$535,144	\$1,500	\$536,644	\$4,974	\$26,369		2036
2037	\$50,492,200	\$504,922		\$50,368,422	\$11.07	\$546,455	\$791	\$547,246	\$380,000	\$162,688		\$542,688	\$1,500	\$544,188	\$3,058	\$29,428		2037
2038	\$50,997,122	\$509,971		\$50,878,394	\$11.07	\$551,989	\$883	\$552,872	\$400,000	\$144,163		\$544,163	\$1,500	\$545,663	\$7,209	\$36,637		2038
2039	\$51,507,094	\$515,071		\$51,393,465	\$11.07	\$557,578	\$1,099	\$558,678	\$420,000	\$124,688		\$544,688	\$1,500	\$546,188	\$12,490	\$49,127		2039
2040	\$52,022,165	\$520,222		\$51,913,686	\$11.07	\$563,224	\$1,474	\$564,698	\$440,000	\$104,263		\$544,263	\$1,500	\$545,763	\$18,935	\$68,062		2040
2041	\$52,542,386	\$525,424		\$52,439,110	\$11.07	\$568,926	\$2,042	\$570,968	\$460,000	\$82,888		\$542,888	\$1,500	\$544,388	\$26,580	\$94,642		2041
2042	\$53,067,810	\$530,678		\$52,969,788	\$11.07	\$574,685	\$2,839	\$577,524	\$480,000	\$60,563		\$540,563	\$1,500	\$542,063	\$35,461	\$130,104		2042
2043	\$53,598,488	\$535,985		\$53,505,773	\$11.07	\$580,501	\$3,903	\$584,404	\$505,000	\$37,169		\$542,169	\$1,500	\$543,669	\$40,735	\$170,839		2043
2044	\$54,134,473	\$541,345		\$54,047,118	\$11.07	\$586,376	\$5,125	\$591,501	\$530,000	\$12,588		\$542,588		\$542,588	\$48,913	\$219,752	Expenditures Recovered	2044
									\$6,030,000	\$3,576,988	(\$475,000)	\$9,131,988	\$30,000	\$9,161,988				

Type of TID: Mixed-Use
2024 TID Inception
2039 Final Year to Incur TIF Related Costs
2044 Maximum Legal Life of TID (20 Years)

(1) Per City estimates.

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SECTION 22: ESTIMATED TAX INCREMENTS BY TAXING ENTITY

Current Tax Situation Projection Property Sale + \$25 Million Construction					
Calculation of the Growth of Estimated Tax Increments by Taxing Entity					
Revenue	Projected Increment	County	Village	School District	Technical College
2024	\$ -	\$ -	\$ -	\$ -	\$ -
2025	\$ -	\$ -	\$ -	\$ -	\$ -
2026	\$ -	\$ -	\$ -	\$ -	\$ -
2027	\$ 232,470.00	\$ 52,920.00	\$ 59,220.00	\$ 107,940.00	\$ 12,390.00
2028	\$ 398,520.00	\$ 90,720.00	\$ 101,520.00	\$ 185,040.00	\$ 21,240.00
2029	\$ 509,220.00	\$ 115,920.00	\$ 129,720.00	\$ 236,440.00	\$ 27,140.00
2030	\$ 509,220.00	\$ 115,920.00	\$ 129,720.00	\$ 236,440.00	\$ 27,140.00
2031	\$ 514,381.80	\$ 117,095.04	\$ 131,034.93	\$ 238,836.72	\$ 27,415.11
2032	\$ 519,595.21	\$ 118,281.84	\$ 132,363.01	\$ 241,257.40	\$ 27,692.97
2033	\$ 524,860.76	\$ 119,480.50	\$ 133,704.37	\$ 243,702.29	\$ 27,973.61
2034	\$ 530,178.97	\$ 120,691.15	\$ 135,059.14	\$ 246,171.62	\$ 28,257.05
2035	\$ 535,550.35	\$ 121,913.90	\$ 136,427.46	\$ 248,665.66	\$ 28,543.33
2036	\$ 540,975.45	\$ 123,148.88	\$ 137,809.47	\$ 251,184.63	\$ 28,832.48
2037	\$ 546,454.81	\$ 124,396.22	\$ 139,205.29	\$ 253,728.79	\$ 29,124.51
2038	\$ 551,988.95	\$ 125,656.02	\$ 140,615.07	\$ 256,298.39	\$ 29,419.47
2039	\$ 557,578.44	\$ 126,928.42	\$ 142,038.95	\$ 258,893.69	\$ 29,717.37
2040	\$ 563,223.82	\$ 128,213.55	\$ 143,477.07	\$ 261,514.94	\$ 30,018.25
2041	\$ 568,925.65	\$ 129,511.53	\$ 144,929.57	\$ 264,162.41	\$ 30,322.14
2042	\$ 574,684.51	\$ 130,822.49	\$ 146,396.60	\$ 266,836.35	\$ 30,629.07
2043	\$ 580,500.95	\$ 132,146.56	\$ 147,878.29	\$ 269,537.03	\$ 30,939.07
2044	\$ 586,375.56	\$ 133,483.87	\$ 149,374.80	\$ 272,264.71	\$ 31,252.18
TOTALS	\$ 9,344,705	\$ 2,127,250	\$ 2,380,494	\$ 4,338,915	\$ 498,047

SECTION 23: EXHIBIT B VILLAGE ATTORNEY OPINION

CONSIGNY LAW FIRM, S.C.

ATTORNEYS AT LAW
A Limited Liability Organization

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MARK D. KOPP
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June 19, 2024

William Duncan, President
Village of Williams Bay
250 Williams Street
Williams Bay, WI 53191

sent via email: bduncan@vi.williamsbay.wi.gov

RE: Tax Incremental District No. 1 Creation
Opinion Letter Regarding Compliance with Wis. Stat. §66.1105 (4)

President Duncan,

As Village Attorney for the Village of Williams Bay, I have been asked to review the Project Plan and District Boundary for Tax Incremental District (TID) No. 1, which is expected to be submitted to the Village Board for approval on July 1, 2024. In accordance with my duties, I have reviewed not only the Project Plan and District Boundary document, but also the following information:

1. Notice of Public Hearing on proposed project plan and boundary for TID No. 1, along with proof of publication of that notice;
2. Timetable for creation of TID No. 1;
3. The TID No. 1 Boundary Map; and
4. Resolution Establishing the Boundaries of and Approving the Project Plan for TID No.1 to be considered by the Village Board.

Based upon the foregoing documents and information submitted to me, it is my opinion that the TID No.1 Project Plan and District Boundary is complete and complies with Wis. Stat. §66.1105 (4).

I am providing you with a copy of this letter, which should be attached to the TID No.1 creation document, assuming that the resolution is adopted by the Village Board. Any questions regarding this opinion may be directed to me.

Very truly yours,

CONSIGNY LAW FIRM, S.C.

By:

Mark A. Schroeder
Email: mschroeder@janesvillelaw.com

MAS/kk

c: Dave Lothspeich
Adam Ruechel (Baird)

PROVIDING QUALITY LEGAL SERVICES FOR OVER 55 YEARS.

SECTION 24: EXHIBIT C TID # 1 BOUNDARY LEGAL DESCRIPTION

LEGAL DESCRIPTION – TID 1

A PARCEL OF LAND LOCATED IN THE NORTHWEST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ AND THE SOUTHWEST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF SECTION 1 AND THE NORTHWEST $\frac{1}{4}$ OF THE NORTHWEST $\frac{1}{4}$, ALL IN T1N, R16E, VILLAGE OF WILLIAMS BAY, WALWORTH COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE WEST $\frac{1}{4}$ CORNER OF THE SOUTHWEST $\frac{1}{4}$ OF SAID SECTION 1;

THENCE S $00^{\circ}33'11''$ E ALONG THE WEST LINE OF SAID SOUTHWEST $\frac{1}{4}$, 39.05 FEET TO THE POINT OF BEGINNING; THENCE N $89^{\circ}26'49''$ E, 25.00 FEET; THENCE N $43^{\circ}20'15''$ E, 21.62 FEET; THENCE N $87^{\circ}06'40''$ E, 170.36 FEET; THENCE S $00^{\circ}31'29''$ E, 151.48 FEET; THENCE S $00^{\circ}33'47''$ E, 100.96 FEET; THENCE S $43^{\circ}44'58''$ E, 66.29 FEET; THENCE S $70^{\circ}53'13''$ E, 79.96 FEET TO A POINT ON THE SOUTH LINE OF OBSERVATORY PLACE; THENCE N $86^{\circ}52'08''$ E ALONG THE SOUTH LINE OF OBSERVATORY PLACE, 29.92 FEET; THENCE S $00^{\circ}36'35''$ E, 160.96 FEET; THENCE S $00^{\circ}31'01''$ E, 160.87 FEET; THENCE N $87^{\circ}25'48''$ E, 116.73 FEET; THENCE N $87^{\circ}19'38''$ E, 117.25 FEET; THENCE N $87^{\circ}10'08''$ E, 98.60 FEET; THENCE N $84^{\circ}31'35''$ E, 12.40 FEET; THENCE S $00^{\circ}30'22''$ W, 5.26 FEET; THENCE S $00^{\circ}28'13''$ E, 586.51 FEET; THENCE S $87^{\circ}22'51''$ W, 14.99 FEET; THENCE S $00^{\circ}37'02''$ E, 615.05 FEET TO A POINT ON THE NORTH LINE OF GRAND VIEW AVENUE; THENCE S $87^{\circ}13'37''$ E ALONG THE NORTH LINE OF GRAND VIEW AVENUE, 665.60 FEET; THENCE S $00^{\circ}10'07''$ E, 29.90 FEET TO A POINT ON THE SOUTH LINE OF GRAND VIEW AVENUE; THENCE N $87^{\circ}13'04''$ E ALONG THE SOUTH LINE OF GRAND VIEW AVENUE, 440.42 FEET; THENCE S $00^{\circ}32'46''$ E, 141.13 FEET; THENCE N $86^{\circ}33'02''$ E, 13.94 FEET; THENCE S $00^{\circ}31'09''$ E, 162.49 FEET; THENCE ALONG AN ARC OF A CURVE TO THE RIGHT, HAVING A RADIUS OF 510.00 FEET, AN ARC LENGTH OF 329.01 FEET AND A CHORD BEARING S $67^{\circ}30'47''$ E, 323.34 FEET; THENCE N $45^{\circ}31'52''$ E, 195.20 FEET; THENCE S $50^{\circ}35'27''$ E, 223.03 FEET TO A POINT ON THE NORTH LINE OF CONSTANCE BOULEVARD; THENCE S $77^{\circ}34'35''$ E, 78.87 FEET; THENCE N $63^{\circ}04'56''$ E, 105.01 FEET; THENCE S $13^{\circ}51'07''$ E, 39.12 FEET; THENCE N $76^{\circ}09'09''$ E, 185.11 FEET; THENCE S $00^{\circ}27'11''$ E, 714 FEET, MORE OR LESS, TO THE WATERS EDGE OF LAKE GENEVA; THENCE SOUTHWESTERLY ALONG THE WATERS EDGE OF LAKE GENEVA, 860 FEET, MORE OR LESS; THENCE N $29^{\circ}30'05''$ W, 415.01 FEET TO A POINT ON THE SOUTH LINE OF OUTING STREET; THENCE N $15^{\circ}21'28''$ W, 20.06 FEET TO A POINT ON THE NORTH LINE OF OUTING STREET; THENCE S $78^{\circ}53'12''$ W ALONG THE NORTH LINE OF OUTING STREET, 94.76 FEET; THENCE S $58^{\circ}58'20''$ W ALONG THE NORTH LINE OF OUTING STREET, 190.94 FEET; THENCE N $25^{\circ}03'05''$ W, 329.81 FEET; THENCE S $62^{\circ}09'55''$ W, 131.57 FEET

TO A POINT ON THE WEST LINE OF SAID NORTHWEST $\frac{1}{4}$ OF SECTION 12;
THENCE N $00^{\circ}08'06''$ W ALONG THE WEST LINE OF SAID NORTHWEST $\frac{1}{4}$ OF
SECTION 12, 291.53 FEET TO THE NORTHWEST CORNER OF SAID SECTION
12; THENCE N $00^{\circ}33'02''$ E ALONG THE WEST LINE OF THE SOUTHWEST $\frac{1}{4}$
OF SAID SECTION 1, 2562.52 FEET TO THE PLACE OF BEGINNING OF THIS
DESCRIPTION.

SECTION 25: DISCLAIMER TEXT

Robert W. Baird & Co. Incorporated is providing this information to you for discussion purposes. The materials do not contemplate or relate to a future issuance of municipal securities. Baird is not recommending that you take any action, and this information is not intended to be regarded as "advice" within the meaning of Section 15B of the Securities Exchange Act of 1934 or the rules thereunder.

THE VILLAGE OF WILLIAMS BAY, WISCONSIN

VILLAGE BOARD SUMMARY SHEET

COMMISSION SECTION: DISCUSSION/ACTION ITEM NUMBER: 1	TITLE: Williams Bay Proposed Tax Increment District # 1 Project Plan Overview and Resolution Consideration	DATE July 1, 2024 VOTE REQUIRED: Majority
PREPARED BY: Adam Ruechel, Baird TIF Consultant		

To prepare the Village Board for consideration of adoption of the proposed Tax Incremental District # 1 Project Plan and creation resolution Village Staff and I felt it would be prudent to provide board members with a summary of events and activities which have occurred since the last plan review on June 3, 2024.

June 4, 2024-Updates to Project Plan Per County Recommendations/Village Board Direction

Per request from Walworth County and direction from the Village Board Page 14 of the project plan was updated to include Phase 2 Project Costs related towards the infrastructure improvements for STH 67 West for the total cost of \$5,885,000.

Page 15 was updated to include requested language from Walworth County to read the following:

The Village has provided a full list of projects, including a phase 2 that would only be included in the TID in the event sufficient increment growth is expected to be generated. The Village reserves the right to replace specific projects within the general categories stated in Section 9 to better meet the needs of the development as it progresses. If the total project costs (excluding financing costs) of \$ 11,436,000 plus a 20% contingency are exceeded prior to the end of the expenditure period, newly added projects will be brought forward for approval to the Joint Review Board, even if increment exists for payment.

June 4, 2024- Village of Williams Bay Proposed Tax Increment District # 1 Joint Review Board Meeting

Attendees: Dr. William Duncan-Village Representative, Jessica Conley-Walworth County, Sharon Johnson-Gateway Technical College, Jennifer Fredrick-Williams Bay School District, Dr. Edgar "Skip" Mosshamer-Recommended Appointed Village Public Member, Village Administrator Lothspeich, Village Clerk Kolls, Baird TIF Consultants-Adam Ruechel, and Kevin Mullen.

Meeting Synopsis: Dr. William Duncan was appointed unanimously by the Joint Review Board (JRB) members to serves as the acting Chairperson moving forward for any future TID 1 JRB meetings. Dr. Skip Mosshamer was appointed by a majority of the JRB members moving forward to serve as the Village Public Member. A Presentation was given by Baird TIF Consultants in which they walked the members of the JRB through the project plan and allowed for opportunity for questions, comments, and suggestions to be made. The JRB scheduled Wednesday, July 17th at 3pm to hold their final JRB meeting for consideration of adopting the project plan and JRB resolution for TID # 1.

June 11, 2024-Village of Williams Bay Proposed Tax Incremental District # 1 Plan Commission Public Hearing

Attendees: All members of Plan Commission, Village Administrator Lothspeich, Village Clerk Kolls, Baird TIF Consultants-Adam Ruechel, and Kevin Mullen, and various members of the public.

Meet Synopsis: Dr. William Duncan, Chairperson of the plan commission opened a public hearing for the proposed tax incremental district # 1 for the Village of Williams Bay. Baird TIF Consultants walked everyone in attendance through the timeline leading up to this meeting and through all the various items within the proposed project plan. Discussion was held with various members of the plan commission regarding the proposed boundary, sections within the project plan, and regarding the overall creation of a tax incremental financing district. A portion of the public hearing was then opened to the public members in attendance and no member of the public voiced their opinion in favor or opposition. After closing the public hearing, the Plan Commission unanimously passed a motion to recommend the Village Board adopt the TID Boundary presented and recommend the Village Board adopt the proposed project plan.

June 19, 2024-Village of Williams Bay Attorney Opinion Letter Finalization

During the week of June 17th-June 21st Baird TIF Consultants and Village Staff worked with the Village Attorney on the review the project plan, public notices, and draft resolutions for the proposed tax incremental district # 1. The Village Attorney recommended on Page 6 to update the project plan to indicate that less than 35% of the district will be devoted to retail business versus provided an estimated percentage under that amount which we originally had 10% in the plan. Page 19 was updated to change Planned Unit Development to Planned Development Overlay per the village's zoning ordinance. After making these changes the Village Attorney provide village staff and Baird with a copy of a final approved opinion letter which has been added to the project plan.

Village Board members will have an opportunity to review the recommended boundary and draft project plan and then will be asked to consider adoption of the boundary and project plan via municipal resolution which is attached to this summary sheet.

If approved Village Staff will then work to have a notice issued in the paper confirming the July 17th Joint Review Board Meeting and potential consideration of their WI Department of Revenue required resolution.

*** Proof of Publication ***

STATE OF INDIANA)

SS.

