

VILLAGE OF NEW GLARUS - VILLAGE BOARD PROCEEDINGS REGULAR MEETING

Village Hall Board Room

319 2nd Street New Glarus, WI

Zoom Meeting Link: <https://us02web.zoom.us/j/88455339889>

6/20/23

7:00 P.M.

7:00 P.M. Regular Meeting	Page #
1. Call to Order – Roll Call	
2. Approval of agenda	
3. Public appearances and citizen comments on items not listed on this agenda. [Items will not be debated or acted upon at this meeting but will be referred to the proper staff/committee if action is required.] – <i>Please keep comments to 3 minutes</i>	
4. Approval of Consent Agenda:	
A. Approval of Minutes of 6/6/2023 Regular Meeting	3
B. Approval of Claims	5
C. May 2023 Building Inspection Report	10
D. May 2023 Police Report	11
E. May 2023 Financials	13
5. New Business	
A. Approval Operator Licenses: Kristal Gille, Alyssa Cramer, Nathania Kummer, Greg Kleeman, Barbara Froehlich, Trey Armstrong, Leah Hanson, Keith Kube, Kayla Brick, Tyler Ballweg, Hillary Phillips, Beverly Hoesly, Roger O’Leary, Kayla Ballweg, David Tierman, Jake M Lynch, Hunter J Tierman, Ginger Blum, Joni Keehn, Diane Peters, Kimberly Bigler, McAllister Reynolds, Anastasia Schwenn, Harmony Brooks, Nicole Rivers, John Miller, Alexandra Sayre, Michael Nevil, Jill Stickwell, Kellene Kutz, Tami Reeson, Shannon Jelle, Taylor Clark, Tammy Burnett, Patricia Best, Jolene Butenhoff, Pamela Cox, Kennedy Dreger, Brenna Meier, John Gobeli, Julie O’Connell, Reba Bergmann, Chloe Gwin, Maureen Fugate, Jonathan Cruse & Hallie Weintraub	
B. Approval: Alcohol Beverage Licenses: Class A Beer: Blanchardville Coop (Gery Steinmetz) Class A Beer/Liquor: Shubh Self Service Inc (Suchinder Singh), Burresons/Roy’s Market (Darin Burreson), Casey’s (Anthony Hawks) Class B Beer/Liquor: Kleeman’s Bar & Grill LLC (Gregory Kleeman); Puempel’s Olde Tavern (Charles Bigler); Ott Haus (Amber Tierman), Fest Haus (Randy Dreger) Sportsman’s Reloaded (Scott Hook), Landaus Restaurant (Mike Nevil), NG Hotel Restaurant (Mike Nevil), Glarner Stube (John Gobeli) Toefflers Pub & Grill (Stephen Longo), Kristi’s Restaurant (Kristi Lopez) Class B Beer: Rusty Raven LLC (Kristiann Schultz), Dirty Dog Taphaus (Leah Hanson) Class A Liquor: Brenda’s Blumenladen (Brenda Siegenthaler), The Bramble Patch (Sheri Weix), New Rose (Bryenna Reinicke), Chalet Cheese Haus LLC (Michael Hlubek), Lollygag Antiques (Karen Rodeghier) Class B Beer/C Wine: Fat Cat Coffee Works LLC (Alexandra Sayre), Sugar River Pizza Co (Deb Watterson)	19
C. Approval: Misc. Licenses Expiring 6/30/23: <i>Mobile Home Park/Firefly Estates; Pool Table -Tofflers & Kleeman’s; Tobacco Retail Lic. - Casey’s, Rusty Raven, Sportsman’s, & Ott Haus, Blanchardville Coop, Shubh Self Service</i>	80
D. Consideration/Discussion: Façade Improvement Grant Application for 600 1 st St	81
E. Consideration/Discussion: Resolution 23-21 Appointing Authorized Representative to File Applications for Financial Assistance from the State of Wisconsin Environmental Improvement Fund	85
F. Consideration/Discussion: Resolution 23-22 Declaration of Official Intent to Reimburse Expenditures for the Safe Drinking Water Loan Program (SDWLP) Project	86
G. Consideration/Discussion: Agreement Between the Village of New Glarus and Town & Country Engineering Inc. for Professional Services	87
H. Consideration/Discussion: Resolution 23-20 Setting 2023-2027 Resource Recovery Fee	97
I. Consideration/Discussion: Village Hall Office Closure on Friday, August 11, 2023 from 12:00 PM to 2:00 PM for Summer Employee Gathering	
J. Consideration/Discussion: Agreement to Offer Village Employees Liberty National Life Insurance Policies	100
6. Parks and Recreation	
A. Consideration/Discussion: Village Park Portable Restroom	
7. Public Works and Safety	

8. Personnel and Finance	
9. President's Report	
10. Adjournment	

Roger Truttman, President

AGENDA POSTED: N.G. Village Hall 6/16/23
N.G. Post Office 6/16/23
Bank of New Glarus 6/16/23



Kelsey Jenson, Clerk

PERSONS REQUIRING ADDITIONAL SERVICES TO PARTICIPATE IN A PUBLIC MEETING MAY CONTACT THE VILLAGE CLERK FOR ASSISTANCE AT 527-2510

Village Board Meeting Notes

June 20, 2023

Consent Agenda:

Approval of Minutes of 6/6 Regular Meeting: The minutes are included in the packet for consideration.

Approval of Claims: The claims lists are included in your packet and include: ACH for payroll expenses and health insurance; journal entry for utilities - totaling \$55,348.15; payroll vouchers 17292 to 17337 totaling \$38,918.29; and checks 42078 to 42137 totaling \$77,475.96.

May 2023 Building Inspection Report: The report is included in the packet for consideration.

May 2023 Police Report: The report is included in the packet for consideration.

May 2023 Financials: The May financial report is included in the packet for consideration.

New Business:

Approval of Operator Licenses: The applications have been reviewed by staff and recommended for approval.

Approval: Alcohol Beverage Licenses: The applications are included in the packet for consideration.

Approval: Misc. Licenses Expiring 6/30/23: The applications are included in the packet for consideration.

Consideration/Discussion: Façade Improvement Grant for 600 1st St: The applicant has applied to replace all the damaged or work out black siding and trim on the exterior of the building. The applicant plans to complete the work himself and has submitted a detailed project budget, as required by the grant program. The total grant request is \$3,343.82. The Community Development Authority has reviewed the application and recommended approval at their June 5, 2023 meeting.

Consideration/Discussion: Resolution 23-21 Appointing Authorized Representative to File Applications for Financial Assistance from the State of Wisconsin Environmental Improvement Fund: The Village is currently working with Town & Country Engineering to apply for financial assistance for the construction of the new water reservoir. The application requires a designated representative to submit. This resolution appoints the Village President as the authorized representative for filing these applications.