LAKE COUNTY)

ROBIN NELSON, being duly sworn on oath, says that he/she is one of the printers of THE LAKE GENEVA REGIONAL NEWS, a weekly newspaper published and distributed in the City of Lake Geneva, County of Walworth, State of Wisconsin, and that a notice, of which the annexed printed slip is a true copy, has been published in the said LAKE GENEVA REGIONAL NEWS for

the term of 3 weeks, once each week successively, commencing

the 22 day of May, 2024, and ending

May 29, 2024

VILLAGE OF WILLIAMS BAY

PO BOX 580

WILLIAMS BAY WI 53191

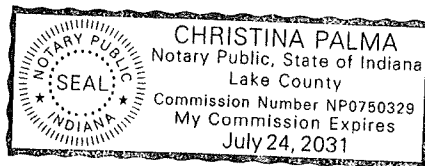
ORDER NUMBER 145712

Subscribed and sworn to before me this 29 day of

MAY, 2024

Christina Palma
Notary Public

My Commission Expires _____



Section: Legal

Category: 0099 Legal Notices

PUBLISHED ON: 05/22/2024, 05/29/2024

TOTAL AD COST: 138.31

FILED ON: 5/29/2024

NOTICE OF PUBLIC HEARING AND
JOINT REVIEW BOARD MEETING
REGARDING THE PROPOSED
PROJECT PLAN AND BOUNDARY
FOR TAX INCREMENTAL DISTRICT
(TID) NO. 1

IN THE VILLAGE OF WILLIAMS
BAY, WISCONSIN

NOTICE IS HEREBY GIVEN, that the Village of Williams Bay will hold an organizational Joint Review Board (JRB) meeting on June 4, 2024, at 3:00 p.m. in the Village Hall Council Room, 250 Williams St., Williams Bay, WI 53191. The purpose of this meeting is to organize a JRB to consider the proposed Project Plan for TID No. 1. The meeting is open to the public.

NOTICE IS HEREBY GIVEN, that the Plan Commission of the Village of Williams Bay will hold a public hearing on June 11, 2024, at 6:30 p.m., or shortly thereafter, in the Village Hall Council Room, 250 Williams St., Williams Bay, WI 53191, regarding the proposed Project Plan and Boundary for TID No. 1 in the Village.

Village of Williams Bay TID No. 1 is being proposed for 57.59 acres encompassing the majority of the former George Williams University property. The site is within the village limits.

TID No. 1 will be classified as a "Mixed-Use District" based on the identification and classification of the property proposed to be included in the TID. Public improvements within TID #1 include the replacement and reconstruction of all existing public water/sewer and extensions which serve the former George Williams University property and within the area of the proposed district, water system improvements near the development to include a water transfer station to improve fire flows to the development, public roadway improvements, and related pedestrian improvements.

The Village anticipates public improvements project costs expenditures related towards the creation of approximately \$5.3 M during the TID's expenditure period.

Proposed public project improvements may include but are not limited to site grading, sanitary sewer system improvements, storm water management system improvements, electric service, gas service, communications infrastructure, street improvements, lighting, sidewalks, professional and organizational services, administrative costs, and finance costs.

Currently the proposed project plan does not call for any cash grants to be made by the Village of Williams Bay to owners, lessees, or developers of property within TID 1. The Village may consider such cash grants if necessary to be included in the finalized project plan.

At the public hearing, all persons will be afforded a reasonable opportunity to be heard concerning the proposed territory project plan amendment. A copy of the TID 1 project plan is available for inspection and will be provided upon request. Arrangements for either inspection or receipt of a copy of the project plan may be made by contacting the Village Administrator, Village of Williams Bay located at 250 Williams Street, Williams Bay, Wisconsin; email: admin@vi.williams-bay.wi.gov, phone: 262-245-2700. Dated this 23rd day of May 2024.

David Lothspeich, Village Administrator

PUB: May 23, 30, 2024 145712
VWAXLP

Village of Williams Bay

TID#1 Creation Timeline



<i>Monday April 15, 2024</i>	Official Direction from Village Board to proceed with TID 1 Creation.
<i>Friday, April 19, 2024</i>	Preliminary project plan template available for Village staff review (maps excluded).
<i>Wednesday, April 24, 2024</i>	TID boundaries finalized.
<i>Friday, May 26, 2024</i>	Mapping in process of completion and delivered to Baird as soon as possible.
<i>Wednesday, May 1, 2024</i>	Baird compiles draft project plan.
<i>Friday, May 3, 2024</i>	Final Village staff/Baird comments/changes to draft project plan due.
<i>Monday, May 6, 2024</i>	Village Board Appoints JRB Village Representative and Public Member. Review of current timeline and project plan status.
<i>Friday, May 10, 2024</i>	Draft version of the project plan available for public review/distribution.
<i>Monday, May 13, 2024</i>	Village Plan Commission review of Draft Project Plan and timeline.
<i>Monday, May 20, 2024</i>	Copy of the Notice of Public Hearing sent via First Class mail, from the Village to all taxing entities (county, school, and technical college district officials). Must occur at least 15 days prior to public hearing and before first publication of Class II notice. Provide DOR with copies of the cover letters that were sent with the notices or a clerk's certification that the letters and notices were distributed on the same date. (After Project Plan is available & before publication date)
<i>Monday, May 20, 2024</i>	Class I Notice of Joint Review Board (JRB) Meeting and Class II Notice of Public Hearing due to Village official newspaper.

<i>Thursday, May 23, 2024</i>	First publication of Class II Notice of Public Hearing (1 st & 2 nd notice must occur in 2 consecutive weeks). Publication date for notices/hearings of City official newspaper.
<i>Thursday, May 30, 2024</i>	Publication of Class I Notice of Joint Review Board Meeting (must be published at least 5 days prior to the JRB meeting). (After Notice of Public Hearing is sent out) Second publication of Class II Notice of Public Hearing. Provide DOR with readable copies of the public hearing notices and an affidavit of publication from the newspaper indicating both dates of publication. (Must be at least 7 days prior to Public Hearing)
<i>Monday June 3, 2024</i>	Village Board reviews draft project plan to provide input on proposed boundary and project costs.
<i>Tuesday June 4, 2024</i>	JRB holds its first meeting. The Board's Chairperson and public members are selected (must be within 14 days after the notice publication, before public hearing).
<i>Tuesday, June 11, 2024</i>	Public hearing regarding the project plan. Must be held at least one week (7 days) after second publication of public hearing notice.
<i>Tuesday, June 11, 2024</i>	Plan Commission adopts resolution and submits it to the Village Board for approval.
<i>Monday, June 17, 2024</i>	Village Board updated on Plan Commission Meeting. No action taken.
<i>Monday, July 1, 2024</i>	The Village Board considers Plan Commission recommendation. Project plan approved. Village Board adopts resolution. The clerk provides the JRB with a copy of the resolution and financial information. (No sooner than 14 days after the public hearing)
<i>Monday, July 8, 2024</i>	Class I notice of JRB meeting due to newspaper.
<i>Thursday, July 11, 2024</i>	Publication of Class I Notice of JRB meeting (must be published at least 5 days prior to the JRB meeting).
<i>Wednesday, July 18, 2024</i>	Final action by JRB. (Within 45 Days after receiving Resolution)
<i>Friday, July 19, 2024</i>	JRB notifies the village of its decision. (Within 7 Days of JRB action)
<i>Monday, July 22, 2024</i>	Submit written notice to DOR of TID approval. (Within 60 Days of Approval)
<i>Submitted by October 31, 2024</i>	Submit completed application to DOR for base value certification.

ORDINANCE #2024-_____
AN ORDINANCE REPEALING SECTIONS 22-1 THROUGH 22-6, AND AMENDING
SECTIONS 1-4D. (2), 19-2G. (1) AND 19-5 OF THE CODE OF ORDINANCES OF THE
VILLAGE OF WILLIAMS BAY RELATING TO THE MUNICIPAL COURT

WHEREAS, the Village of Williams Bay currently operates a Municipal Court pursuant to the authority of Chapter 755 of the Wisconsin Statutes; and

WHEREAS, it having been recommended to the Village Board by the Building, Zoning and Ordinance committee that the Municipal Court be abolished in order to avail the Village of the efficiencies of processing and prosecuting in the Circuit Court for Walworth County citations issued by the Village of Williams Bay for the violation of Village ordinances; and

WHEREAS, upon consideration of the Building, Zoning and Ordinance Committee recommendation, the Village Board having determined that the processing of prosecution of citations issued for violation of Village ordinances in the Circuit Court for Walworth County will adequately protect and advance the interests of the Village and provide for a fair hearing on the part of defendants, and will provide the Village with additional efficiencies in the processing of prosecution of said ordinance violations.

NOW, THEREFORE, the Village Board of the Village of Williams Bay hereby ordain as follows:

- Section I. Chapter 22, Sections 22-1 through 22-6 of the Code of Ordinances of the Village of Williams Bay are hereby repealed.
- Section II. Section 1-4D. (2) of the Code of Ordinances of the Village of Williams Bay is hereby amended to read as follows:
- (2) The forfeiture shall be as established by resolution of the Village Board which, in addition to the costs of prosecution, constitute the schedule of cash deposits for the ordinances listed therein. A copy of the forfeiture schedule shall be on file with the Municipal Clerk, Police Department and Clerk of Circuit Court.
- Section III. Section 19-2G. (1) of the Code of Ordinances of the Village of Williams Bay is hereby amended to read as follows:
- (1) That the alleged violator may make a cash deposit of a specified amount to be mailed to the Clerk of Circuit Court prior to their return date.
- Section IV. Section 19-4 of the Code of Ordinances of the Village of Williams Bay is hereby amended to read as follows:
- The schedule of cash deposits for use with citations issued under this chapter shall be as provided in §1-4D of this Code and such schedule shall be on file with the Municipal Clerk, Police Department and Clerk of Circuit Court.
- Section V. This ordinance shall take effect on May 1, 2025 which is the end of the term for which the Municipal Judge has been elected

Approved by the Village Board of the Village of Williams Bay this _____ day of _____, 2024.

VILLAGE OF WILLIAMS BAY

By: _____
William Duncan, President

Attest: _____
Tina Kolls, Clerk

First Reading: _____
Second Reading: _____
Date Adopted: _____
Date Published: _____



MEMORANDUM

DATE: JULY 1, 2024
TO: VILLAGE BOARD OF TRUSTEES
FROM: TINA KOLLS, VILLAGE CLERK
RE: ALCOHOL LICENSE RENEWALS

Alcohol License approvals are contingent upon no outstanding liabilities with the Village, no delinquent wholesaler invoices, or Department of Revenue holds.

COMBINATION CLASS "B" FERMENTED MALT BEVERAGE AND "CLASS B" INTOXICATING LIQUOR LICENSE RENEWAL APPLICATIONS:

1. Aurora University, d/b/a George Williams College, 350 Constance Blvd, John C Harbeck, Agent
2. Big Bay, LLC, d/b/a Harpoon Willies/Café Calamari, 8 E. Geneva St, Joshua LaCroix, Agent
3. Privato, LLC, d/b/a Privato, 2 W. Geneva St, Sara J LaGroix, Agent
4. Green Grocer, Inc, d/b/a Green Grocer, 24 W. Geneva St, Dawn Marie Mancuso, Agent
5. Lucke Enterprises Inc, d/b/a Lucke's Cantina, 220 Elkhorn Rd, Laine Lucke, Agent

RESERVE COMBINATION CLASS "B" FERMENTED MALT BEVERAGE AND "CLASS B" INTOXICATING LIQUOR LICENSE RENEWAL APPLICATIONS:

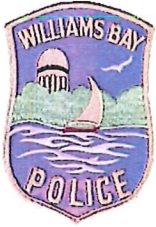
1. Gage Marine Corporation, d/b/a Pier 290, 1 Liechty Dr, William B. Gage, Agent
2. Bay Cooks LLC, d/b/a Bay Cooks, 99 N. Walworth Ave, Elizabeth Sanchez, Agent

COMBINATION CLASS "A" FERMENTED MALT BEVERAGE AND "CLASS A" INTOXICATING LIQUOR LICENSE RENEWAL APPLICATIONS:

1. Ganesh Food, Inc. d/b/a Bayside Mart, 156 Elkhorn Rd, Arpita Patel, Agent
2. GLM Liquor and Grocery Inc, d/b/a Bell's Store, 659 E. Geneva St, Gurpeet Kaur, Agent
3. Williams Bay Mobil Mart, Inc, d/b/a Williams Bay Mobil Mart, 66 W. Geneva St, Gurdarshan Singh, Agent

TOBACCO/VAPE PRODUCTS LICENSE RENEWALS:

1. Ganesh Food, d/b/a Bayside Mart, 156 Elkhorn Rd
2. GLM Liquor and Grocery Inc, d/b/a Bell's Store, 659 E. Geneva St
3. Williams Bay Mobil Mart, Inc, d/b/a Williams Bay Mobil Mart, 66 W. Geneva St



Village of Williams Bay Police Department

PO Box 580
250 Williams Street
Williams Bay, WI 53191



June 26th 2024

To: Tina Kolls; Village Clerk
From Justin P Timm; Chief of Police

Re: Alcohol Beverage License

Ms. Kolls,

In mid-June I received all the Alcohol Beverage License Applications for the Village of Williams Bay applicable businesses which I have listed below:

Aurora University	Green Grocer Inc	Bay Cooks LLC	Williams Bay Mobil Mart	Harpoon Willies/ Café Calamari
Privato LLC	Lucke Enterprises Inc.	Gage Marine Corp.	Ganesh Food, Inc. DBA Bayside Mart	GLM Liquor and Grocery Inc

On June 26th, 2024, I completed my onsite visits as well as the background checks for the businesses.

With the given information, I do not have any reason to deny any of the applications.

Sincerely,

Justin P Timm
Chief of Police
Village of Williams Bay Police Department

VILLAGE OF WILLIAMS BAY

RENEWAL ALCOHOL LICENSE CHECKLIST

*Checklist must be submitted by each applicant seeking to renew an Alcohol License.
Incomplete applications will be rejected.*

Business Name & Street Address: Aurora University / George Williams College
350 Constance Blvd PO Box 210 Williams Bay, WI 53191-0210

Applicant Name: Sharon Maxwell

Type of Alcohol License(s) Sought: Class B Beer & Class B liquor

Applicant	Office Use	Item
☒	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☒	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☒	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☒	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☒	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☒	☒	License Fees are due prior to issuance
☒	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>650</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Aurora University

2. Business Trade Name or DBA

George Williams College

3. FEIN

36-2166964

4. Wisconsin Seller's Permit Number

456-102004713403

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

350 Constance Blvd

10. City

Williams Bay

11. State

WI

12. Zip Code

53191

13. County

Walworth

14. Governing Municipality: ☐ City ☐ Town ☒ Village
of: Williams Bay

15. Aldermanic District

16. Premises Phone

262-245-8536

17. Premises Email

jharbeck@aurora.edu

18. Website

gwc.aurora.edu

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Beasley Campus Center, Ferro Pavilion, Mabel Crafty Building

20. Mailing Address (if different from premises address)

347 S. Gladstone Ave.

21. City

Aurora

22. State

IL

23. Zip Code

60506

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Harbeck	John	Dir. Campus Public Safety	262-245-8508
King	Jeffrey	EVP/COO	630-844-6090
Maxwell	Sharon	SVP Business & Finance	630-844-5630

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Maxwell		First Name Sharon		M.I. W.
Title SVP Business & Finance		Email smaxwell@aurora.edu		Phone 630-844-5630
Signature <i>Sharon W. Maxwell</i>			Date 5/30/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date
5/30/24

Agent Type (check one)

☒ Original (no fee)

☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Aurora University

2. Business Trade Name or DBA:

George Williams College

3. Entity Type (check one)

☐ Limited Liability Company

☐ Corporation

☒ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License

☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Harbeck

2. First Name

John

3. M.I.

C.

4. Email

jharbeck@aurora.edu

5. Phone

262-245-8508

6. Home Address

W1127 S. Shore Dr.

7. City

Palmyra

8. State

WI

9. Zip Code

53156

10. Age

64

11. Drivers License/State ID Number

H612-4635-9296-02

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

Continued →

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name <i>Harbeck</i>		First Name <i>John</i>	
		M.I. <i>C</i>	
Title <i>Director of Campus Public Safety</i>		Email <i>jharbeck@aurora.edu</i>	
		Phone <i>262-245-8536</i>	
Signature <i>John C Harbeck</i>		Date <i>5/30/2024</i>	

Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name <i>Harbeck</i>		First Name <i>John</i>	
		M.I. <i>C</i>	
Signature <i>John C Harbeck</i>		Date <i>5/30/2024</i>	

Alcohol Beverage
Individual Questionnaire

Date 5/30/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Aurora University	
2. Business Trade Name or DBA George Williams College	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization	

Part B: Individual Information					
1. Last Name King		2. First Name Jeffrey		3. M.I.	
4. Relationship to Business (Title) EVP & COO		5. Email jking@aurora.edu		6. Phone 630-844-6090	
7. Home Address 347 S. Gladstone Ave.					
8. City Aurora		9. State IL	10. Zip Code 60506	11. Date of Birth	
12. Drivers License/State ID Number K520-4216-3313			13. Drivers License/State ID State of Issuance Illinois		

Part C: Address History							
1. Do you currently reside in Wisconsin? ☐ Yes ☒ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
703 Oak Lane		South Elgin		IL		60177	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
IL	Kane	IL	McHenry				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

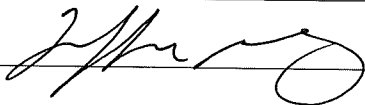
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

5/20/24

Alcohol Beverage
Individual Questionnaire

Date 5/30/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Aurora University	
2. Business Trade Name or DBA George Williams College	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization	

Part B: Individual Information

1. Last Name Maxwell		2. First Name Sharon		3. M.I. W.
4. Relationship to Business (Title) Sr. VP for Business & Finance/Treasurer		5. Email smaxwell@aurora.edu		6. Phone 630-844-5630
7. Home Address 347 S. Gladstone Ave.				
8. City Aurora	9. State IL	10. Zip Code 60506	11. Date of Birth 11/30/1968	
12. Drivers License/State ID Number M240-7916-8940		13. Drivers License/State ID State of Issuance Illinois		

Part C: Address History

1. Do you currently reside in Wisconsin? ☐ Yes ☒ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years	Months			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2925 Kendridge Ln		City Aurora	State IL	Zip Code 60502			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State IL	County Kendall	State TN	County Williamson	State 	County 	State 	County
State IL	County McLean	State 	County 	State 	County 	State 	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Shaun Sal Mofur</i>	Date <i>5.30.2024</i>
-------------------------------------	--------------------------

Alcohol Beverage
Individual Questionnaire

Date 5/30/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	Aurora University
2. Business Trade Name or DBA	George Williams College
3. Entity Type (check one)	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name	Harbeck	2. First Name	John	3. M.I.	C
4. Relationship to Business (Title)	Dir. of Campus Public Safety	5. Email	jharbeck@aurora.edu	6. Phone	262-245-8508
7. Home Address	W1127 S. Shore Dr.				
8. City	Palmyra	9. State	WI	10. Zip Code	53156
11. Date of Birth	8/16/1959				
12. Drivers License/State ID Number	H612-4635-9296-02		13. Drivers License/State ID State of Issuance Wisconsin		

Part C: Address History

1. Do you currently reside in Wisconsin?	☒ Yes ☐ No						
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?	Years 64 Months 9						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary							
Previous Address 1	City	State	Zip Code				
W1127 S. SHORE DR	PALMYRA	WI	53156				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

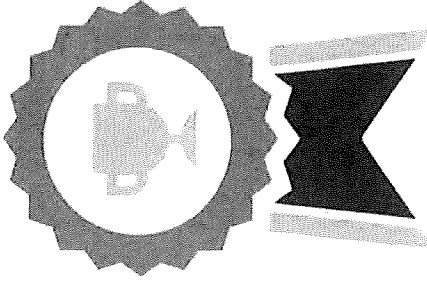
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

5/30/2024



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

John Harbeck

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

03/01/2024

Training Date

**EMPLOYEE TRAINING ACKNOWLEDGEMENT
LEGAL RESTRICTION ON TOBACCO SALES TO MINORS**

Use of form: This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

Instructions: Sign form and retain on premises in personnel file.

Employee - Name (print)		Driver's License Number
John Harbeck		H/612-4635-9296-02
Address	City, State, Zip	
Online	Statewide, WI	
Home Telephone	Date of Birth (Day, Month, Year)	
262-894-7328	16/8/1959	
Store Name	Store Number (if applicable)	
Wisconsin Bartending		
Name - Supervisor		

I acknowledge (Choose one):

- ☐ I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- ☐ I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- ☒ I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.


SIGNATURE - Employee

Date Signed

SIGNATURE - Supervisor

Date Signed

DRIVER LICENSE
REGULAR

USA
WISCONSIN

CLASS D

HARBECK
JOHN CHARLES

SEX M HT 5' 09" WT 195 lb EYES BRO HAIR BRO

DC [REDACTED] EXP [REDACTED]

END NONE

AUG 59

12125002000410021097

DONOR





WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1069476496

AURORA UNIVERSITY
PO BOX 210
WILLIAMS BAY WI 53191-0210

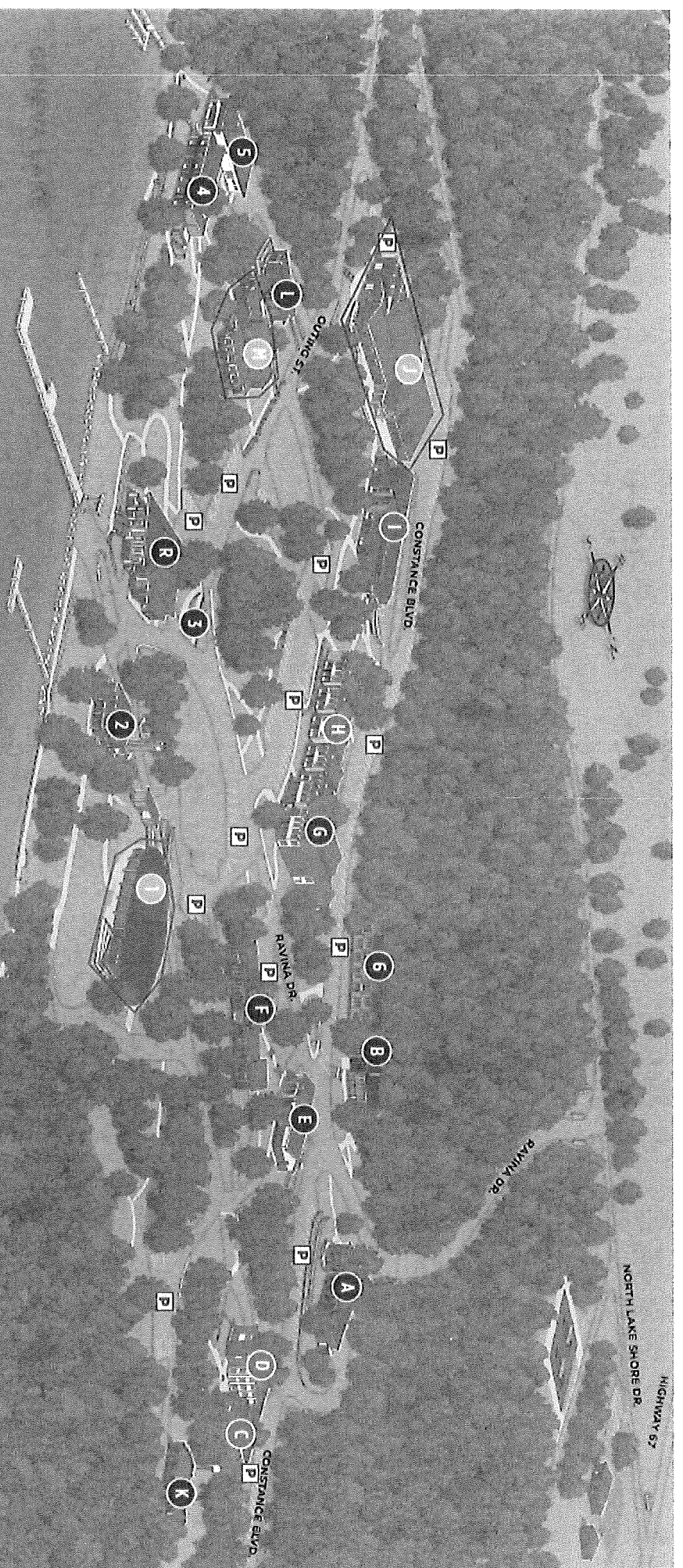
Wisconsin Department of Revenue Seller's Permit

Legal/real name: AURORA UNIVERSITY
Business name: GEORGE WILLIAMS COLLEGE
350 CONSTANCE BLVD
WILLIAMS BAY WI 53191

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1020047134-03

George Williams College of Aurora University Campus Map Key



- Beasley Campus Center J
- Blakesley Dining Room J
- Brandenburg F
- Carolyn Burch Granley Lodge 4
- Emery Lodge J
- Ferro Pavilion 1
- Geneva Lake Water Safety Patrol 5
- Geneva Lake Environmental Agency 6
- George Williams Memorial Room J
- Hamlin Welcome Center E
- Hilbory Lodge C
- Ingaalls Building Chapel L
- Janis Pilels Maintenance Building K

- Lakemont Lodge 2
- Lowrey B
- Mabel Crafty Building M
- Meyer A
- Oak Lodge D
- Scott Library B
- Seabury Room J
- Slimms Family Nursing Center G
- Stemhaus Circle S
- Waldensall Administration Building R
- Winston Paul C
- Winston Paul Lodge M

For more information, contact the Office of Admission in the Hamlin Welcome Center (E) at gwcadmission@aurora.edu or 262-245-8554.

- P Parking
- Event Venue
- Residence Hall

GWC

George Williams

College

of Aurora University

Discover what matters.
And build your life around it.
gwc.aurora.edu

Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191
(262) 245-2700

Receipt No: 20.001091 Jun 3, 2024

Aurora University

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Beer 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 358017	650.00
Payor: Aurora University	
Total Applied:	650.00
Change Tendered:	.00

06/03/2024 5:34 PM

VILLAGE OF WILLIAMS BAY RENEWAL ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking to renew an Alcohol License. Incomplete applications will be rejected.

Business Name & Street Address: CAFE CALAMAR / HARBOUR WILLIES
10 E. GENEVA ST.

Applicant Name: JOSHUA LAROCX

Type of Alcohol License(s) Sought: _____

Applicant	Office Use	Item
☐	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☐	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☐	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☐	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☐	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☐	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☐	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☐	☒	License Fees are due prior to issuance
☐	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 50.00
Total Fees	\$ 650.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) HARPOON WILLIES / CAFE CALAMARI (BIG BAY LLC)			
2. Business Trade Name or DBA HARPOON WILLIES / CAFE CALAMARI			
3. FEIN 39-2042894		4. Wisconsin Seller's Permit Number 456-000069262-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 4/15/2000	
8. Wisconsin DFI Registration Number B046104			
9. Premises Address 10 EAST GENEVA ST.			
10. City WILLIAMS BAY		11. State WI	12. Zip Code 53191
13. County WALWORTH	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: WILLIAMS BAY		15. Aldermanic District N/A
16. Premises Phone 262-245-6706	17. Premises Email INFO@CAFECALAMARI.COM		18. Website CAFECALAMARI.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. ALL AREAS OF BUILDING INCLUDING OUTDOOR PATIO AREAS. LIQUOR ROOM IN OFFICE SECURED. BEER IN COOLER. ALL OTHER LIQUOR IN BAR AREAS			
20. Mailing Address (if different from premises address) PO Box 723			
21. City WILLIAMS BAY		22. State WI	23. Zip Code 53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

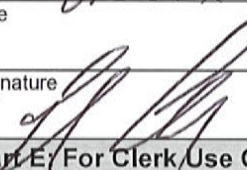
Last Name	First Name	Title	Phone
LACROIX	JOSHUA	OWNER	262-607-0093

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
LACROIX	JOSHUA	J
Title	Email	Phone
Signature	Date	
	6/3/24	

Part E: For Clerk/Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
6-3-24

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Big Bay LLC

2. Business Trade Name or DBA

Cafe Calamari / Harpoon Willies

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☒ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

LaCroix

2. First Name

Joshua

3. M.I.

G

4. Email

joshaki52@yahoo.com

5. Phone

262-607-0093

6. Home Address

N 2378 Valley View Dr

7. City

Lake Geneva

8. State

WI

9. Zip Code

53147

10. Age

49

11. Drivers License/State ID Number

L262-4277-5187-09

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

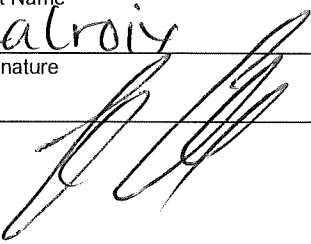
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Lacroix</i>		First Name <i>Joshua</i>		M.I. <i>G</i>
Signature 			Date <i>6/3/24</i>	

DRIVER LICENSE
REGULAR

USA
WISCONSIN

CLASS D

1 **LA CROIX**
2 **JOSHUA GARFIELD**

15 SEX **M** 16 HGT **6'02"**
17 WGT **190 lb** 18 EYES **BLU**
19 HAIR **BRO** 4a ISS **[REDACTED]**
3 DOB **[REDACTED]** 4b EXP **[REDACTED]**
9a END **NONE** 5 DD **OTKYB2021111814115005**

MAY 75

**Don't
Blower
Here**

COMBINATION FORM

NO. BB2024-002

CLASS "B"/"CLASS B" RETAIL LICENSE

\$600.00

for the sale of
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUOR

WHEREAS, the local governing body of the Village of Williams Bay, Walworth County, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B"/"Class B" license to:

Big Bay, LLC d/b/a Harpoon Willies/Cafe Calamari

Josh LaCroix, Agent

to sell Fermented Malt Beverages and Intoxicating Liquor, as defined by and pursuant to Section 125.26 and 125.51 of the statutes of the State of Wisconsin, and;

WHEREAS, said applicant has paid to the treasurer the sum of \$600.00 for such Class "B"/"Class B" Retail Combination Fermented Malt Beverage and Intoxicating Liquor License as required by local ordinances, and has complied with all the requirements necessary for obtaining such licenses.

LICENSES ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages and Intoxicating Liquors at the following described premises:

Cafe Calamari/Harpoon Willies, 10 E. Geneva St., Williams Bay, WI 53191

throughout the restaurants, patios, bar areas, and coolers

FOR THE PERIOD from July 1, 2023 to June 30, 2024



Given under my hand and the corporate seal of The
Village of Williams Bay, Walworth County,
Wisconsin, this 20th day of June, 2023


Tina Kolis, Village Clerk

This license must be FRAMED and POSTED in a conspicuous place where Fermented Malt Beverages and Intoxicating Liquors are sold

Alcohol Beverage
Individual QuestionnaireDate
5/27/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bik Bay LLC

2. Business Trade Name or DBA

HARBOUR WILKES / CAFE CACAMARI

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

LACROIX

2. First Name

JOSHUA

3. M.I.

G

4. Relationship to Business (Title)

OWNER

5. Email

JOSHAKI 52 @ YAHOO.COM

6. Phone

262

607-0093

7. Home Address

N 2378 VALLEY VIEW DR.

8. City

LAKE GENEVA

9. State

WI

10. Zip Code

53147

11. Date of Birth

5/27/75

12. Drivers License/State ID Number

L 262-4277-5187-09

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

49

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

SAME AS ABOVE

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

WI

WALKER

State

County

WI

VSA

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Date

5/21/15



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0939243024

BIG BAY LLC
PO BOX 723
WILLIAMS BAY WI 53191-0723

Wisconsin Department of Revenue Seller's Permit

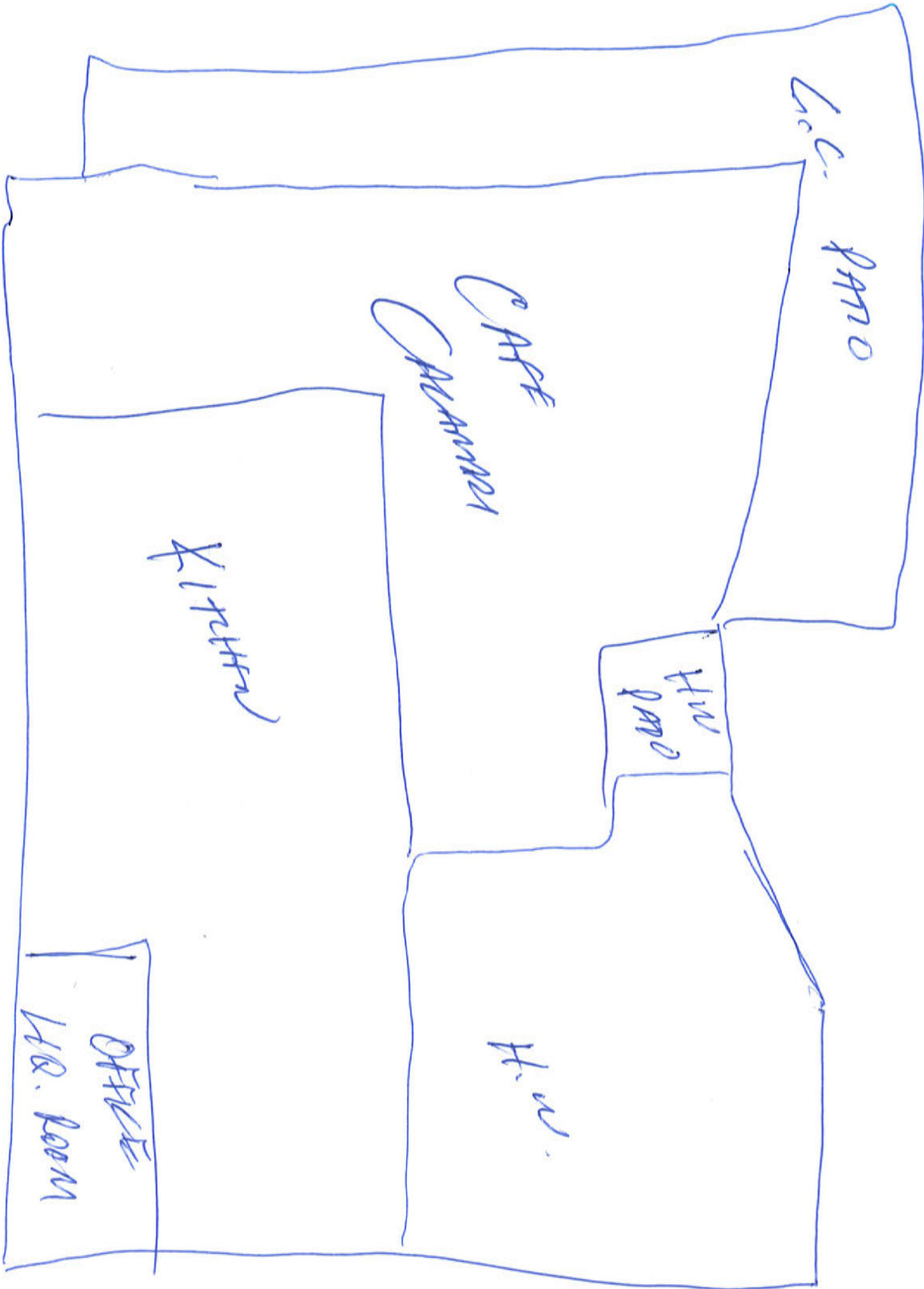
Legal/real name: BIG BAY LLC

Business name: HARPOON WILLIES & CAFE CALAMARI
10 W GENEVA ST
WILLIAMS BAY WI 53191-9518

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location; you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000069262-02

W
N
E



Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191
(262) 245-2700

Receipt No: 20.001090
Jun 3, 2024

PRIVATO, LLC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER - PRIVATO 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR - PRIVATO 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE - PRIVATO 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00

BIG BAY, LLC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER - BIG BAY, LLC 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR - BIG BAY LLC 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE - BIG BAY LLC 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00

CHECKS Check No: 70589 Payor: BIG BAY, LLC	1,300.00
Total Applied:	1,300.00
Change Tendered:	.00

06/03/2024 2:56 PM

VILLAGE OF WILLIAMS BAY

RENEWAL ALCOHOL LICENSE CHECKLIST

*Checklist must be submitted by each applicant seeking to renew an Alcohol License.
Incomplete applications will be rejected.*

Business Name & Street Address: Privato, LLC
2 W Geneva St.