Consideration/Discussion: Resolution 23-22 Declaration of Official Intent to Reimburse Expenditures for the Safe Drinking Water Loan Program (SDWLP) Project: This resolution approves the Village to expend funds related to the water reservoir project before receipt of the \$2.8 million Safe Drinking Water Loan. Once the loan is received, the proceeds will reimburse the Village utility for those expenses.

Consideration/Discussion: Agreement Between the Village of New Glarus and Town & Country Engineering Inc. for Professional Services: The Village Board selected Town & Country to provide engineering services for the water reservoir project. This agreement formalizes that selection so Town & Country can move forward with preliminary engineering.

Consideration/Discussion: Resolution 23-20 Setting 2023-2027 Resource Recovery Fee: A staff report and resolution are included in the agenda packet. This resolution would increase the current and future resource recovery fee to match the fee charged by Pellitteri for curbside recycling services.

Consideration/Discussion: Village Hall Office Closure on August 11, 2023 from 12:00 PM to 2:00 PM for Summer Employee Gathering: Clerk/Treasurer Kelsey Jenson has been planning a summer employee gathering for Friday, August 11. In order to allow all Village Hall office staff to attend the gathering, staff propose closing Village Hall offices that day from 12:00 PM to 2:00 PM. Staff will post notices to inform residents ahead of time of this closure. The library will remain open during that time, the closure will only pertain to the Village Hall Clerk and Utilities windows.

Consideration/Discussion: Agreement to Offer Village Employees Liberty National Life Insurance Policies: A representative from Liberty National Life Insurance approached the Village about providing additional life insurance policies for Village employees. This would be in addition to the current life insurance the Village provides through ETF. By signing up to participate, the Village is not required to pay anything. The only obligation would be to set up payroll deduction for employees who wish to participate. The benefits of the Village signing up include an added benefit for employees to sign up for, as well as several other free perks including family wellness reimbursement benefits and medical discount card. This policy is portable, meaning that employees who resign or retire can still use the policy, and the policy can be available to part-time employees and elected officials as well.

Parks and Recreation:

Consideration/Discussion: Village Park Portable Restroom: The Village has five portable toilets throughout the park system during the summer months and received a request to add a sixth in Village Park. The cost of a portable restroom for the whole summer is \$1,100 and staff are working on obtaining an updated quote for the Village Park one. The Parks and Recreation Committee recommended approval of adding a portable toilet to Village Park at their June 14, 2023 meeting.

VILLAGE BOARD PROCEEDINGS
VILLAGE OF NEW GLARUS
6/6/23

REGULAR MEETING-CALL TO ORDER: President Truttman called the regular meeting to order at 7:00 p.m.

PRESENT: Chuck Phillipson, Michael Bell, Larry Stuessy, Peggy Kruse, Gof Thomson, and Roger Truttman.

ABSENT: Mike Marty.

ALSO PRESENT: Amy Trumble (Library Director), Joe Cockroft (Public Works Director), Lauren Freeman (Village Administrator), Chief Jeff Sturdevant (Police Chief), Kelsey Jenson (Clerk-Treasurer)

APPROVAL OF AGENDA: Motion by Michael Bell, second by Peggy Kruse, to approve the 6/6/23 agenda. Motion carried (6-0).

PUBLIC APPEARANCES AND CITIZEN COMMENTS: None.

CONSENT AGENDA: Motion by Peggy Kruse for approval of the consent agenda, second by Larry Stuessy. Motion carried (6-0).

APPROVAL OF MINUTES OF 5/16/23 Regular Meeting

APPROVAL OF CLAIMS: The claims lists were presented to the Board and include: ACH for payroll expenses, May credit card; wire for power bill - totaling \$66,000.60; payroll vouchers 17240 to 17291 totaling \$60,648.66; and checks 42032 to 42077 totaling \$236,353.81.

NEW BUSINESS

Consideration/Discussion: Application for Natural Lawn Management Plan Permit for 37 2nd Street:

Motion by Chuck Phillipson to approve application for natural lawn management plan as presented, second by Michael Bell. Motion carried (6-0).

Consideration/Discussion: Resolution 23-18 Appointing Limited Term Employee Lifeguard:

Motion by Peggy Kruse to approve R23-18 appointing LTE lifeguard, second by Michael Bell. Motion carried (6-0).

Consideration/Discussion: Resolution 23-19 for Appointment of Full Time Police Officer:

Motion by Larry Stuessy to approve R23-19 appointing a full-time police officer, second by Michael Bell. Motion carried (6-0).

Consideration/Discussion: 2024 Budget Goals:

Motion by Chuck Phillipson to approve 2024 Budget Goals as presented second by Larry Stuessy. Motion carried (6-0).

Consideration/Discussion: Schedule Trustee Orientation:

The Board set the Trustee Orientation for July 5th, 2023 at 5:30 p.m.

PARKS AND RECREATION: None.

PUBLIC WORKS AND SAFETY: None.

PERSONNEL AND FINANCE: None.

PRESIDENT'S REPORT: None.

CLOSED SESSION

Motion by Michael Bell, seconded by Peggy Kruse and roll call vote 6-0 to adjourn into Closed Session Pursuant to Wisconsin State Statute 19.85(1) (c): Deliberating or negotiating the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session and considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility require a closed session and may reconvene to open session pursuant to State Statute 19.85 (1) (Personnel Matter).

Motion by Larry Stuessy to reconvene to open session, seconded by Michael Bell and roll call vote 6-0. The Village Board then adjourned into open session.

ADJOURN: Being no further business, President Truttmann adjourned the meeting at 7:32 p.m.

The Village Board moved to the Floral Clock for a brief ceremony. No further action was taken by the Board.