Applicant Name: _____

Type of Alcohol License(s) Sought: _____

Applicant	Office Use	Item
☐	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☐	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☐	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☐	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☐	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☐	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☐	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☐	☒	License Fees are due prior to issuance
☐	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>50.00</u>
Total Fees	\$ <u>650.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

PRIVATO LLC

2. Business Trade Name or DBA

PRIVATO

3. FEIN

82-2585401

4. Wisconsin Seller's Permit Number

456-1029506938-02

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

2019

8. Wisconsin DFI Registration Number

P070614

9. Premises Address

2 W GENEVA ST.

10. City

WILLIAMS BAY

11. State

WI

12. Zip Code

53191

13. County

WALWORTH

14. Governing Municipality: ☐ City ☐ Town ☒ Village
of: WILLIAMS BAY

15. Aldermanic District

N/A

16. Premises Phone

NONE

17. Premises Email

INFO@CAFECAVALLI.COM

18. Website

—

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

1st Floor CUSTOMERS STADIUM & BAR
2nd Floor OFFICE & LOCKER LIQUOR ROOM

20. Mailing Address (if different from premises address)

PO BOX 723

21. City

WILLIAMS BAY

22. State

WI

23. Zip Code

53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
LaCroix	SARA	DWARR	262-949-9634

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
LaCroix	Sara	J
Title	Email	Phone
owner	info@cafecalamari.com	262-949-9634
Signature	Date	
Sara LaCroix	6-3-24	

Part E: For Clerk/Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
6-3-24

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Privato

2. Business Trade Name or DBA

Privato

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐ Municipal Retail License ☒ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

LaCroix

2. First Name

Sara

3. M.I.

J

4. Email

info@cafecalamari.com

5. Phone

262.949.9634

6. Home Address

N2378 Valley View Dr

7. City

Lake Geneva

8. State

WI

9. Zip Code

53147

10. Age

49

11. Drivers License/State ID Number

L262-7907-5690-00

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>LaCroix</i>		First Name <i>Sara</i>		M.I. <i>J</i>
Signature <i>Sara LaCroix</i>			Date <i>6-3-24</i>	



COMBINATION FORM

NO. BB2024-005 CLASS "B"/"CLASS B" RETAIL LICENSE \$600.00

for the sale of
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUOR

WHEREAS, the local governing body of the Village of Williams Bay, Walworth County, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B"/"Class B" License to:

Privato, LLC d/b/a Privato

Sara LaCroix, Agent

to sell Fermented Malt Beverages and Intoxicating Liquor, as defined by and pursuant to Section 125.26 and 125.51 of the statutes of the State of Wisconsin, and;

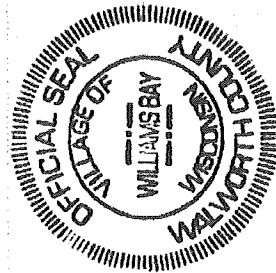
WHEREAS, said applicant has paid to the treasurer the sum of \$600.00 for such Class "B"/"Class B" Retail Combination Fermented Malt Beverage and Intoxicating Liquor License as required by local ordinances, and has complied with all the requirements necessary for obtaining such licenses.

LICENSES ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages and Intoxicating Liquors at the following described premises:

Privato, 2 W. Geneva St., Williams Bay, WI 53191

Main Level, Upstairs, Basement, Cellar and Outdoor Patio

FOR THE PERIOD from July 1, 2023 to June 30, 2024



Given under my hand and the corporate seal of The
Village of Williams Bay, Walworth County,
Wisconsin, this 20th day of June, 2023

Tina Kolls

Tina Kolls, Village Clerk

This License must be FRAMED and POSTED in a conspicuous place where Fermented Malt Beverages and Intoxicating Liquors are sold

Alcohol Beverage
Individual Questionnaire

Date 5/27/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) PRIVATO LLC	
2. Business Trade Name or DBA PRIVATO	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name LACROIX		2. First Name SARA		3. M.I. J
4. Relationship to Business (Title) OWNER		5. Email INFO@CAFECALAMARI.COM		6. Phone 262 947-9634
7. Home Address N 2378 VALLEY VIEW PL.				
8. City LAKE GENEVA		9. State WI	10. Zip Code 53147	11. Date of Birth 5/30/75
12. Drivers License/State ID Number L262-7907-5690-00			13. Drivers License/State ID State of Issuance WI	

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 49	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 SAME AS ABOVE		City		State	Zip Code
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County WALWORTH	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

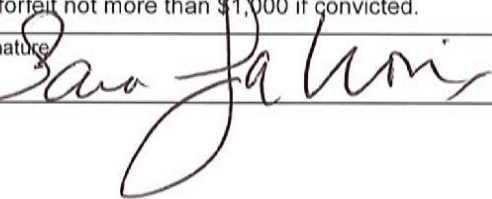
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

6-3-24



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L2136323552

PRIVATO LLC
PO BOX 723
WILLIAMS BAY WI 53191-0723

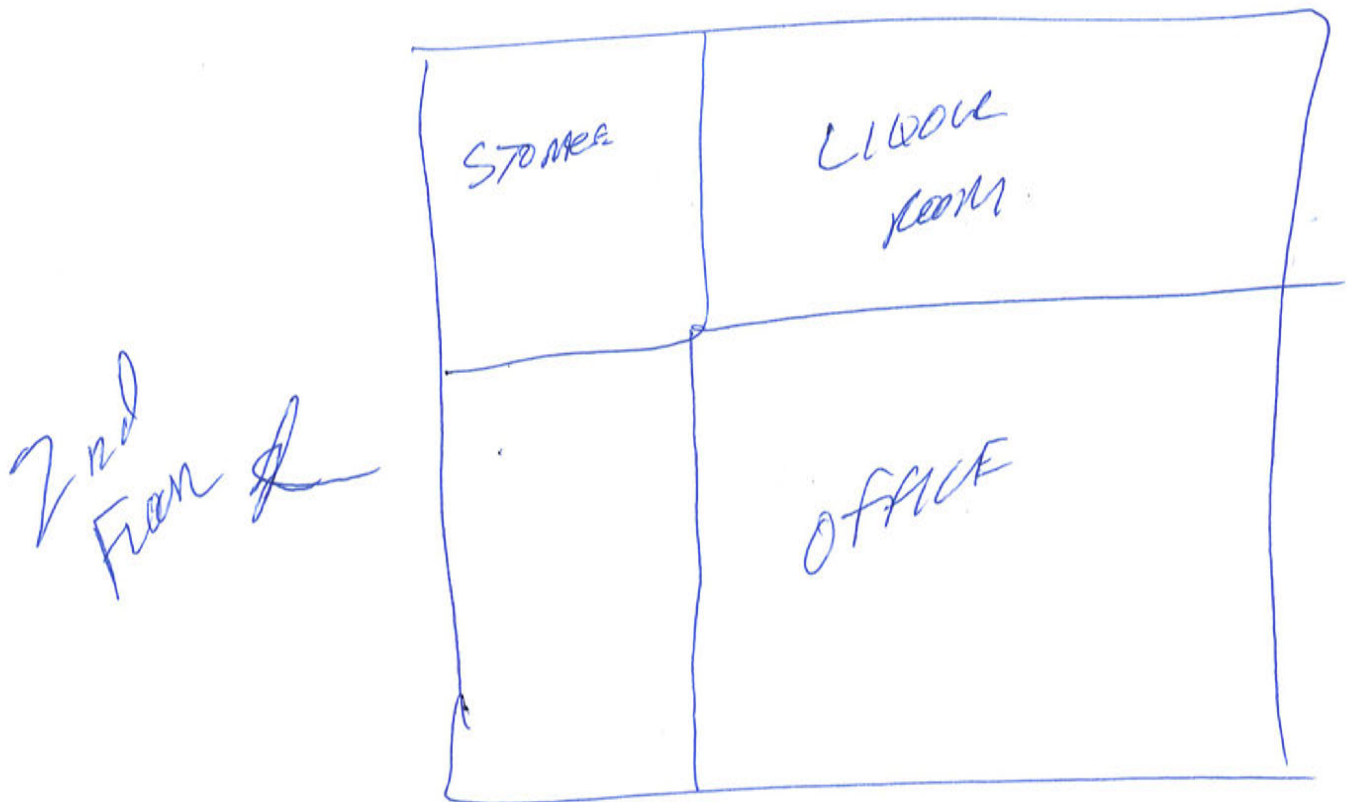
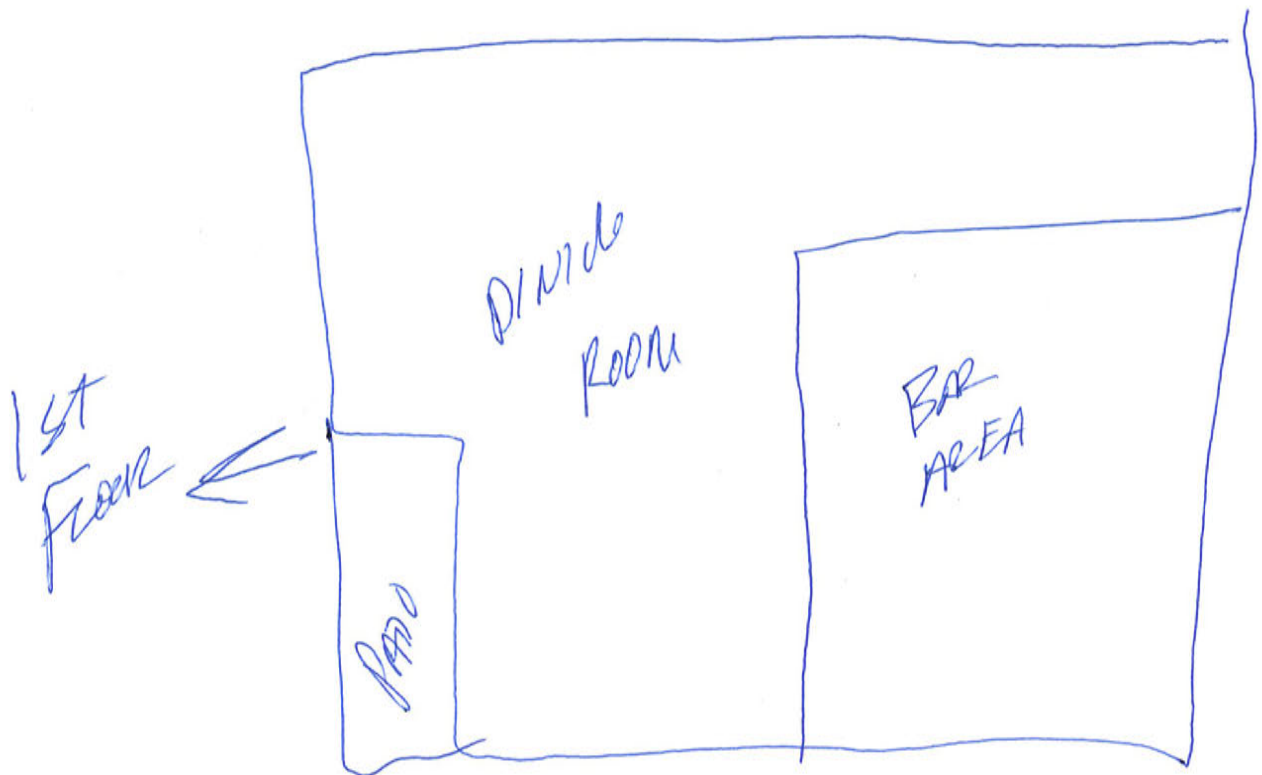
Wisconsin Department of Revenue Seller's Permit

Legal/real name: PRIVATO LLC
Business name: PRIVATO
2 WEST GENEVA ST
WILLIAMS BAY WI 53191

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1029506938-02

W N
S E



Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191

(262) 245-2700

Receipt No: 20.001090

Jun 3, 2024

PRIVATO, LLC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER - PRIVATO 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR - PRIVATO 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE - PRIVATO 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00

BIG BAY, LLC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER - BIG BAY, LLC 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR - BIG BAY LLC 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE - BIG BAY LLC 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 70589	1,300.00
Payor: BIG BAY, LLC	
Total Applied:	1,300.00
Change Tendered:	.00

06/03/2024 2:56 PM

VILLAGE OF WILLIAMS BAY

RENEWAL ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking to renew an Alcohol License. Incomplete applications will be rejected.

Business Name & Street Address: GREEN BROKEN 24 W GENEVA ST.

Applicant Name: _____

Type of Alcohol License(s) Sought: CLABS Beer + CLASS B LIQUOR

Applicant	Office Use	Item
☒	☐	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☐	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☐	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☒	☐	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☒	☐	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☒	☐	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☒	☐	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☒	☐	License Fees are due prior to issuance
☒	☐	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	7/1/2024 - 6/30/2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600 ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 50 ⁰⁰
Total Fees	\$ 650⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) GREEN GROCER INC		
2. Business Trade Name or DBA GREEN GROCER		
3. FEIN 27-093281-7	4. Wisconsin Seller's Permit Number 456-1027004518-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization 9/14/2009	8. Wisconsin DFI Registration Number G043420
9. Premises Address 24 W GENEVA ST + 26 W GENEVA ST		
10. City WILLIAMS BAY	11. State WI	12. Zip Code 53191
13. County WALWORTH	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: WILLIAMS BAY	15. Aldermanic District
16. Premises Phone 262-245-9077	17. Premises Email info@greengrocerwb.com	18. Website www.greengrocerwb.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. WINE FOR SALE AT FRONT OF STORE UNIT 24, ALL OTHER WINE, BEER + SPIRITS PACKAGE SALES ARE AT THE REAR OF UNIT 24. FULL SERVICE BAR LOCATED AT REAR OF UNIT 26.		
20. Mailing Address (if different from premises address) PO BOX 612		
21. City WILLIAMS BAY	22. State WI	23. Zip Code 53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Larson	Jane	Member	262-949-8224
Veith	Jennifer	Member	262-325-8685
Mancuso	Dawn	Member	262-215-0616

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Veith	Jennifer	A
Title	Email	Phone
Member - CFO	jen.veith0829@gmail.com	262-325-8685
Signature	Date	
<i>Jennifer Veith</i>	01/10/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
6/10/2024

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

GREEN GROCER INC

2. Business Trade Name or DBA

GREEN GROCER

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

MANCUSO

2. First Name

DAWN

3. M.I.

M

4. Email

dmmancuso@wi.rr.com

5. Phone

262-215-0616

6. Home Address

W3556 700 CLUB LN

7. City

LAKE GENEVA

8. State

WI

9. Zip Code

53147

10. Age

62

11. Drivers License/State ID Number

M522-1736-1826-00

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☒ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☐ Yes ☒ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Mancuso		First Name Dawn		M.I. m
Signature Dawn Marie Mancuso			Date 6/10/24	

Alcohol Beverage
Individual Questionnaire

Date 6/10/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) GREEN GROCER, LLC	
2. Business Trade Name or DBA GREEN GROCER	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

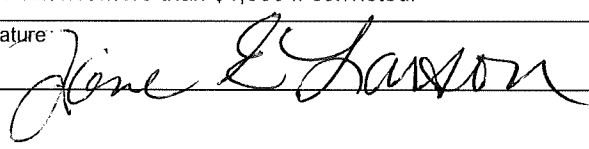
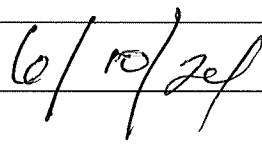
1. Last Name LARSON		2. First Name JANE		3. M.I. E
4. Relationship to Business (Title) OWNER	5. Email		6. Phone 262-919-8224	
7. Home Address 555 DEVILS LANE				
8. City WALWORTH	9. State WI	10. Zip Code 53184	11. Date of Birth 11-23-64	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance ← LG25-4456-4923-06/WI		

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?							
Years 59		Months					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 N1825 TOWN HALL RD		City WALWORTH	State WI	Zip Code 53184			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County MILWAUKEE	State WI	County WALWORTH	State 	County 	State 	County
State WI	County KENOSHA	State 	County 	State 	County 	State 	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 

Alcohol Beverage
Individual Questionnaire

Date 6/10/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Green Grocer LLC

2. Business Trade Name or DBA

Green Grocer

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Mancuso

2. First Name

Dawn Marie

3. M.I.

4. Relationship to Business (Title)

Co-Owner

5. Email

dmancuso@wl.rr.com

6. Phone

262-215-0616

7. Home Address

170 Big Foot St

8. City

Fontana

9. State

WI

10. Zip Code

53125

11. Date of Birth

9/6/61

12. Drivers License/State ID Number

M522-1736-1826-00

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

44 yrs

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

W3556 700 Club Dr.

City

Lake Geneva

State

WI

Zip Code

53147

Previous Address 2

W3818 Laebay Lane

City

Lake Geneva

State

WI

Zip Code

53147

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

W1 Wa Worth

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Dawn Marie Mancuso</i>	Date <i>6/10/24</i>
-------------------------------------	---------------------

Alcohol Beverage
Individual Questionnaire

Date 6/10/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	GREEN GROCER, LLS
2. Business Trade Name or DBA	GREEN GROCER
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership
☒ Limited Liability Company	☐ Corporation
☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name	Veith	2. First Name	Jennifer	3. M.I.	A
4. Relationship to Business (Title)	CEO	5. Email	jen.veith0829@gmail.com	6. Phone	262 325-8685
7. Home Address	6835 Buckby Rd				
8. City	Lake Geneva	9. State	WI	10. Zip Code	53147
11. Date of Birth	11/23/1964				
12. Drivers License/State ID Number	WI V300-4216-4923-04		13. Drivers License/State ID State of Issuance		
		Wisconsin			

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				59	7
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. NA					
Previous Address 1	City	State	Zip Code		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Walworth	WI	Milwaukee		
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

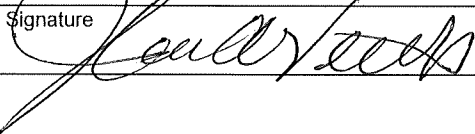
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 6/10/2024
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VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 772

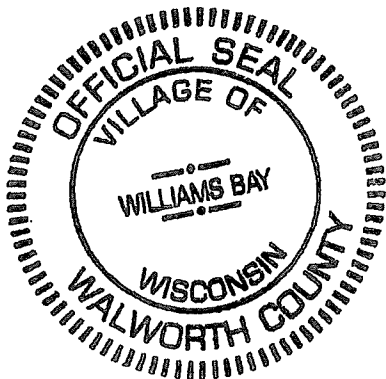
WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

JANE ELIZABETH LARSON

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

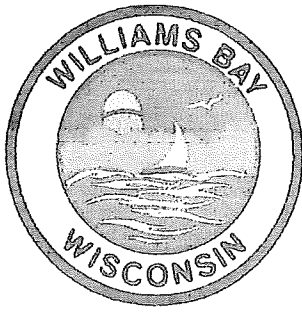
NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, is hereby issued to said applicant, **FOR THE PERIOD OF November 7, 2023- June 30, 2025.**

Given Under My hand and the Great Seal of the Village of Williams Bay, County of Walworth, State of Wisconsin,
This 7th day of November, 2023.