– Kelsey Jenson,
Clerk-Treasurer

**For more details on agenda items, please visit newglarusvillage.com to view the meeting agenda packet. A recording of the meeting is also available on the Village of New Glarus YouTube Channel.*

Report Criteria:

Report type: Summary

Check.Check Issue Date = 06/21/2023

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Amount
06/23	06/21/2023	42078	5603	ADAMSON INDUSTRIES CORP	112.95
06/23	06/21/2023	42079	5821	AQUACHEM OF AMERICA INC	8,217.20
06/23	06/21/2023	42080	1120	ARAMARK UNIFORM SERVICES	379.38
06/23	06/21/2023	42081	6121	AUTO VALUE NEW GLARUS	9.99
06/23	06/21/2023	42082	1155	BADGER SPORTING GOODS	80.00
06/23	06/21/2023	42083	6219	BAER INSURANCE SERVICES, INC.	30,684.50
06/23	06/21/2023	42084	1165	BAKER & TAYLOR BOOKS	1,046.66
06/23	06/21/2023	42085	1210	BEACON ATHLETICS	760.00
06/23	06/21/2023	42086	1255	BLANCHARDVILLE CO-OP	1,953.76
06/23	06/21/2023	42087	1275	BORDER STATES ELECTRIC SUP	398.34
06/23	06/21/2023	42088	1290	BRENDA'S BLUMENLADEN	524.71
06/23	06/21/2023	42089	4078	CLARK ELECTRIC	2,973.11
06/23	06/21/2023	42090	5842	CLASSY CLEANERS	1,235.00
06/23	06/21/2023	42091	4840	CONNEY SAFETY	170.81
06/23	06/21/2023	42092	1555	CULLIGAN WATER CONDITIONING IN	42.05
06/23	06/21/2023	42093	6245	DAVE JONES LLC	2,480.00
06/23	06/21/2023	42094	4895	DAVY LABORATORIES	549.20
06/23	06/21/2023	42095	1600	DELUXE DISTRIBUTORS	666.71
06/23	06/21/2023	42096	5582	DOA/DIVISION OF ENERGY SERVICE	70.88
06/23	06/21/2023	42097	1780	FORSTER ELECTRICAL ENG INC	753.30
06/23	06/21/2023	42098	4001	FP MAILING SOLUTIONS	87.15
06/23	06/21/2023	42099	1815	GALLS	125.17
06/23	06/21/2023	42100	1860	GERBER LEISURE PRODUCTS	304.00
06/23	06/21/2023	42101	1980	HACH COMPANY	533.60
06/23	06/21/2023	42102	5930	HYDROCORP	345.00
06/23	06/21/2023	42103	6231	KROHN, HUNTER	12.06
06/23	06/21/2023	42104	2320	L.V. LABS WW LLC	2,901.52
06/23	06/21/2023	42105	6014	LANTECH SERVICES LLC	127.50
06/23	06/21/2023	42106	2415	MARKS CHEMICAL LLC	822.00
06/23	06/21/2023	42107	2420	MARTELLE WATER TREATMENT	3,647.30
06/23	06/21/2023	42108	6234	MCHS OCCUPATIONAL HEALTH	24.00
06/23	06/21/2023	42109	5286	MDROFFERS CONSULTING LLC	1,165.71
06/23	06/21/2023	42110	2515	MIDWEST TAPE LLC	756.20
06/23	06/21/2023	42111	4316	MURPHY DESMOND S.C.	2,338.86
06/23	06/21/2023	42112	4754	NEW GLARUS HARDWARE	309.67
06/23	06/21/2023	42113	2730	NEW GLARUS POLICE ASSOC	10.00
06/23	06/21/2023	42114	2745	NEWS PUBLISHING COMPANY	327.91
06/23	06/21/2023	42115	6168	ODP BUSINESS SOLUTIONS LLC	1,070.05
06/23	06/21/2023	42116	5835	PELLITTERI WASTE SYSTEMS	85.54
06/23	06/21/2023	42117	5313	PERSONNEL EVALUATION INC	25.00
06/23	06/21/2023	42118	2915	PRECISION DRIVE & CONTROL INC	15.76
06/23	06/21/2023	42119	3120	SCHOOL DIST OF NEW GLARUS	368.53
06/23	06/21/2023	42120	5201	SEERA	889.87
06/23	06/21/2023	42121	3210	SPEE-DEE DELIVERY SERVICE INC	139.20
06/23	06/21/2023	42122	4065	STURDEVANT, JEFF	12.06
06/23	06/21/2023	42123	6127	SYMDON AUTO	34.85
06/23	06/21/2023	42124	6227	TALLMAN EQUIPMENT COMPANY INC	367.02
06/23	06/21/2023	42125	5608	THE PSYCHOLOGY CENTER	475.00
06/23	06/21/2023	42126	5963	TOP PACK DEFENSE LLC	149.38

M = Manual Check, V = Void Check

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Amount
06/23	06/21/2023	42127	5285	TOTAL INSPECTION SERVICES LLC	1,071.00
06/23	06/21/2023	42128	3440	TRUGREEN PROCESSING CENTER	748.25
06/23	06/21/2023	42129	4298	TVRP - WI DEPARTMENT OF TRANSP	10.00
06/23	06/21/2023	42130	3510	USA BLUEBOOK	172.52
06/23	06/21/2023	42131	3565	VILLAGE OF NEW GLARUS-PETTY CA	100.00
06/23	06/21/2023	42132	3991	WE ENERGIES	620.13
06/23	06/21/2023	42133	6171	WELTY ENVIRONMENTAL CENTER	161.60
06/23	06/21/2023	42134	4879	WI DNR	125.00
06/23	06/21/2023	42135	3805	WI PROF POLICE ASSN	86.00
06/23	06/21/2023	42136	3230	WI STATE LAB OF HYGIENE	28.00
06/23	06/21/2023	42137	5129	WIRTH, MIKE	3,775.00
Grand Totals:					<u>77,475.96</u>

Report Criteria:

Report type: Summary

Check.Check Issue Date = 06/21/2023

Report Criteria:

Check.Check Issue Date = 06/21/2023

<u>GL Invoice Acct</u>	<u>Amt</u>
Total 01:	70.88
Total 10:	53,310.91
Total 22:	171.50
Total 25:	1,964.46
Total 30:	559.71
Total 40:	11,741.35
Total 45:	45.56
Total 50:	9,486.92
Total 60:	112.95
Total 70:	11.72
Grand Totals:	<u><u>77,475.96</u></u>

VILLAGE OF NEW GLARUS-CLAIMS PRESENTED -

6/20/2023

CHECK #	PAYEE	DIST.	AMOUNT
ACH	941 Tax	PP# 12	12,260.91
ACH	WI Withholding	PP# 12	1,966.29
ACH	Great-West Retirement	deferred comp-pre tax	701.00
ACH	Great-West Retirement	deferred comp-post tax	150.00
ACH	ETF	July health insurance	26,950.26
JE	New Glarus Utilities	utility bill	13,319.69
	Sub-total		55,348.15