Tina Kolls, Village Clerk



VILLAGE OF WILLIAMS BAY

OPERATOR'S LICENSE

LICENSE NO: 770

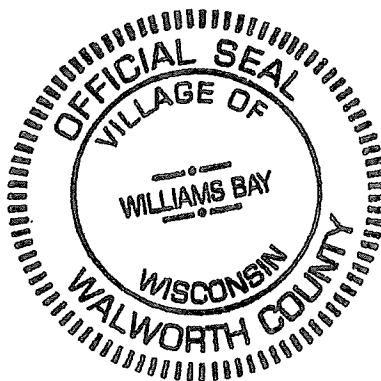
WHEREAS, the local governing body of the Village of Williams Bay, County of Walworth, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

JENNIFER ANNIE VEITH

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$40.00 as required by the Municipal Ordinances, and has complied with all requirements necessary for obtaining said license;

NOW THEREFORE, An "Operator's License" pursuant to §125.32 (2) and 125.68 (2) of the Wisconsin State Statutes, and local ordinances, is hereby issued to said applicant,
FOR THE PERIOD OF November 7, 2023- June 30, 2025.

Given Under My hand and the Great Seal of the Village of
Williams Bay, County of Walworth, State of Wisconsin,
This 7th day of November, 2023.





Tina Kolls, Village Clerk

DRIVER LICENSE
REGULAR

USA
NOT FOR
FEDERAL
PURPOSES
WISCONSIN

1 MANCUSO

2 DAWN MARIE

9 CLASS D

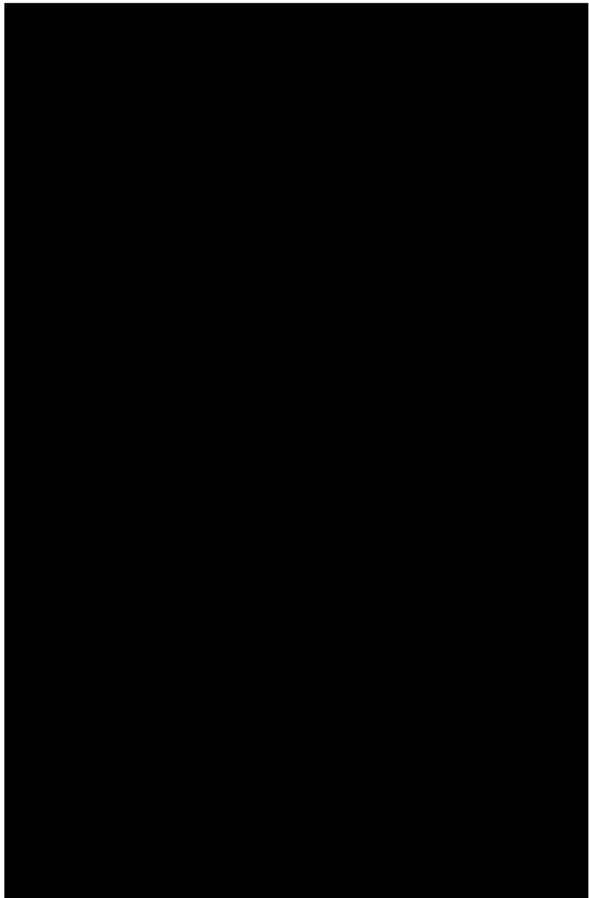


SEP 01

5 SEX F
17 WGT 120 lb
19 HAIR BLD
3 DOB [REDACTED]
9a EXP NONE

16 HGT 5'-05"
18 EYES BRO
4a SS [REDACTED]
5 UID OTSLD202905612295306





DRIVER LICENSE
REGULAR

WISCONSIN

NOT FOR
FEDERAL
PURPOSES

1. **LARSON**
2. **JANE ELIZABETH**

3. SEX **F** 4. HGT **5'-06"**
5. WGT **130 lb** 6. EYES **BRO**
7. HAIR **BRO** 8. SKN **[REDACTED]**
9. DOB **[REDACTED]** 10. EX **[REDACTED]**
11. END **NONE**

NOV 64

CLASS **D**

STATE OF WISCONSIN

COMMONWEALTH OF WISCONSIN

WISCONSIN

DRIVER LICENSE
REGULAR

WISCONSIN

USA NOT FOR
FEDERAL
PURPOSES

CLASS D

1 VEITH
2 JENNIFER ANNE



Jennifer Anne Veith

15 SEX F 16 HT 5'-06"
17 WT 150 lb 18 EYES BRO
19 HAIR BRO 40 ISS [REDACTED]
3 DOB [REDACTED] 40 EXP [REDACTED]
9a END NONE 5 DD OT1011/202012/112012/11



JENNIFER ANNE VEITH

DONOR



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0316469216

GREEN GROCER INC
PO BOX 612
WILLIAMS BAY WI 53191-0612

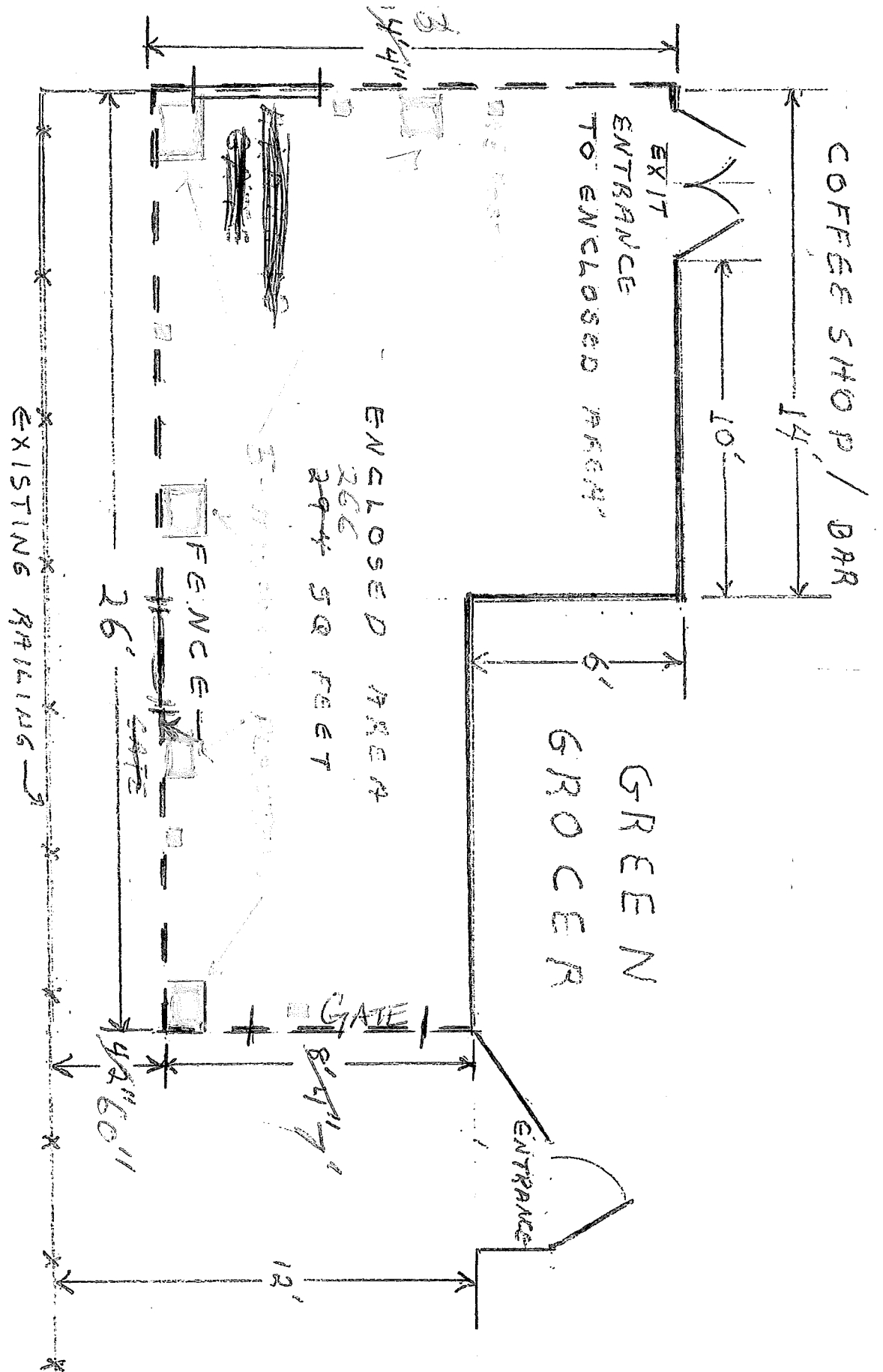
Wisconsin Department of Revenue Seller's Permit

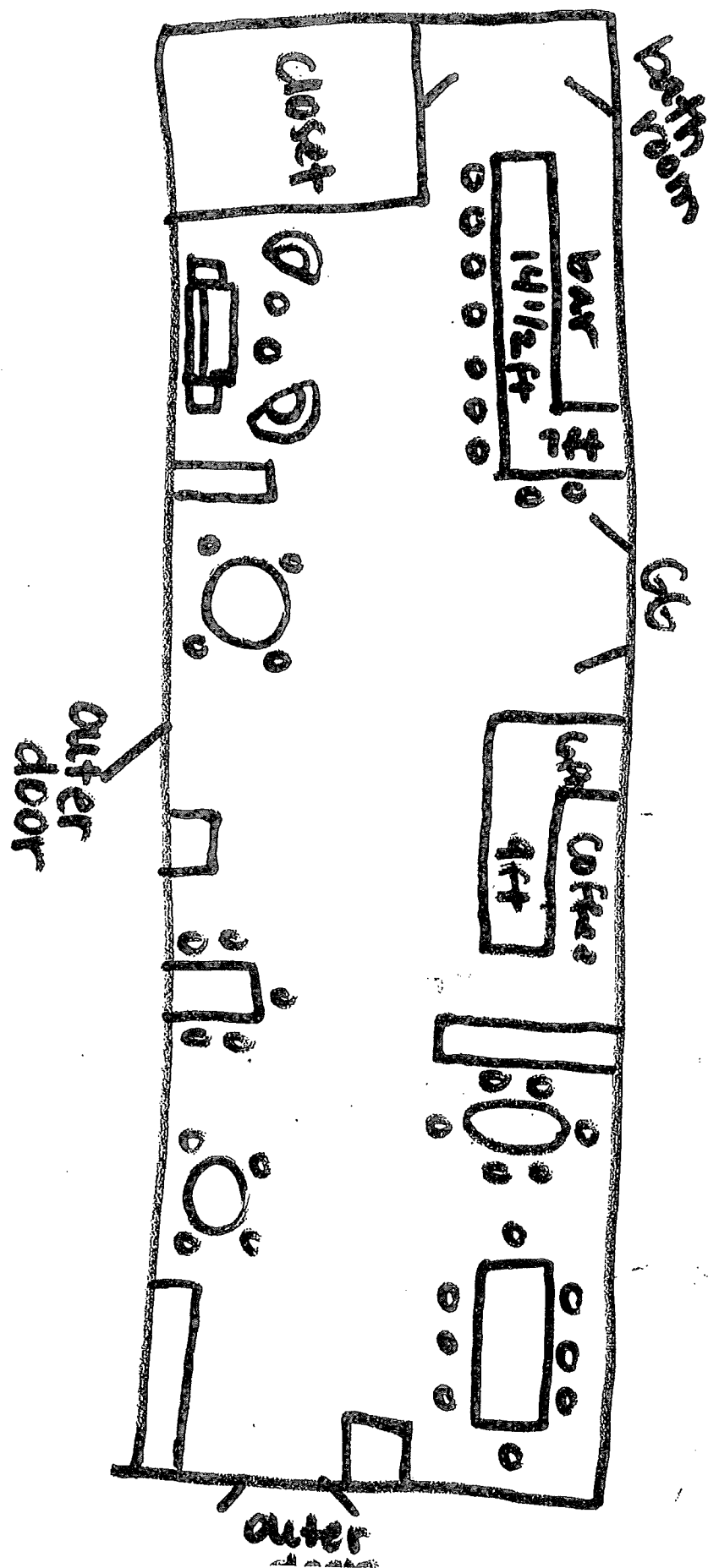
Legal/real name: GREEN GROCER INC

Business name: 24 W GENEVA ST
WILLIAMS BAY WI 53191-9518

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027004518-03





Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191

(262) 245-2700

Receipt No: 20.001113

Jun 10, 2024

GREEN GROCER INC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 5670	650.00
Payor: GREEN GROCER INC	
Total Applied:	650.00
Change Tendered:	.00

06/10/2024 2:09 PM

VILLAGE OF WILLIAMS BAY RENEWAL ALCOHOL LICENSE CHECKLIST

*Checklist must be submitted by each applicant seeking to renew an Alcohol License.
Incomplete applications will be rejected.*

Business Name & Street Address: LUCKA'S CANTINA, 220 EIKHORN RD,
WILLIAMS BAY, WI. 53191

Applicant Name: LAINE LUCKA

Type of Alcohol License(s) Sought: CLASS B LIQUOR & CLASS B BEER

Applicant	Office Use	Item
☒	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☒	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. <u>Does not apply to, individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.</u>
☒	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☐	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☐	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☐	☒	License Fees are due prior to issuance
☐	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100.00
Background Check Fee	\$
Publication Fee	\$ 50.00
Total Fees	\$ 650.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Lucke Enterprises Inc.			
2. Business Trade Name or DBA Lucke's Cantina			
3. FEIN 32-0172506		4. Wisconsin Seller's Permit Number 456-1020037616-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
9. Premises Address 220 Elkhorn Rd.		8. Wisconsin DFI Registration Number L041094	
10. City Williams Bay		11. State WI	12. Zip Code 53191
13. County Walworth		14. Governing Municipality: ☐ City ☐ Town ☒ Village of Williams Bay	
16. Premises Phone (262) 245-6666		15. Aldermanic District	
17. Premises Email lainelucke@gmail.com		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. All rooms of all floors & patio/deck			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Lucke	Laine	Owner/president	(262) 903-3391

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Lucke		First Name Laine		M.I. F
Title Owner/president		Email lainelucke@gmail.com	Phone (262) 903-3391	
Signature			Date 06/06/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
06/06/2024

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Lucke Enterprises Inc.

2. Business Trade Name or DBA

Lucke's Cantina

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Lucke

2. First Name

Laine

3. M.I.

F

4. Email

lainelucke@gmail.com

5. Phone

(262) 903-3391

6. Home Address

321 S. Jackson St.

7. City

Elkhorn

8. State

WI

9. Zip Code

53121

10. Age

58

11. Drivers License/State ID Number

L-200-5266-5222-01

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Lucke	First Name Laine	M.I. F
Title Owner/president	Email lainelucke@gmail.com	Phone (262) 903-3391
Signature		Date 06/06/24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Lucke	First Name Laine	M.I. F
Signature <i>laine lucke</i>		Date 06/06/24

Alcohol Beverage
Individual QuestionnaireDate
06/06/2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Lucke Enterprises Inc.

2. Business Trade Name or DBA

Lucke's Cantina

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Lucke

2. First Name

Laine

3. M.I.

F

4. Relationship to Business (Title)

Owner/president

5. Email

lainelucke@gmail.com

6. Phone

(262) 903-3391

7. Home Address

321 S. Jackson St.

8. City

Elkhorn

9. State

WI

10. Zip Code

53121

11. Date of Birth

06/22/19

12. Drivers License/State ID Number

L200-5266-5222-01

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
48

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

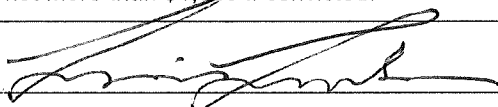
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 06/06/2024
--	--------------------

LUCKE ENTERPRISES INC
LAINE LUCKE
220 ELKHORN RD
WILLIAMS BAY, WI 53191



**WISCONSIN DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION**

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY

Retail Food - Serving Meals, Moderate

LICENSEE MAILING ADDRESS

ATCP-L14882

LUCKE ENTERPRISES INC

220 ELKHORN RD

WILLIAMS BAY, WI 53191

EXPIRATION DATE

6/30/2025

NOT TRANSFERABLE

LICENSE NUMBER

ATCP-005344

BUSINESS / ESTABLISHMENT ADDRESS

LUCKE'S CANTINA

220 ELKHORN

WILLIAMS BAY, WI 53191

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the Department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WI DATCP

PO Box 93296

MILWAUKEE, WI 53293-0296

(608) 224-4720

* Include the name of your facility and the ID number.



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0601523344

LUCKE ENTERPRISES INC.
220 ELKHORN RD
WILLIAMS BAY WI 53191-9514

Wisconsin Department of Revenue Seller's Permit

Legal/real name: LUCKE ENTERPRISES INC.
Business name: LUCKE ENTERPRISES
220 ELKHORN RD
WILLIAMS BAY WI 53191-9514

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1020037616-03



20-5-2011
Williams Bay, WA 98743

127.9

Liquor to be stored and or served
On all levels, on all floors and in
All rooms bordered in yellow

LOT 6

PLAT OF SURVEY

92.00' LANDSCAPE
~(100.25'~)

TIMBERS

LOT 5

AREA

Covered Deck

DECK

PARKING

BLACKTOP

TWO
STORY

BUILDING

LANDSCAPED AREA

AREA 0.27 ACRES

SIDE WALK

HWY 67

NORTH



Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191

(262) 245-2700

Receipt No: 20.001112

Jun 10, 2024

LUCKE ENTERPRISES, INC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B BEER 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS B LIQUOR 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 38112	650.00
Payor: LUCKE ENTERPRISES, INC	
Total Applied:	650.00
Change Tendered:	.00

06/10/2024 1:35 PM

VILLAGE OF WILLIAMS BAY

RENEWAL ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking to renew an Alcohol License. Incomplete applications will be rejected.

Business Name & Street Address: Gage Marine Corp. dba Pier 290
1 Lechty Dr., Williams Bay WI 53191

Applicant Name: William Gage

Type of Alcohol License(s) Sought: Class B

Applicant	Office Use	Item
☒	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☐ NA	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☒ NA	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. <u>Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.</u>
☒	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☒	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☒	☒	License Fees are due prior to issuance
☒	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 50.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>50.00</u>
Total Fees	\$ <u>650.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Gage Marine Corp.

2. Business Trade Name or DBA

Pier 290

3. FEIN

39-0932904

4. Wisconsin Seller's Permit Number

456-000299972-03

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

2/4/1958

8. Wisconsin DFI Registration Number

1604231

9. Premises Address

1 Lechty Dr.

10. City

Williams Bay

11. State

WI

12. Zip Code

53191

13. County

Walworth

14. Governing Municipality: ☐ City ☐ Town ☒ Village
of: Williams Bay

15. Aldermanic District

16. Premises Phone

262-245-2100

17. Premises Email

pier290@gagemarine.com

18. Website

gagemarine.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

see attached

20. Mailing Address (if different from premises address)

PO Box 220

21. City

Williams Bay

22. State

WI

23. Zip Code

53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Gage	William	Owner/President	262-215-9643

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Gage	William	B
Title	Email	Phone
Owner/President	tanya.rotergagemaine.com	262-215-9643
Signature	Date	
	5/15/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Gage Marine Corp.

2. Business Trade Name or DBA

Pier 290

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Gage

2. First Name

William

3. M.I.

B

4. Email

bill.gage@gagemarine.com

5. Phone

262-245-9663

6. Home Address

747 Cedar Point Dr.

7. City

Williams Bay

8. State

WI

9. Zip Code

53191

10. Age

58

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☐ No
Submit proof of completion. NA
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Egge</i>		First Name <i>William</i>		M.I. <i>B</i>
Title <i>Owner / President</i>		Email <i>tanja.rate@eggemanne.com</i>		Phone <i>212-215-9663</i>
Signature <i>W.B. Egge</i>				Date <i>5-15-24</i>

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Egge</i>		First Name <i>William</i>		M.I. <i>B</i>
Signature <i>W.B. Egge</i>				Date <i>5-15-24</i>

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Gage Marine Corp.

2. Business Trade Name or DBA

Pier 290

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Gage

2. First Name

William

3. M.I.

B

4. Relationship to Business (Title)

Owner / President

5. Email

bill.gage@gagemarine.com

6. Phone

262-215-9663

7. Home Address

747 Cedar Point Dr.

8. City

Williams Bay

9. State

WI

10. Zip Code

53191

11. Date of Birth

06/04/1965

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

20+

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

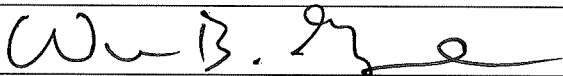
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

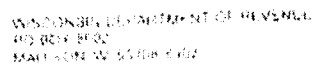
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 5-15-24
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* 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812 2813 2814 2815 2816 2817 281

2018年1月1日
2018年1月1日
2018年1月1日
2018年1月1日

[illegible]

GAGE MARINE CORPORATION
PO BOX 220
WILLIAMSBAY WIS 53191-0220

Wisconsin Department of Revenue Seller's Permit

Legal/real name: LAGE MARINE CORPORATION

Business name: 4 LIECHTY DR
WILLIAMS BAY WI 53191-9740

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Notes & Links to go

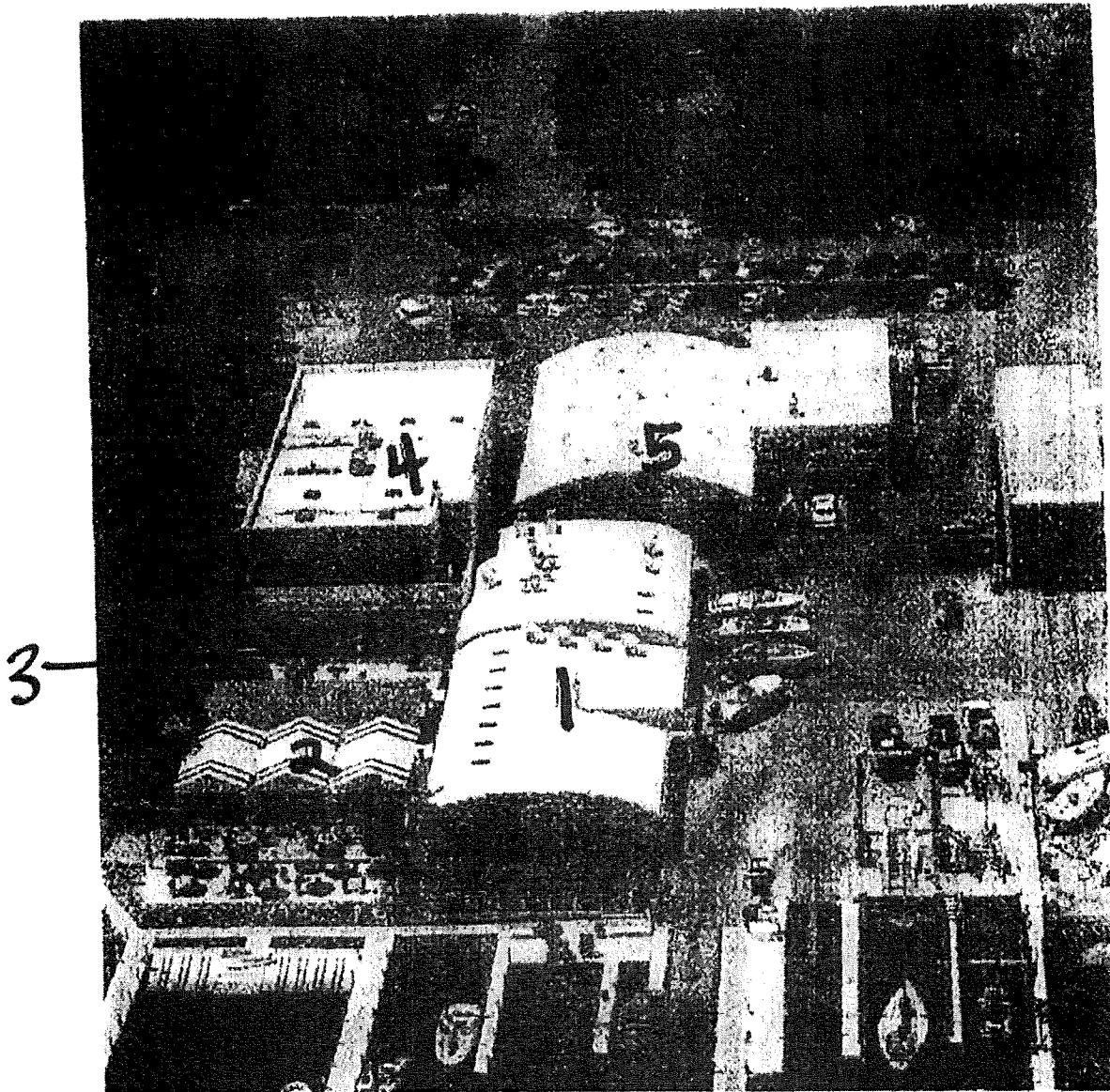
Account Type

Security Issues

Account Number

645-000029997.03

1998年12月 第2期 总第102期



- 1- Inside dining / bar / Kitchen
- 2- outside dining / bar (canopies)
- 3- outside dining / bar
- 4- party room (292) upstairs / storage downstairs
- 5- party room / Santa Cruise

Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191

(262) 245-2700

Receipt No: 20.001050

May 21, 2024

Gage Marine Corporation

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Beer 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Reserve Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 95163 Payor: Gage Marnie Corporation	650.00
Total Applied:	650.00
Change Tendered:	.00

05/21/2024 9:56 AM

VILLAGE OF WILLIAMS BAY

RENEWAL ALCOHOL LICENSE CHECKLIST

*Checklist must be submitted by each applicant seeking to renew an Alcohol License.
Incomplete applications will be rejected.*

Business Name & Street Address: Bay Cooks
99 N. Walworth Ave. Williams Bay, WI 53191
 Applicant Name: Elizabeth Sanchez
 Type of Alcohol License(s) Sought: Class B Liquor

Applicant	Office Use	Item
☒	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☒	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☒	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☒	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☒	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☒	☒	License Fees are due prior to issuance
☒	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>50.00</u>
Total Fees	\$ <u>650.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Bay Cooks</u>			
2. Business Trade Name or DBA <u>Bay Cooks LLC</u>			
3. FEIN <u>87-3865131</u>		4. Wisconsin Seller's Permit Number <u>456-1030855599-04</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>12/07/2021</u>	
8. Wisconsin DFI Registration Number <u>346553-4A45E80A</u>			
9. Premises Address <u>99 N. Walworth Ave.</u>			
10. City <u>Williams Bay</u>		11. State <u>WI</u>	12. Zip Code <u>53191</u>
13. County <u>Walworth</u>		14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <u>Williams Bay</u>	
15. Aldermanic District			
16. Premises Phone <u>262-607-6024</u>		17. Premises Email <u>williamsbaysrestaurant@baycooksllc.com</u>	
18. Website <u>baycooksrestaurant.com</u>			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Bay Cooks is a restaurant. where alcohol beverages are produced sold, and consumed on the inside of our facility and outside patio. It is stored by bar, prep room fridge, and locked cabinet in basement.</u>			
20. Mailing Address (if different from premises address) <u>P.O. Box 3</u>			
21. City <u>Williams Bay</u>		22. State <u>WI</u>	23. Zip Code <u>53191</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity **Bay Cooks** 4b. Business Entity FEIN **87-3865131**

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Basurto	Juan	Owner	262-348-7962
Tijon	Antonia	Owner	262-348-8217
Sanchez	Elizabeth	MGR./Agent	262-812-6806

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Basurto	First Name Juan	M.I. F
Title Owner	Email juanbasurto228@gmail.com	Phone 262-348-7962
Signature Juan F Basurto		Date 05/30/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
05/30/24

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bay Cooks

2. Business Trade Name or DBA

Bay Cooks LLC

3. Entity Type (check one)

☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License ☒ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

456-1030855599-04

6. Describe the reason for appointing a successor agent, if successor is checked above.

Employee (General Manager) of the restaurant.

Part B: Agent Information

1. Last Name

Sanchez

2. First Name

Elizabeth

3. M.I.

D.

4. Email

sanchez.elizabeth93@gmail.com

5. Phone

262-812-6806

6. Home Address

946 George St. Unit 2

7. City

Lake Geneva

8. State

WI

9. Zip Code

53147

10. Age

30

11. Drivers License/State ID Number

9522-2249-3879-04

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Basurto		First Name Juan		M.I. F
Title Owner	Email juanbasurto228@gmail.com		Phone 262-348-7962	
Signature Juan F Basurto			Date 05/30/2024	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Sanchez		First Name Elizabeth		M.I. D.
Signature E. Sanchez			Date 05/30/2024	



CERTIFICATE OF COMPLETION

This certifies that

Elizabeth Sanchez

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

 Completion Date 05/30/2024	 Expiration Date 05/30/2026	 Certificate # WI-00626625
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Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.86(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

Filing Instructions

Prepared for:

JAIME JIJON BALTAZAR & ELIZABETH D.

Prepared by:

2023 U.S. INDIVIDUAL INCOME TAX RETURN

AMOUNT TO BE REFUNDED TO YOU.....\$

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IRS. IF AFTER THREE WEEKS YOU HAVE NOT RECEIVED YOUR REFUND, YOU MAY CONTACT THE IRS AT 1-800-829-4477.

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN 9752. REFER TO FORM 1040 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

2023 WISCONSIN INCOME TAX RETURN

AMOUNT TO BE REFUNDED TO YOU.....\$

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FEDERAL FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE WDOR.

YOUR REFUND WILL BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT ENDING IN 9752. REFER TO FORM 1 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
Bay COOKS	
2. Business Trade Name or DBA	
Bay COOKS LLC	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Basurto		Juan		F.
4. Relationship to Business (Title)	5. Email	6. Phone		
Owner	juanbasurto228@gmail.com	262-348-7962		
7. Home Address				
530 Sage St.				
8. City	9. State	10. Zip Code	11. Date of Birth	
Lake Geneva	WI	53147	10/04/1971	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
B263-4267-1364-06		Wisconsin		

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				25	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City	State	Zip Code	
530 Sage St.		Lake Geneva	WI	53147	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Walworth				
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Juan F Basurto

Date

05/30/2024



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0182995792

BAY COOKS
BAY COOKS
530 SAGE ST
LAKE GENEVA WI 53147-1536

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BAY COOKS
Business name: BAY COOKS LLC
99 N WALWORTH AVE
WILLIAMS BAY WI 53191-9108