Payroll - paid 6/16/2023

17292	Kelsey Jenson	Clerk	1,711.19
17293	Deanna Young	Deputy Clerk	1,409.73
17294	Lauren Freeman	Administrator	2,176.18
17295	Mark Binger	PD	776.52
17296	Christian Hammel	PD	301.19
17297	Gordon Disch	PD	233.18
17298	Chanse Kaczmariski	PD	314.25
17299	Alex Brey	PD	2,018.86
17300	Hunter Krohn	PD	2,405.38
17301	Jeff Sturdevant	PD	3,386.05
17302	Molly Hultine	PD	599.67
17303	Ann Lahey	PD	510.43
17304	Joe Cockroft	PW	2,649.75
17305	Charles Loeffelholz	PW	1,656.67
17306	James (Sammy) Nelson	PW	817.93
17307	Kenneth Wolfe	PW	641.72
17308	Aaron Funseth	Water Treatment Plant	2,136.40
17309	Owen Palmer	PW	558.89
17310	Jason Borth	Utility	1,889.23
17311	William Kosmeder	Utility	2,112.93
17312	Kevin Funseth	Utility	2,517.76
17313	Beth Heller	Utility	1,234.23
17314	Erica Loeffelholtz	Library	1,044.38
17315	Peggy Hammerly	Library	97.96
17316	Brooke Mathews	Library	946.05
17317	Alayna Lewis	Library	65.31
17318	Amy Trumble	Library	1,259.31
17319	Julie Hawkins	Library	446.81
17320	Amalia Morrison	Library	106.12
17321	Megan Buol	Pool	284.19
17322	Chris Rear	Parks	402.29
17323	Mary Statz	Chalet	199.84
17324	Mason Thompson	Pool	51.94
17325	Eli Zimmerman	Pool	57.14
17326	Lindsey Schadewalt	Pool	60.25
17327	Sydney O' Flanagan	Pool	311.36
17328	Riley O' Flanagan	Pool	145.45
17329	Emery Johnson	Pool	218.17
17330	Ellie Eichelkraut	Pool	228.56

17331	Camryn Arnett	Pool	205.71
17332	Nathan Heil	Pool	83.11
17333	Delaneu Lynch	Pool	99.73
17334	Breckyn Thompson	Pool	83.11
17335	Clem Meter Brooks	Pool	222.33
17336	Simon Zimmerman	Pool	130.90
17337	Carter Nemergut	Pool	110.13
	Payroll Subtotal		38,918.29

**Village of New Glarus
Building Inspection Summary
May, 2023**

Project: 2300
Municipality Code:

DATE	PERMIT #	OWNER	ADDRESS	JOB TYPE	COST	CONTRACTOR	FEE
5-1-23	230023-33	Gary Westy	518 1st st	Reroof	\$15000	Seamless	\$35
5-1-23	230023-34	Steve Longo	200 5th Ave	Patio add	\$8100	Owner	\$75
5-4-23	230023-35	Bridget Writer	308 5th Ave	HVAC	\$1600	Wally's Plumbing	\$50
5-4-23	230023-36	Auto Value	1303 Hwy 69	Sign	\$4,000	Graphic House	\$50
5-4-23	230023-37	Auto Value	1303 Hwy 69	Sign	\$5500	Graphic House	\$50
5-11-23	230023-38	Kevin Koch	912 Railroad	Windows		Owner	\$75
5-11-23	230023-39	Gary Ott	W5279 Cty W	Zoning NSFD		Owner	\$65
5-18-23	230023-40	Chris Viney	701 12th Ave	fence		Owner	\$25
5-18-23	230023-41	Timothy Boettner	538 1st	Fence		Well Wornstory	\$50
5-18-23	230023-42	Rick Anderson	W5742 Cty H	NSFD zoning	\$750,000	JG Development	\$130
5-18-23	230023-43	Woodford Bank	618 Hwy 69	Cow Structure		Owner	\$50
5-18-23	230023-44	Jill Schwoegler	518 2nd Ave	Alt/remo		Jake Fleming	\$420
5-18-23	230023-45	Elizabeth Wopotic	218 6th Ave	Elec serv		Shane Jackson	\$115

Jeff Sturdevant
Chief of Police
 sturdevant@newglaruspolice.com



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 info@newglaruspolice.com

"America's Little Switzerland"

June 6, 2023

To: Administrator Freeman and the New Glarus Public Safety/Works Committee

From: Chief Jeff Sturdevant

Reference: May Monthly Police Report

Here is the summary of the Police Department statistics for last month and the year to date calls for service along with a comparative to last year's numbers.

Types of Calls	Current Month	Since Jan 1st	Total Last Year
Overall calls for service	397	1722	3791
Assist other agencies/departments	37	160	528
Incarcerated/Jailed	1	13	44
Traffic/Municipal Citations	61	228	618
Traffic Warnings	102	368	738
Parking Citations	1	130	258
Traffic Accidents	0	4	42

Notable information or call(s) for service:

- 05-06-23—New Glarus Prom. The department had an officer present at the entire prom and there were no issues. The Police Department received several thanks from parents and students for being present and ensuring it was a safe event.
- 05/17/23—Assist Green County (Domestic)/SWAT Call – Officers responded to a residence in Green County to assist with a domestic with the offender being intoxicated and firing a weapon. New Glarus officers were the first to arrive and attempted to talk with the suspect and then assisted with the perimeter. Chief Sturdevant was also on scene as SWAT was called out to the location.

Jeff Sturdevant
Chief of Police
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"America's Little Switzerland"

- 05-19-23—New Glarus Officers attended the Wisconsin Law Enforcement Memorial Ceremony at the Wisconsin Capitol in Madison.
- 05/19/23—Emergency Detention – Juvenile subject was threatening suicide. An officer arrived at the residence to investigate the incident. The juvenile was transported to SSM Health in Monroe for a medical clearance and then transported to Winnebago Mental Health. Due to numerous delays, officers doing the transport of the juvenile finally returned and completed the call at 5:00 PM on 05/20/23. This call from beginning to end took approximately 20 hours. The total time on call with all officers involved was approximately 33 hours.
- The New Glarus Police Department and New Glarus Chamber of Commerce hosted the annual Bike Rodeo on 05/20/23. The weather was nice and the attendance was up. There were twelve (12) bicycles given away. The first 50 children needing helmets received them for free. The first 100 children received goodie bags full of free items from businesses throughout the Village. There was a petting zoo also. All participants and family members attending received a free lunch. The event was funded through donations and the New Glarus Police Departments Community Relations Fund.
- Grant Received—I completed an equipment grant and recently learned I was awarded the grant. This grant was for a total of \$1,800.00 and will be used to purchase a digital camcorder and accessories for it that the department will utilize on investigations and other needs for the department.
- Update on hiring process.