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1030855599-04



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1030855599-04

Legal/Real Name: BAY COOKS

Signature _____

We are here to serve you

Wisconsin Department of Revenue
PO Box 8902
Madison, WI 53708-8902

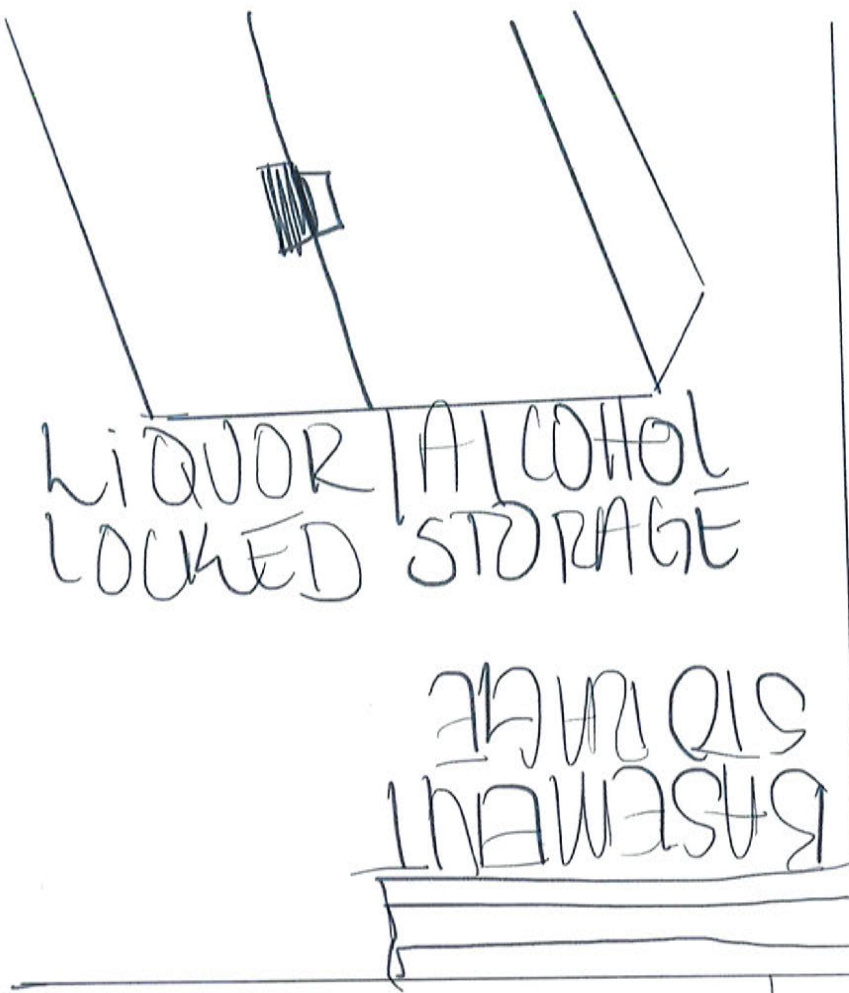
Ph: 608-266-2776

Fax: 608-264-6884

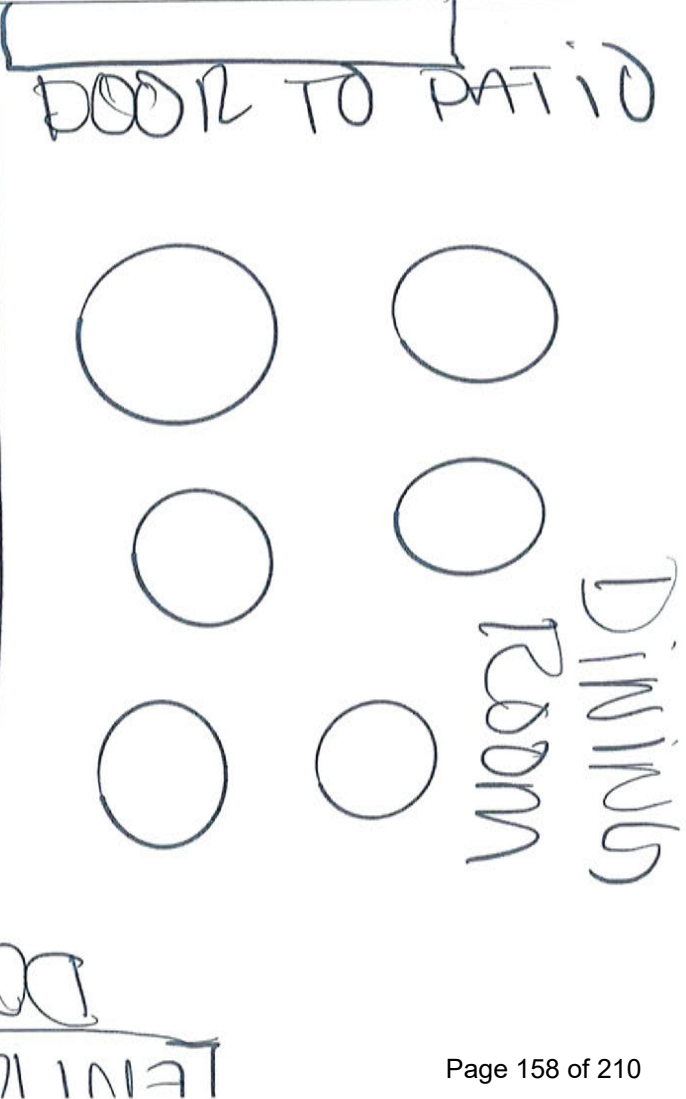
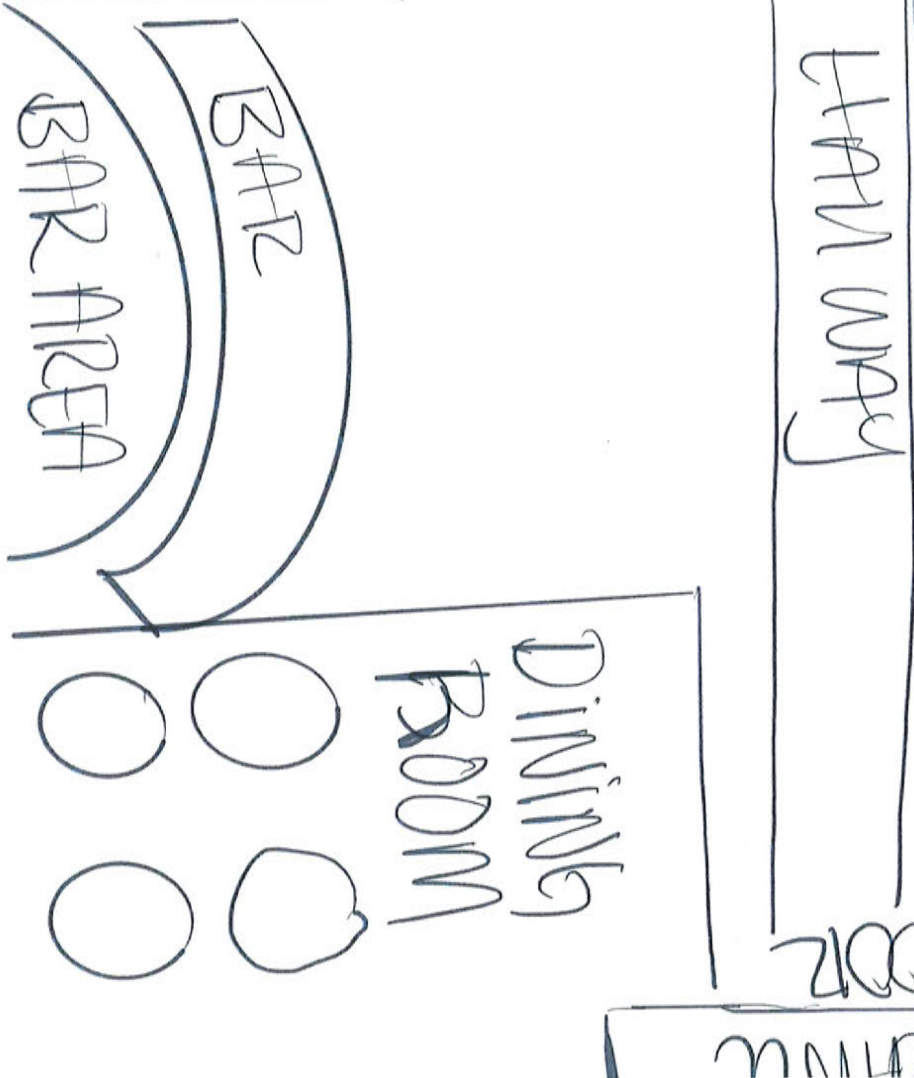
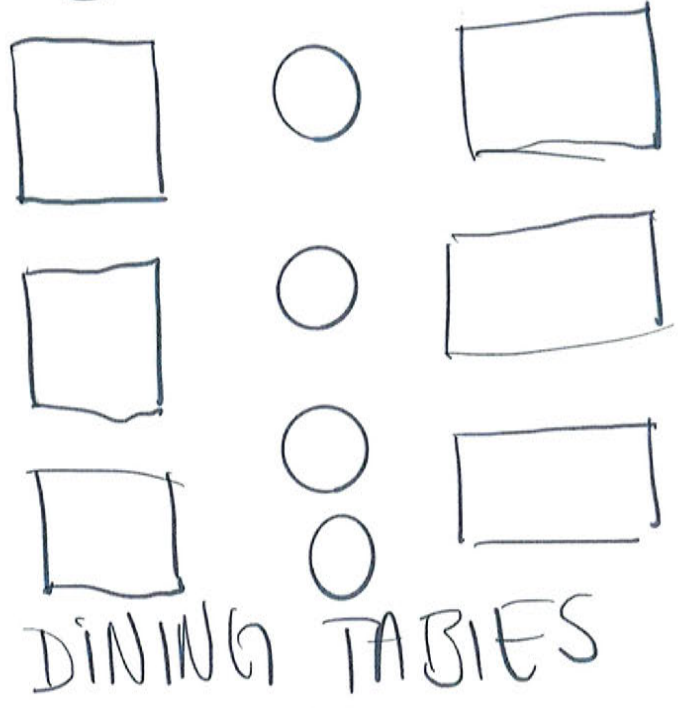
Email: dorbusinessstax@revenue.wi.gov

Web: www.revenue.wi.gov

Main office: 2135 Rimrock Rd., Madison



GATES | DOOR
BACK PATIO



Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191

(262) 245-2700

Receipt No: 20.001083

May 31, 2024

Bay Cooks, LLC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Beer 100-43001 LIQUOR/BEER LICENSE	100.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class B Reserve Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
Total:	650.00
CHECKS Check No: 421	650.00
Payor: Bay Cooks, LLC	
Total Applied:	650.00
Change Tendered:	.00

05/31/2024 3:05 PM

VILLAGE OF WILLIAMS BAY

RENEWAL ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking to renew an Alcohol License. Incomplete applications will be rejected.

Business Name & Street Address: Granesh Food Inc.
156 Elkhorn Road, WI - 53191

Applicant Name: Patel Arpita

Type of Alcohol License(s) Sought: Class A Retail License

Applicant	Office Use	Item
☒	☒	Form AB-200 Alcohol Beverage License Application – Thoroughly complete Sections A-D and complete the box in the upper right corner.
☒	☒	Form AB-101 Alcohol Beverage Appointment of Agent – Thoroughly complete Sections A-E and the top Agent Type section.
☒	☒	Form AB-100 Alcohol Beverage Individual Questionnaire – Thoroughly complete Sections A-E. All individuals, partners, officers and directors, the agent of the corporation and members or managers and agent of limited liability companies must fill out this form.
☒	☒	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. Does not apply to individuals who held or were an agent of a corporation or LLC that held a liquor license within the past two years.
☐	☒	Proof of Residency. Applicants must have continuously resided in the State of Wisconsin for 90 days prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.
☒	☒	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
☒	☒	Map of Premises. Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north. Any gates leading outside of the premises must have a lock installed.
☒	☒	License Fees are due prior to issuance
☒	☒	Publication Fees: a \$50.00 publication fee is due upon application.

For Office Use Only

Date Filed with Clerk: _____

License Fee Receipt: _____

Amount Paid: _____

Date Published in Newspaper: _____

Publication Fee Receipt: _____

Amount Paid: _____

Date forwarded to Police Chief: _____

Village Board Approval: _____

License Issued Date: _____

License Number: _____

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 525.00
Background Check Fee	\$
Publication Fee	\$ 500.00
Total Fees	\$ 575.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

GRANESH FOOD, INC.

2. Business Trade Name or DBA

BAY SIDE MART

3. FEIN

92-2986649

4. Wisconsin Seller's Permit Number

456-1031525485-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

03/17/2023

8. Wisconsin DFI Registration Number

6069018

9. Premises Address

156 ELKHORN RD,

10. City

WILLIAMS BAY

11. State

WI

12. Zip Code

53191

13. County

WALWORTH

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: WILLIAMS BAY

15. Aldermanic District

16. Premises Phone

262-794-2107

17. Premises Email

jayambelakeside@gmail.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Gas station & Convenient store

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
PATEL	ARPITA	PRESIDENT	262-794-2107

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name PATEL		First Name ARPITA		M.I.
Title President		Email jarambelakeside@gmail.com		Phone 262-794-2107
Signature ARPITA PATEL			Date 5/16/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

GRANESH FOOD INC.

2. Business Trade Name or DBA

BAYSIDE MART

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

PATEL

2. First Name

ARPITA

3. M.I.

4. Email

Jayambelakeside@gmail.com

5. Phone

262-794-2107

6. Home Address

1308 Navajo lane, APT # 204

7. City

Waukegan

8. State

WI

9. Zip Code

53186

10. Age

43

11. Drivers License/State ID Number

P340-0008-0958-08

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Patel</i>	First Name <i>Arpita</i>	M.I.
Title <i>President</i>	Email <i>sayambelaneside@gmail.com</i>	Phone <i>262-794-2107</i>
Signature <i>Arpita PATEL</i>		Date <i>5/16/24</i>

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Patel</i>	First Name <i>Arpita</i>	M.I.
Signature <i>Arpita PATEL</i>		Date <i>5/16/24</i>

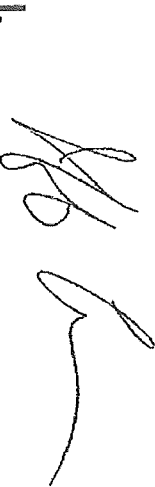
WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Arpitaben Patel

School Name: 360training.com, Inc.

Date of Completion: 06/26/2013

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <i>KANESH FOOD, INC.</i>	
2. Business Trade Name or DBA <i>BAY SIDE MART</i>	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name <i>PATEL</i>		2. First Name <i>ARPITA</i>		3. M.I.	
4. Relationship to Business (Title) <i>OFFICER</i>		5. Email <i>jayambelakeside@gmail.com</i>		6. Phone <i>262-7942107</i>	
7. Home Address <i>1308 Navajo lane, APT # 204</i>					
8. City <i>Waukesha</i>		9. State <i>WI</i>	10. Zip Code <i>53186</i>	11. Date of Birth <i>12/18/1980</i>	
12. Drivers License/State ID Number <i>P340-0008-0958-08</i>			13. Drivers License/State ID State of Issuance <i>WISCONSIN</i>		

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <i>2013</i>	Months <i>JULY</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>1308 Navajo lane, APT # 204</i>		City <i>Waukesha</i>		State <i>WI</i>	Zip Code <i>53186</i>
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Ashik PATEL

Date

5/16/24



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000100

Letter ID L0111552560

GANESH FOOD INC
1308 NAVAJO LN APT 204
WAUKESHA WI 53186-6979

Wisconsin Department of Revenue Seller's Permit

Legal/real name: GANESH FOOD INC

Business name:
156 ELKHORN RD
WILLIAMS BAY WI 53191-9519

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031525485-04

Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191
(262) 245-2700

Receipt No: 20.001049
May 16, 2024

GANESH FOOD, INC

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS A BEER & CLASS A LIQUOR 100-43001 LIQUOR/BEER LICENSE	525.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00

Total:	675.00
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CHECKS	Check No: 1180	675.00
Payor: GANESH FOOD, INC		

Total Applied:	675.00
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Change Tendered:	.00
------------------	-----

05/16/2024 10:31 AM

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 525.00
Background Check Fee	\$
Publication Fee	\$ 50.00
Total Fees	\$ 575.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) GLM LIQUOR & GROC. INC.		
2. Business Trade Name or DBA		
3. FEIN 82-3071543	4. Wisconsin Seller's Permit Number 456-1029621188-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number 61056385
9. Premises Address 659. E. Geneva Street.		
10. City Williams Bay	11. State WI.	12. Zip Code 53191.
13. County WALWORTH.	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____	15. Aldermanic District
16. Premises Phone 262-245-1901	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. IN THE BACK ROOM.		
20. Mailing Address (if different from premises address) SAME.		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☒ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
KAUR	GURPREET	OWNER	262-607-0530.

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name KAUR		First Name GURPREET		M.I.
Title OWNER		Email Gurbaj.Singh 66 @ yahoo .com	Phone 262-607-0530	
Signature 			Date 5/18/24.	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date 5/18/24

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

GLM LIQUOR & GROC. INC.

2. Business Trade Name or DBA

BELL'S STORE

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☒
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐
- Municipal Retail License
- ☒
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

KAUR

2. First Name

GURPREET

3. M.I.

4. Email

Gurbaj.Singh 66 @ yahoo.com

5. Phone

262-607-0530

6. Home Address

451-PARK LN

7. City

Williams Bay

8. State

WI.

9. Zip Code

53191

10. Age

50

11. Drivers License/State ID Number

K 600-2807-3911-03

12. Drivers License/State ID State of Issuance

WISCONSIN.

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name KAUR		First Name GURPREET		M.I.
Signature <i>Gurpreet Kaur</i>			Date 5/28/24	



Alcohol Beverage
Individual QuestionnaireDate
5/18/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) GLM LIQUOR & GROC. INC.	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name KAUR		2. First Name GURPREET		3. M.I.
4. Relationship to Business (Title) OWNER		5. Email Gurbaj.Singh66@yahoo.com		6. Phone 262-607-0530
7. Home Address 451- PARK LN.				
8. City Williams Bay		9. State WI.	10. Zip Code 53191	11. Date of Birth 11-11-1973
12. Drivers License/State ID Number K600-2807-3911-03			13. Drivers License/State ID State of Issuance WISCONSIN.	

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 23	Months 5
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 451- PARK LN		City Williams Bay		State WI.	Zip Code 53191
Previous Address 2 SAME		City		State	Zip Code
Previous Address 3 SAME		City		State	Zip Code
Previous Address 4 SAME		City		State	Zip Code
Previous Address 5 SAME.		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI.	County WALWORTH	State WI.	County WALWORTH	State MI.	County SOUTH
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

5/18/24.



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1279449104

GLM LIQUOR & GROCERY INC
659 E GENEVA ST
WILLIAMS BAY WI 53191-9759

Wisconsin Department of Revenue Seller's Permit

Legal/real name: GLM LIQUOR & GROCERY INC
Business name: BELL STORE
659 E GENEVA ST
WILLIAMS BAY WI 53191-9759

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1029621188-02

FED TAX ID # 82-3011543

Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191
(262) 245-2700

Receipt No: 20.001051
May 21, 2024

GLM Liquor & Grocery Inc

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Beer 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Class A Liquor 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - Publication Fee 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. - Tobacco 100-43014 CIGARETTE LICENSE	100.00

Total:	675.00
--------	--------

CHECKS	Check No: 11858	675.00
Payor: GLM Liquor & Grocery Inc.		
Total Applied:		675.00

Change Tendered:	.00
------------------	-----

05/21/2024 4:57 PM

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 25 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

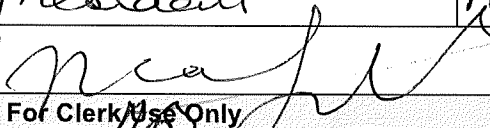
Fees	
License Fees	\$ <u>525.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>50.00</u>
Total Fees	\$ <u>575.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Williams Bay Mobil Mart INC,</u>			
2. Business Trade Name or DBA <u>Williams Bay Mobil</u>			
3. FEIN <u>26-1178572</u>		4. Wisconsin Seller's Permit Number <u>456-0001106867-03</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>66 W Geneva Street</u>			
10. City <u>Williams Bay</u>		11. State <u>WI.</u>	12. Zip Code <u>53191</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <u>Williams Bay</u>		15. Aldermanic District
16. Premises Phone <u>262-245-1900</u>	17. Premises Email <u>WilliamsBayMobil@gmail.com</u>		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>66 W Geneva Street W.B., Beer Cooler</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
GILL	NEAL	President	262-492-8888
GILL	DEEPAK	Secretary	262-237-2727
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	
GILL		NEAL	
Title		ML	
President		5.	
Email		Phone	
nealshergill@gmail.com		262-492-8888	
Signature		Date	
		5/8/24	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
5-8-2024

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) *Williams Bay Mobil Mart INC,*
2. Business Trade Name or DBA *Williams Bay Mobil*
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) ☐ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name *Singh* 2. First Name *Gurdarshan* 3. M.I. _____
4. Email *WilliamsBayMobil@gmail.com* 5. Phone *262-374-4230*
6. Home Address *6650 LAKE SIDE RD,*
7. City *LAKE GENEVA* 8. State *WI* 9. Zip Code *53147* 10. Age *58*
11. Drivers License/State ID Number *S 520-2806-5163-01* 12. Drivers License/State ID State of Issuance *WI*

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Singh	First Name	Gurdarshan	M.I.	
Title	Agent	Email	William Bay Mobil@gmail.com	Phone	262-374-4230
Signature	Gurdarshan Singh	Date	5/8/24		

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	Singh	First Name	Gurdarshan	M.I.	
Signature	Gurdarshan Singh	Date	5/8/24		

DRIVER LICENSE
REGULAR

USA
WISCONSIN

NOT FOR
FEDERAL
PURPOSES

4d [REDACTED] CLASS D

1 SINGH
2 GURDARSHAN
[REDACTED]

15 SEX M 16 HGT 5'-10" 17 WGT 170 lb
18 EYES BLK 19 HAIR GRY
3 DOB [REDACTED] 4a ISS [REDACTED] 4b EXP [REDACTED]

EXPIRATION DATE: MAY 65

5 DD OTKJ02:24040815312248



Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

SINGH GUARDARSHAN

2. First Name

3. M.I.

4. Relationship to Business (Title)

5. Email

guardarshan222@gmail.com

6. Phone

262-374-4230

7. Home Address

6650 Lake side RD.

8. City

LAKE Geneva

9. State

10. Zip Code

53147

11. Date of Birth

5-3-1965

12. Drivers License/State ID Number

S-520-2806-5183-01

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

9

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Gurdeep Singh</i>	Date <i>6-10-2024</i>
--------------------------------	-----------------------

Alcohol Beverage
Individual QuestionnaireDate
5-8-2024

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Williams Bay Mobil Mart INC,			
2. Business Trade Name or DBA Williams Bay Mobil			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☐ Limited Liability Company	☒ Corporation
☐ Nonprofit Organization			

Part B: Individual Information			
1. Last Name D. GILL		2. First Name NEAL	
3. M.I. S			
4. Relationship to Business (Title) President		5. Email nealshergill@gmail.com	
6. Phone 962-492-8888			
7. Home Address WI 3323 LAKE FOREST LN.			
8. City LAKE GENEVA		9. State WI.	10. Zip Code 53147
11. Date of Birth 12-5-55			
12. Drivers License/State ID Number G-400-6375-5445-07		13. Drivers License/State ID State of Issuance WI.	