2023 BUDGET TO ACTUAL - MAY

		2023 Actual to 5/31/2023	2023 BUDGET 12/31/2023	DIFFERENCE OVER/(UNDER) FEBRUARY TO BUDGET
10-00-41110-000-000	PROPERTY TAXES	728,690	728,950	-260
10-00-41140-000-000	MOBILE HOME TAXES	5,408	9,500	-4,092
10-00-41150-000-000	NG HOME-PAYMENT IN LIEU	30,919	31,000	-81
10-00-41160-000-000	AG USE PENALTY	0	0	0
10-00-41310-000-000	UTILITY TAXES	97,690	235,456	-137,766
10-00-41800-000-000	INTEREST ON TAXES	119	50	69
		862,825	1,004,956	-142,131
10-00-43400-000-000	SHARED TAXES	0	235,831	-235,831
10-00-43411-000-000	FIRE INSURANCE DUES	0	9,100	-9,100
10-00-43520-000-000	STATE AID: POLICE TRAINING	0	500	-500
10-00-43521-000-000	STATE AID: OWI GRANT	0	0	0
10-00-43522-000-000	STATE AID: SEATBELT GRANT	0	0	0
10-00-43525-000-000	STATE AID: PD: HWY. SAFETY GRA	0	0	0
10-00-43526-000-000	STATE AID: PD DIGITAL RECORDIN	0	0	0
10-00-43527-000-000	STATE AID: RADIO GRANT	0	0	0
10-00-43528-000-000	STATE AID: 2014 BIKE RODEO GRA	0	0	0
10-00-43529-000-000	STATE AID: SPEED GRANT	0	0	0
10-00-43530-000-000	STATE AID: STREETS	67,761	135,523	-67,761
10-00-43535-000-000	STATE AID: LRIP	0	0	0
10-00-43540-000-000	STATE AID: COMPUTER	0	5,139	-5,139
10-00-43545-000-000	STATE AID: PERSONAL PROP. TAX	12,417	12,417	0
10-00-43546-000-000	STATE AID: VIDEO SERVICE PROVI	0	5,250	-5,250
10-00-43553-000-000	STATE AID: OTHER	0	0	0
10-00-43560-000-000	STATE AID: COVID-19 GRANT	0	0	0
10-00-43610-000-000	PAYMENTS FOR MUNICIPAL SERVICE	467	500	-33
10-00-43620-000-000	IN LIEU OF TAX: BICYCLE TRAIL	377	178	199
10-00-43710-000-000	COUNTY AID: ROADS	0	2,000	-2,000
10-00-43720-000-000	COUNTY AID: TOBACCO GRANT	0	0	0
10-00-43810-000-000	FED GRANT: BULLET PROOF VEST	1,070	0	1,070
		82,091	406,438	-324,347
10-00-44110-000-000	LIQUOR LICENSES	246	8,800	-8,554
10-00-44120-000-000	OPERATOR LICENSES	2,030	2,800	-770
10-00-44130-000-000	CIGARETTE LICENSES	0	250	-250
10-00-44140-000-000	CTV FRANCHISE FEE	11,584	21,750	-10,166
10-00-44160-000-000	OTHER LICENSES	45	130	-85
10-00-44210-000-000	BICYCLE LICENSES	4	0	4
10-00-44220-000-000	DOG LICENSES	235	10	225
10-00-44310-000-001	BUILDING PERMITS-FENLEY	13,438	10,000	3,438
10-00-44910-000-001	SIGN PERMITS-FENLEY	250	200	50
10-00-44920-000-000	OTHER PERMITS	520	1,300	-780
10-00-44925-000-000	STREET USE PERMITS	260	800	-540
		28,613	46,040	-17,427
10-00-45110-000-000	COURT PENALTIES & COSTS	4,244	11,000	-6,756
10-00-45120-000-000	PARKING VIOLATIONS	3,690	6,000	-2,310
10-00-45190-000-000	OTHER ORDINANCE VIOLATIONS	0	0	0
		7,934	17,000	-9,066
10-00-46110-000-000	CLERKS FEES	2,455	5,000	-2,545
10-00-46210-000-000	LAW ENFORCEMENT FEES	298	3,000	-2,702
10-00-46220-000-000	PUBLIC WORKS FEES	1,518	0	1,518
10-00-46300-000-000	Special Charge - Driveway	0	0	0
10-00-46720-000-000	PARKS	1,528	2,500	-972
10-00-46720-000-001	PARKS: SIGN RENTAL	39,700	25,000	14,700
10-00-46725-000-000	RECREATION CHILD PROGRAMS	1,206	900	306
10-00-46726-000-000	RECREATION ADULT PROGRAMS	0	0	0
10-00-46730-000-000	TRIATHLON	0	0	0
10-00-46735-000-000	SWIMMING POOL	14,563	40,000	-25,437
10-00-46735-000-001	SWIMMING POOL - LESSONS	5,717	6,500	-783
10-00-46735-000-003	POOL ADULT PROGRAMS	144	250	-106
10-00-46735-000-004	POOL CHILD PROGRAMS	0	0	0
10-00-46736-000-000	SWIM TEAM	4,185	5,300	-1,115
10-00-46737-000-000	BASEBALL: ALL PROGRAMS	5,479	5,500	-21

2023 BUDGET TO ACTUAL - MAY

		2023	2023	DIFFERENCE
		Actual to	BUDGET	OVER/(UNDER)
		5/31/2023	12/31/2023	FEBRUARY TO BUDGET
10-00-46738-000-000	GIRLS SOFTBALL	2,490	3,000	-510
10-00-46739-000-000	BASEBALL:DON'T USE	0	0	0
10-00-46740-000-000	VILLAGE HALL	1,100	1,000	100
10-00-46745-000-000	OFFICE SPACE RENTS	0	0	0
10-00-46746-000-000	Office Space Rent-Light/Water	1,250	3,000	-1,750
10-00-46747-000-000	RENTALS: LIBRARY	0	0	0
		81,635	100,950	-19,315
10-00-48100-000-000	INTEREST	69,345	5,000	64,345
10-00-48300-000-000	SALES MDSE & SUPPLY	1,060	3,000	-1,940
10-00-48300-000-002	SALES: RECREATION CONCESSIONS	0	0	0
10-00-48400-000-000	INSURANCE RECOVERIES	0	0	0
10-00-48500-000-000	DONATIONS	2,597	0	2,597
10-00-48500-000-001	DONATIONS-POLICE DEPT.	500	0	500
10-00-48500-000-002	DONATION: PD: COMMUNITY RELAT	300	0	300
10-00-48500-000-003	DONATIONS: TEAM SHIRT SPONSORS	0	0	0
10-00-48500-000-004	DONATION:WPPI FOR ECONOMIC DEV	0	1,000	-1,000
10-00-48600-000-000	REFUND PRIOR YEAR EXPENSES	2,196	0	2,196
		75,998	9,000	66,998
10-00-49120-000-000	PROCEEDS FROM LONG: TERM DEBT	0	0	0
10-00-49211-000-000	TRANSFER FROM ROOM TAX FUND	0	0	0
10-00-49220-000-000	TRANSFER FROM LIBRARY FUND	0	0	0
10-00-49250-000-000	TRANSFER FROM CHALET FUND	0	0	0
10-00-49260-000-000	TRANS FROM GENERAL FUND	0	0	0
10-00-49263-000-000	TRANSFER FROM DNR GRANT-FOREST	0	0	0
10-00-49300-000-000	SINKING FUNDS APPLIED	0	16,000	-16,000
10-00-49301-000-000	SURPLUS FUNDS APPLIED	0	29,130	-29,130
10-00-49999-000-000	MISCELLANEOUS REVENUE	84	0	84
		84	45,130	-45,046
TOTAL REVENUE		1,139,179	1,629,514	-490,335
10-00-51110-110-000	VILLAGE BOARD: SALARIES	5,500	0	5,500
10-00-51110-130-000	VILLAGE BOARD: FRINGE BENEFITS	421	0	421
10-00-51110-310-000	VILLAGE BOARD: GENERAL OPERATI	0	150	-150
10-00-51110-320-000	VILLAGE BOARD: PUBLICATIONS	0	0	0
10-00-51110-330-000	VILLAGE BOARD: TRAVEL & TRAINI	0	100	-100
10-00-51120-110-000	C & C: SALARIES	100	0	100
10-00-51120-130-000	C & C: FRINGE BENEFITS	8	0	8
10-00-51120-310-000	C & C: GENERAL OPERATIONS	250	100	150
10-00-51120-320-000	C & C: PUBLICATIONS	9	50	-41
10-00-51120-330-000	C & C: TRAVEL & TRAINING	40	400	-360
10-00-51300-310-000	VILLAGE ATTORNEY	4,133	9,000	-4,867
10-00-51300-310-001	VILLAGE ATTORNEY - COURT	5,992	10,734	-4,742
10-00-51300-310-002	VILLAGE ATTY: TOWN/VILLAGE CBA	0	0	0
10-00-51310-310-000	ORDINANCE CODIFICATION	695	6,500	-5,805
10-00-51400-310-000	ADMINISTRATIVE SUPPORT	8,110	10,500	-2,390
10-00-51410-110-000	PRESIDENT: SALARIES	3,000	0	3,000
10-00-51410-130-000	PRESIDENT: FRINGE BENEFITS	230	0	230
10-00-51410-310-000	PRESIDENT: GENERAL OPERATIONS	0	0	0
10-00-51410-320-000	PRESIDENT: PUBLICATIONS	0	0	0
10-00-51410-330-000	PRESIDENT: TRAVEL & TRAINING	0	0	0
10-00-51415-110-000	ADMINISTRATOR: SALARIES	16,927	1,920	15,007
10-00-51415-130-000	ADMINISTRATOR: FRINGE BENEFITS	2,000	0	2,000
10-00-51415-220-000	ADMINISTRATOR: UTILITIES	480	650	-170
10-00-51415-310-000	ADMINISTRATOR: GENERAL OPERATI	7,814	2,000	5,814
10-00-51415-320-000	ADMINISTRATOR: PUBLICATIONS	0	0	0
10-00-51415-330-000	ADMINISTRATOR: TRAVEL & TRAINI	642	3,000	-2,358
10-00-51420-110-000	CLERK: SALARIES	18,257	3,000	15,257
10-00-51420-130-000	CLERK: FRINGE BENEFITS	11,770	230	11,540
10-00-51420-220-000	CLERK: UTILITIES	549	1,200	-651
10-00-51420-310-000	CLERK: GENERAL OPERATIONS	1,650	4,000	-2,350
10-00-51420-320-000	CLERK: PUBLICATIONS	1,116	5,500	-4,384