Part C: Address History							
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years 35	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				City	State	Zip Code	
Previous Address 2				City	State	Zip Code	
Previous Address 3				City	State	Zip Code	
Previous Address 4				City	State	Zip Code	
Previous Address 5				City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI.	County Kenosha	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

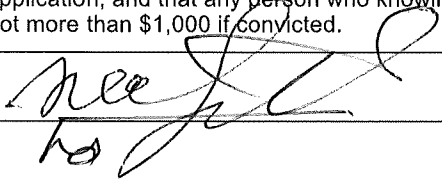
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 5/8/24
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WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L2008737424

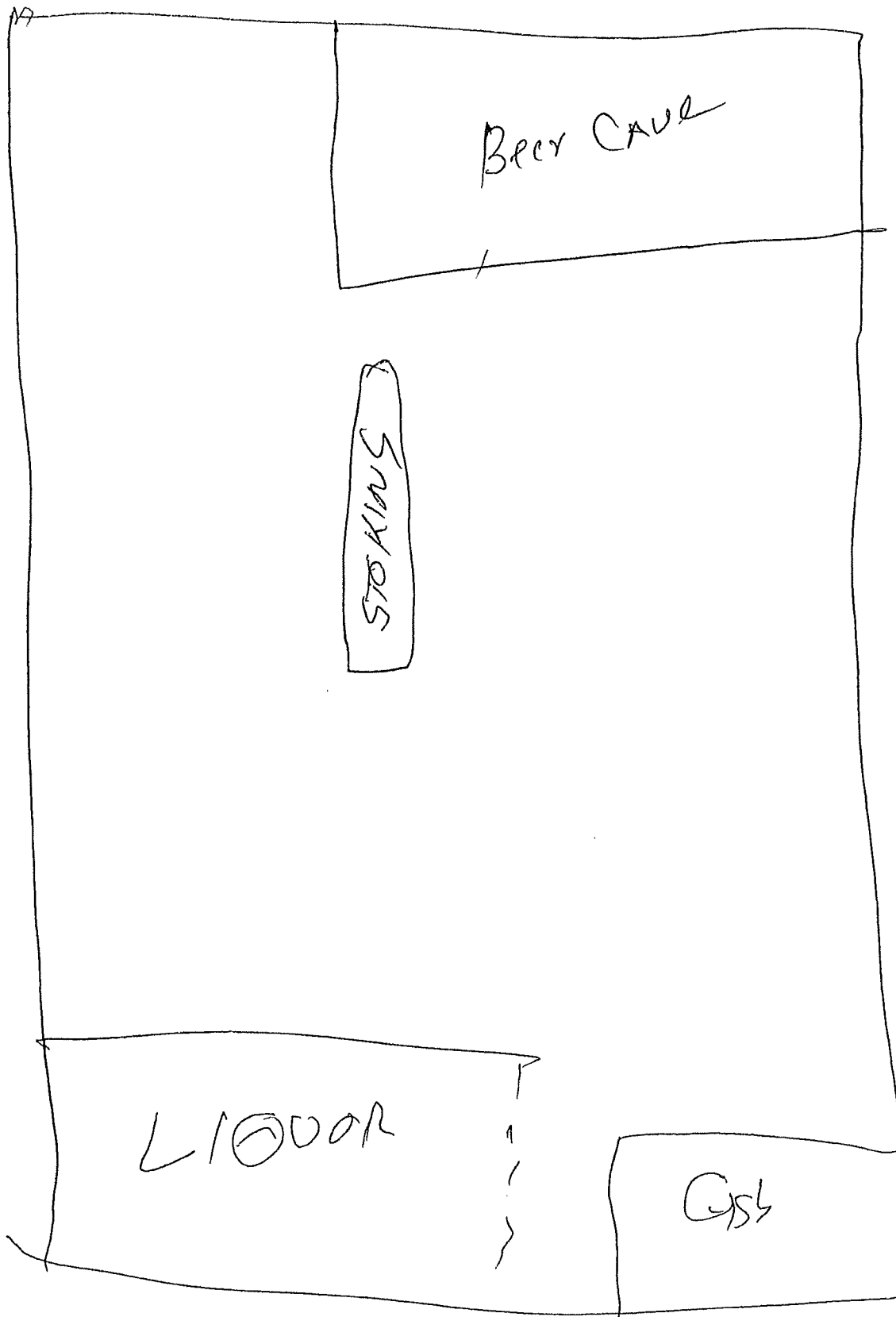
WILLIAMSBAY MOBIL INC.
502 BORG RD
DELAN W WI 53115-2019

Wisconsin Department of Revenue Seller's Permit

Legal/real name: WILLIAMSBAY MOBIL INC.
Business name: WILLIAMS BAY MOBIL MART
66 W GENEVA ST
WILLIAMS BAY WI 53191-9518

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1026561179-03



Village of Williams Bay
PO Box 580
250 Williams Street
Williams Bay WI 53191

(262) 245-2700

Receipt No: 20.001038

May 9, 2024

WILLIAMS BAY MOBILE

LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS A BEER 100-43001 LIQUOR/BEER LICENSE	25.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - CLASS A LIQUOR 100-43001 LIQUOR/BEER LICENSE	500.00
LICENSES AND PERMITS - OPERATOR LICENSE - DENNIS SKILLING 100-43002 OPERATOR LICENSE	40.00
LICENSES AND PERMITS - LIQUOR/BEER LICENSE - PUBLICATION FEE 100-43001 LIQUOR/BEER LICENSE	50.00
LICENSES AND PERMITS - CIGARETTE LIC. 100-43014 CIGARETTE LICENSE	100.00
Total:	715.00
CHECKS Check No: 2924	715.00
Payor: WILLIAMS BAY MOBIL, INC	
Total Applied:	715.00
Change Tendered:	.00

05/09/2024 8:52 AM

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) <i>GANESH FOOD INC.</i>		
2. Business Trade Name or DBA <i>BAY SIDE MART</i>		
3. FEIN <i>92-2986649</i>	4. Wisconsin Seller's Permit Number <i>456-1031525485-04</i>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation		
6. State of Organization <i>WISCONSIN</i>	7. Date of Organization <i>3/17/2023</i>	8. Wisconsin DFI Registration Number <i>6069018</i>
9. Premises Address (do not use PO Box) <i>156 ELKHORN ROAD</i>		
10. City <i>WILLIAMS BAY</i>	11. State <i>WI</i>	12. Zip Code <i>53191</i>
13. County <i>CALWORTH</i>	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <i>WILLIAMS BAY</i>	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone	21. Premises Email	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>Gas Station & convenient store</i>		

Part B: Questions

1. What products will be sold at this business location? (check all that apply) ☒ Cigarettes ☒ Tobacco Products ☒ Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) ☒ Over the counter ☐ Vending machine		
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____		

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Patel	Arpita	President	262-794-2107

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature <i>Arpita PATEL</i>		Date <i>5/16/24</i>	
Name (Last, First, M.I.) <i>Patel Arpita</i>			
Title <i>President</i>	Email <i>jayambelakeside@gmail.com</i>	Phone <i>262-794-2107</i>	

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name PATEL	2. First Name ARPITA	3. M.I.
4. Email Jayambelakeside@gmail.com	5. Phone 262-794-2107	
6. Home Address 1308 Navajo Lane, Apt # 204		
7. City Waukegan	8. State WI	9. Zip Code 53186
10. Date of Birth 12/18/1980	11. Drivers License/State ID Number P340-0008-0958-08	12. Drivers License/State ID State of Issuance WISCONSIN

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) CRANESH FND INC		
2. Business Trade Name or DBA BAYSIDE MART		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 156 ELKHORN ROAD		
5. City WILLIAMS BAY	6. State WI	7. Zip Code 53191

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) ARPITA PATEL	Date 5/16/24
Name of Person Signing for Licensee Arpita Patel	Title President

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent ARPITA PATEL	Date 5/16/24
---	------------------------

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Wisconsin law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed premises.

Submit this form with CTV-100 to appoint an agent while applying for a license, or as a standalone document to report a change in appointed agent.

Where do I submit Form CTV-102?

Form CTV-102, *Appointment of Agent*, must be submitted to the clerk of the municipality in which the business or organization is located.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license application (Form CTV-100).

Select change if you are reporting a change of agent mid-licensing period.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Licensee Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form CTV-100) or license certificate if reporting a change of agent during the license period.

Part D: Attestations

- An authorized representative of the licensee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee may appoint themselves as the agent by signing both attestation sections.

Date

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

GANESH FOOD INC.

2. Business Trade Name or DBA

BAYSIDE MART

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

Patel

2. Name (First)

Arpita

3. Name (M.I.)

4. Relationship to Business (Title)

OFFICER

5. Email

jayambe/bkeshide@gmail.com

6. Phone

262-794-2107

7. Home Address

1308 Navajo Lane, Apt # 204

8. City

Waukegan

9. State

WI

10. Zip Code

53186

11. Date of Birth

12/18/1980

12. Drivers License/State ID Number

P340-0008-0958-08

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

1308 Navajo Lane, Apt # 204

City

Waukegan

State

WI

Zip Code

53186

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No If yes to question 1, please list details of each conviction below:		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation by Individual	
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature <i>Arpita PATEL</i>	Date <i>5/16/24</i>

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official <i>Justin P Timm</i>	Title <i>Chief of Police</i>
Signature of Local Official <i>[Signature]</i>	Date <i>12/21/24</i>

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY

Municipality

License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

GLM LIQUOR & GRAC. INC.

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1029621188-02

5. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

659. E. Geneva Street

10. City

Williams Bay

11. State

WI.

12. Zip Code

53191

13. County

WALWORTH.

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Williams Bay

15. Aldermanic District

16. Mailing Address (if different from premises address)

SAME.

17. City

18. State

19. Zip Code

20. Premises Phone

21. Premises Email

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

ON THE COUNTER

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒

Cigarettes

☒

Tobacco Products

☐

Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒

Over the counter

☐

Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company: _____

3b. FEIN of Parent Company: _____

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Kaur	Gurpreet	owner	262-607-0530

Part D: Attestation

One of the following must sign and attest to this application:

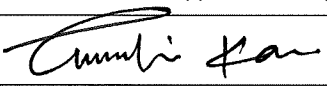
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature		Date	5/18/24
Name (Last, First, M.I.)			
Kaur Gurpreet			
Title	owner	Email	Gurpreet.Singh66@yahoo.com
		Phone	262-607-0530

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Cigarette, Tobacco, and Electronic
Vaping Device License - Individual QuestionnaireDate
5/18/24

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

GLM LIQUOR & GROC. INC.

2. Business Trade Name or DBA

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

KAUR

2. Name (First)

GURPREET

3. Name (M.I.)

4. Relationship to Business (Title)

owner

5. Email

Gurbaj.Singh66@yahoo.com

6. Phone

262-607-0530

7. Home Address

451 - PARK LN

8. City

Williams Bay

9. State

WI.

10. Zip Code

53191

11. Date of Birth

11-11-1923

12. Drivers License/State ID Number

K600-2807-3911-03

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

451 - PARK LN

City

Williams Bay

State

WI.

Zip Code

53191

Previous Address 2

SAME

City

State

Zip Code

Previous Address 3

"

City

State

Zip Code

Previous Address 4

"

City

State

Zip Code

Previous Address 5

"

City

State

Zip Code

Previous Address 6

"

City

State

Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

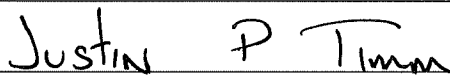
Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 5/18/24.
---	---------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official 	Title Chief of Police
Signature of Local Official 	Date 6/21/24

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name KAUR	2. First Name GURPREET	3. M.I.
4. Email Gurpreet.Singh66@yahoo.com		5. Phone 262-607-0530
6. Home Address 451-PARK LN.		
7. City Williams Bay	8. State WI.	9. Zip Code 53191.
10. Date of Birth 11-11-1923	11. Drivers License/State ID Number K600-2807-3911-03	12. Drivers License/State ID State of Issuance WISCONSIN.

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) GLM LIQUOR & GROC. INC.		
2. Business Trade Name or DBA BELL'S STORE		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 659. E. Geneva Street		
5. City Williams Bay	6. State WI.	7. Zip Code 53191

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory)	Date
Name of Person Signing for Licensee	Title

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent Amrikar	Date 5/28/24
-------------------------------	-----------------

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Wisconsin law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed premises.

Submit this form with CTV-100 to appoint an agent while applying for a license, or as a standalone document to report a change in appointed agent.

Where do I submit Form CTV-102?

Form CTV-102, *Appointment of Agent*, must be submitted to the clerk of the municipality in which the business or organization is located.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license application (Form CTV-100).

Select change if you are reporting a change of agent mid-licensing period.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Licensee Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form CTV-100) or license certificate if reporting a change of agent during the license period.

Part D: Attestations

- An authorized representative of the licensee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee may appoint themselves as the agent by signing both attestation sections.

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

\$100.00

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) <i>Williams Bay Mobile Mart Inc.</i>			
2. Business Trade Name or DBA <i>Williams Bay Mobile</i>			
3. FEIN <i>26-1178572</i>		4. Wisconsin Seller's Permit Number <i>456-0001106867-03</i>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation			
6. State of Organization		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address (do not use PO Box) <i>66 W Geneva Street</i>			
10. City <i>Williams Bay</i>		11. State <i>WI.</i>	12. Zip Code <i>53191</i>
13. County <i>Walworth</i>	14. Governing Municipality: ☐ City ☐ Town ☒ Village of: <i>Williams Bay</i>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	
22. Website			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>66 W Geneva St. Beer Cooler Cig. Racks Vape Racks</i>			

Part B: Questions		
1. What products will be sold at this business location? (check all that apply) ☒ Cigarettes ☒ Tobacco Products ☒ Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) ☒ Over the counter ☐ Vending machine		
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____		

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
GILL	DEEPAK	Secretary	262-237-2727
GILL	NEAL	President	262-492-8888

Part D: Attestation

One of the following must sign and attest to this application:

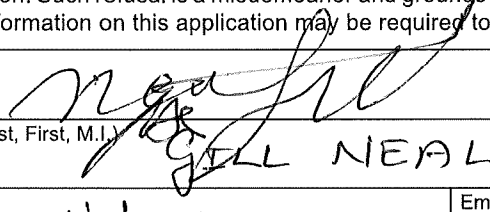
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature		Date	5/8/24
Name (Last, First, M.I.)			
GILL NEAL S.			
Title	President	Email	nealshergill@gmail.com
		Phone	262-492-8888

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees		Signature of Clerk/Deputy Clerk	

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of AgentDate
5-8-24Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name	Singh	2. First Name	Gurdarshan	3. M.I.	-
4. Email	Williamsbaymobil@gmail.com			5. Phone	262-374-4230
6. Home Address	6650 LAKE SIDE RD,				
7. City	LAKE GENEVA	8. State	WI	9. Zip Code	53147
10. Date of Birth	5-3-1965	11. Drivers License/State ID Number	S 520-2806-5163-01	12. Drivers License/State ID State of Issuance	WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)	Williams Bay Mobil Mart Inc.		
2. Business Trade Name or DBA	Williams Bay Mobil		
3. Entity Type (check one)	☐ Limited Liability Company ☒ Corporation		
4. Premises Address	66 W Geneva St		
5. City	Williams Bay	6. State	WI
		7. Zip Code	53191

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory)

Date

Name of Person Signing for Licensee

Title

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent

Date

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Wisconsin law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed premises.

Submit this form with CTV-100 to appoint an agent while applying for a license, or as a standalone document to report a change in appointed agent.

Where do I submit Form CTV-102?

Form CTV-102, *Appointment of Agent*, must be submitted to the clerk of the municipality in which the business or organization is located.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license application (Form CTV-100).

Select change if you are reporting a change of agent mid-licensing period.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Licensee Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form CTV-100) or license certificate if reporting a change of agent during the license period.

Part D: Attestations

- An authorized representative of the licensee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee may appoint themselves as the agent by signing both attestation sections.

Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Williams Bay Mobile Mart INC.

2. Business Trade Name or DBA

Williams Bay Mobile

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

GILL

2. Name (First)

NEAL

3. Name (M.I.)

4. Relationship to Business (Title)

President

5. Email

nealshergill@gmail.com

6. Phone

862-492-8888

7. Home Address

113323 Lake Forest LN,

8. City

LAKE GENEVA

9. State

WI

10. Zip Code

53147

11. Date of Birth

12-5-55

12. Drivers License/State ID Number

G-400-6375-5445-07

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

SAME AS ABOVE

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No		
If yes to question 1, please list details of each conviction below:		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No		
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation by Individual	
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature	Date <u>5/8/24</u>

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official	Title
Signature of Local Official	Date



MEMORANDUM

DATE: JULY 1, 2024
TO: VILLAGE TRUSTEES
FROM: TINA KOLLS, VILLAGE CLERK
RE: OPERATOR LICENSE APPLICATIONS

The following License applications have been filed with the Village Clerk.

All applications have completed a records check, and PASS/FAIL suggestions have been made by the Williams Bay Police Department based on their findings.

Original/ Renewal	Name	Address	Establishment	Record Check
Temp	Jennifer O'Neill-Stone	57 E Wisconsin St Delavan, WI 53115	Williams Bay Fire Department	P
Temp	Sandra Johnson	2327 Theatre Rd Williams Bay, WI 53191	Williams Bay Cultural Arts Alliance	P
R	Audra Lynne Vogel	322 W Court St Elkhorn, WI 53121	Luckes Cantina	P
R	Larry Brian Carmichael	668 Bluebill Ln Genoa City, WI 53128	Harpoon Willies/Café Calamari (Big Bay LLC)	P
R	Dianne L Watson	670 Southwind Drive Apt 207 Lake Geneva, WI 53147	Green Grocer	P
O	Michael Jerome Becker	92 West Geneva St Apt B Williams Bay, WI 53191	Citgo	P