2023 BUDGET TO ACTUAL - MAY

		2023	2023	DIFFERENCE	
		Actual to	BUDGET	OVER/(UNDER)	
		5/31/2023	12/31/2023	FEBRUARY TO BUDGET	
10-00-51420-330-000	CLERK: TRAVEL & TRAINING	170	2,500	-2,330	
10-00-51440-110-000	ELECTIONS: SALARIES	2,359	0	2,359	
10-00-51440-130-000	ELECTIONS: FRINGE BENEFITS	0	0	0	
10-00-51440-310-000	ELECTIONS: GENERAL OPERATIONS	968	3,100	-2,132	
10-00-51440-320-000	ELECTIONS: PUBLICATIONS	187	175	12	
10-00-51440-330-000	ELECTIONS: TRAVEL & TRAINING	66	200	-134	
10-00-51510-110-000	TREASURER: SALARIES	15,073	0	15,073	
10-00-51510-130-000	TREASURER: FRINGE BENEFITS	9,582	0	9,582	
10-00-51510-310-000	TREASURER: GENERAL OPERATIONS	5,026	9,500	-4,474	
10-00-51510-320-000	TREASURER: PUBLICATIONS	0	600	-600	
10-00-51510-330-000	TREASURER: TRAVEL & TRAINING	510	1,000	-490	
10-00-51520-310-000	INDEPENDENT AUDIT	23,310	15,000	8,310	
10-00-51530-310-000	PROP ASSESS: GENERAL OPS	4,865	17,750	-12,885	
10-00-51600-110-000	VILLAGE HALL: SALARIES	101	2,706	-2,605	
10-00-51600-130-000	VILLAGE HALL: FRINGE BENEFITS	12	207	-195	
10-00-51600-220-000	VILLAGE HALL: UTILITIES	8,067	17,000	-8,933	
10-00-51600-291-000	VILLAGE HALL: PURCHASED SERVIC	6,484	16,750	-10,267	
10-00-51600-310-000	VILLAGE HALL: GENERAL OPERATIO	511	2,000	-1,489	
10-00-51600-350-000	VILLAGE HALL: REPAIR/EQUIPMENT	0	1,000	-1,000	
10-00-51600-351-000	VILLAGE HALL: REPAIR/BUILDING	0	4,000	-4,000	
10-00-51600-352-000	VILLAGE HALL: REPAIR/GROUNDS	0	500	-500	
10-00-51910-310-000	PROPERTY TAX	0	0	0	
10-00-51930-310-000	PROPERTY INS: GENERAL OPS	33,334	15,500	17,834	
10-00-51935-310-000	LIABILITY INS: GENERAL OPS	28,638	23,600	5,038	
10-00-51950-310-000	UNEMPLOYMENT INS: GENERAL OPS	0	0	0	
		228,953	192,121	36,832	
10-00-52100-110-000	POLICE ADMIN: SALARIES	7,113	0	7,113	204,894
10-00-52100-130-000	POLICE ADMIN: FRINGE BENEFITS	5,941	0	5,941	388,542
10-00-52100-220-000	POLICE ADMIN: UTILITIES	2,732	8,300	-5,568	
10-00-52100-240-000	POLICE ADMIN: EQUIPMENT CONTRA	3,853	14,100	-10,247	
10-00-52100-310-000	POLICE ADMIN: GENERAL OPERATIO	4,594	7,850	-3,256	
10-00-52100-310-001	POLICE ADM:GO:FROM DONATIONS	7,772	0	7,772	
10-00-52100-310-002	POLICE ADM:GO:COMM. RELATIONS	1,078	0	1,078	
10-00-52100-320-000	POLICE ADMIN: PUBLICATIONS	0	0	0	
10-00-52100-330-000	POLICE ADMIN: TRAVEL & TRAININ	587	2,000	-1,413	
10-00-52100-700-000	POLICE ADM:HWY. SAFETY GRANT	0	0	0	
10-00-52120-110-000	POLICE PATROL: SALARIES	79,553	122,534	-42,981	
10-00-52120-110-001	POLICE PATROL: SAL:OT&HOLIDAY	12,274	101,338	-89,064	
10-00-52120-110-002	POLICE PATROL: SALARY:PARTTIME	16,406	1,979	14,428	
10-00-52120-110-003	PD PATROL: SAL-2016 SPEED GRAN	0	0	0	
10-00-52120-110-004	POLICE PATROL:SALARY OWI GRANT	0	0	0	
10-00-52120-110-005	POLICE PAT: SAL: SEATBELT GRNT	0	0	0	
10-00-52120-130-000	POLICE PATROL: FRINGE BENEFITS	35,818	71,552	-35,734	
10-00-52120-130-001	POLICE PATROL:FB:OT&HOLIDAY	2,525	30,908	-28,384	
10-00-52120-130-002	POLICE PATROL: FB: PARTTIME	1,255	382	873	
10-00-52120-130-003	PD PATROL: FRINGE-2016 SPEED G	0	0	0	
10-00-52120-130-004	POLICE PATROL:FRINGE OWI GRANT	0	0	0	
10-00-52120-130-005	POLICE PAT: FRNG: SEATBELT GRT	0	0	0	
10-00-52120-310-000	POLICE PATROL: GENERAL OPERATI	16,692	4,600	12,092	
10-00-52120-310-001	POLICE PATROL: SWAT	132	500	-368	
10-00-52120-310-002	PD PATROL: 2014 BIKE RODEO GRT	0	0	0	
10-00-52120-310-003	PD PATROL: 2014 BADGER TRACS	0	0	0	
10-00-52120-315-000	POLICE PATROL: FUEL	3,479	12,000	-8,521	
10-00-52120-350-000	POLICE PATROL: REPAIR/EQUIPMEN	1,235	6,000	-4,765	
10-00-52130-310-000	POLICE INVESTIGATION: GEN OPS	556	1,000	-444	
10-00-52140-310-000	POLICE TRAINING: GENERAL OPS	1,299	3,500	-2,201	
10-00-52210-310-000	FIRE SUPPRESSION: GENERAL OPS	60,871	69,971	-9,100	
10-00-52210-311-000	FIRE SUPPRESSION: HYDRANTS	0	0	0	
10-00-52300-310-000	AMBULANCE: GENERAL OPS	45,621	45,621	0	
10-00-52400-310-000	BLDG INSPECTION: GENERAL OPS	11,661	9,000	2,661	
10-00-52400-310-001	ZONING ADMINISTRATOR	0	0	0	

2023 BUDGET TO ACTUAL - MAY

		2023 Actual to 5/31/2023	2023 BUDGET 12/31/2023	DIFFERENCE OVER/(UNDER) FEBRUARY TO BUDGET
10-00-52500-220-000	EMERGENCY GOV: UTILITIES	79	125	-46
10-00-52500-310-000	EMERGENCY GOV: GENERAL OPS	0	75	-75
10-00-52500-320-000	EMERGENCY GOV: PUBLICATIONS	0	0	0
10-00-52500-330-000	EMERGENCY GOV: TRAVEL & TRAINI	0	100	-100
10-00-52500-350-000	EMERGENCY GOV: REPAIR/EQUIPMEN	0	0	0
10-00-52800-310-000	EMPLOYEE SAFETY: GENERAL OPS	1,228	2,250	-1,022
		324,354	515,683	-191,330
10-00-53100-110-000	STREET ADMIN: SALARIES	11,285	0	11,285
10-00-53100-130-000	STREET ADMIN: FRINGE BENEFITS	10,545	0	10,545
10-00-53100-220-000	STREET ADMIN: UTILITIES	260	630	-370
10-00-53100-310-000	STREET ADMIN: GENERAL OPERATIO	3	300	-297
10-00-53100-330-000	STREET ADMIN: TRAVEL & TRAININ	0	1,000	-1,000
10-00-53110-310-000	ENGINEERING	8,687	0	8,687
10-00-53230-110-000	VILLAGE GARAGE: SALARIES	0	1,373,032	-1,373,032
10-00-53230-130-000	VILLAGE GARAGE: FRINGE BENEFIT	4	618,646	-618,643
10-00-53230-220-000	VILLAGE GARAGE: UTILITIES	7,788	9,500	-1,712
10-00-53230-310-000	VILLAGE GARAGE: GENERAL OPERAT	863	1,000	-137
10-00-53230-350-000	VILLAGE GARAGE: REPAIR/EQUIPME	0	2,000	-2,000
10-00-53230-351-000	VILLAGE GARAGE: REPAIR/BUILDIN	9	2,000	-1,991
10-00-53240-110-000	MACH & EQUIP: SALARIES	3,182	0	3,182
10-00-53240-130-000	MACH & EQUIP: FRINGE BENEFITS	1,845	0	1,845
10-00-53240-240-000	MACH & EQUIP: EQUIP CONTRACTS	0	0	0
10-00-53240-310-000	MACH & EQUIP: GENERAL OPERATIO	0	500	-500
10-00-53240-315-000	MACH & EQUIP: FUEL	4,869	8,000	-3,131
10-00-53240-330-000	MACH & EQUIP: TRAVEL & TRAININ	0	0	0
10-00-53240-350-000	MACH & EQUIP: REPAIR/EQUIP	2,342	7,500	-5,158
10-00-53300-110-000	STREET MAIN/CONS: SALARIES	20,954	0	20,954
10-00-53300-110-001	STREET MAIN/CONS: SAL:CHAMBER	1,001	0	1,001
10-00-53300-130-000	STREET MAIN/CONS: FRINGE BENEF	13,235	0	13,235
10-00-53300-130-001	STREET MAIN/CONS: FB:CHAMBER	141	0	141
10-00-53300-310-000	STREET MAIN/CONS: GENERAL OPS	2,920	35,000	-32,080
10-00-53300-320-000	STREET MAIN/CONS: PUBLICATIONS	0	0	0
10-00-53420-310-000	STREET LIGHTING	15,731	38,000	-22,269
10-00-53430-310-000	SIDEWALKS: GENERAL OPERATIONS	0	0	0
10-00-53440-220-000	STORM SEWER: UTILITIES	749	1,000	-251
10-00-53440-310-000	STORM SEWERS: GENERAL OPERATIO	0	0	0
10-00-53460-110-000	SNOW REMOVAL: SALARIES	9,218	3,826	5,392
10-00-53460-130-000	SNOW REMOVAL: FRINGE BENEFITS	4,927	460	4,467
10-00-53460-291-000	SNOW REMOVAL: PURCHASED SERVIC	0	2,500	-2,500
10-00-53460-310-000	SNOW REMOVAL: GENERAL OPERATIC	16,723	28,000	-11,277
10-00-53470-110-000	SIGNS: SALARIES	400	26,476	-26,076
10-00-53470-130-000	SIGNS: FRINGE BENEFITS	260	12,592	-12,333
10-00-53470-220-000	SIGNS: UTILITIES	88	150	-62
10-00-53470-310-000	SIGNS: GENERAL OPERATIONS	141	2,000	-1,859
10-00-53490-310-000	CURB & GUTTER: GENERAL OPERATI	0	0	0
10-00-53650-110-000	DUMP: SALARIES	232	8,385	-8,152
10-00-53650-130-000	DUMP: FRINGE BENEFITS	131	5,211	-5,080
10-00-53650-310-000	DUMP: GENERAL OPERATIONS	0	0	0
10-00-53650-390-000	DUMP: LICENSES	0	165	-165
		138,530	2,187,872	-2,049,342
10-00-55200-110-000	PARKS: SALARIES	178	32,925	-32,747
10-00-55200-130-000	PARKS: FRINGE BENEFITS	30	20,463	-20,433
10-00-55200-220-000	PARKS: UTILITIES	2,077	4,000	-1,923
10-00-55200-291-000	PARKS: PURCHASED SERVICE	7,300	20,000	-12,700
10-00-55200-310-000	PARKS: GENERAL OPERATIONS	1,100	2,000	-900
10-00-55200-310-001	PARKS: GEN. OPS. SIGNS	0	8,500	-8,500
10-00-55200-310-002	PARKS: DOG PARK	0	0	0
10-00-55200-320-000	PARKS: PUBLICATIONS	0	0	0
10-00-55200-350-000	PARKS: REPAIR/EQUIPMENT	0	1,500	-1,500
10-00-55200-351-000	PARKS: REPAIR/BUILDING	0	500	-500
10-00-55200-352-000	PARKS: REPAIR/GROUNDS	0	5,200	-5,200

2023 BUDGET TO ACTUAL - MAY

		2023 Actual to 5/31/2023	2023 BUDGET 12/31/2023	DIFFERENCE OVER/(UNDER) FEBRUARY TO BUDGET
10-00-55210-110-000	FLORAL CLOCK: SALARIES	16	0	16
10-00-55210-130-000	FLORAL CLOCK: FRINGE BENEFITS	13	0	13
10-00-55210-220-000	FLORAL CLOCK: UTILITIES	133	500	-367
10-00-55210-310-000	FLORAL CLOCK: GENERAL OPERATIO	4,700	5,000	-300
10-00-55210-350-000	FLORAL CLOCK: REPAIR/EQUIPMENT	0	0	0
10-00-55210-352-000	FLORAL CLOCK: REPAIR/GROUNDS	0	100	-100
10-00-55300-110-000	RECREATION: SALARIES	0	2,037	-2,037
10-00-55300-130-000	RECREATION: FRINGE BENEFITS	0	1,220	-1,220
10-00-55300-310-000	RECREATION: GENERAL OPERATIONS	0	0	0
10-00-55300-310-001	RECREATION: LITTLE LEAGUE/GIRL	0	10,000	-10,000
10-00-55300-310-002	TRIATHLON	0	0	0
10-00-55300-310-003	RECREATION: TEAM SHIRTS	0	0	0
10-00-55300-320-000	RECREATION: PUBLICATIONS	0	0	0
10-00-55300-330-000	RECREATION: TRAVEL & TRAINING	0	0	0
10-00-55300-340-000	FESTIVAL/EVENT EXPENSE	0	0	0
10-00-55420-110-000	POOL: SALARIES	671	6,819	-6,148
10-00-55420-110-001	POOL: SALARIES: LESSONS	0	1,543	-1,543
10-00-55420-110-002	POOL: SALARIES: SWIM TEAM	0	3,600	-3,600
10-00-55420-130-000	POOL: FRINGE BENEFITS	323	522	-199
10-00-55420-130-001	POOL: FRINGE BENEFIT: LESSONS	0	118	-118
10-00-55420-130-002	POOL: FRINGE BENEFITS: SWIM TE	0	275	-275
10-00-55420-220-000	POOL: UTILITIES	1,576	15,000	-13,424
10-00-55420-291-000	POOL: PURCHASED SERVICES	0	9,000	-9,000
10-00-55420-310-000	POOL: GENERAL OPERATIONS	849	3,000	-2,151
10-00-55420-310-002	POOL: SWIM TEAM	0	300	-300
10-00-55420-320-000	POOL: PUBLICATIONS	17	250	-233
10-00-55420-330-000	POOL: TRAVEL & TRAINING	0	400	-400
10-00-55420-350-000	POOL: REPAIR/EQUIPMENT	16,212	4,000	12,212
10-00-55420-351-000	POOL: REPAIR/BUILDING	0	250	-250
10-00-55420-352-000	POOL: REPAIR/GROUNDS	13,574	11,750	1,824
10-00-55420-390-000	POOL: LICENSES	0	425	-425
10-00-55600-310-000	CABLE TELEVISION: GENERAL OPS	0	0	0
		48,770	171,196	-122,426
10-00-56110-110-000	FORESTRY: SALARIES	0	4,601	-4,601
10-00-56110-130-000	FORESTRY: FRINGE BENEFITS	0	2,860	-2,860
10-00-56110-220-000	FORESTRY: UTILITIES	0	0	0
10-00-56110-310-000	FORESTRY: GENERAL OPERATIONS	0	2,120	-2,120
10-00-56110-310-001	FORESTRY: TREE PRUNING	0	0	0
10-00-56110-310-002	FORESTRY: ARBOR DAY PLANTING	585	6,000	-5,415
10-00-56110-310-004	FORESTRY: GEN.OP.:GRANT	0	0	0
10-00-56110-310-005	FORESTRY: TREE/STUMP REMOVAL	20,985	24,000	-3,015
10-00-56110-320-000	FORESTRY: PUBLICATIONS	0	50	-50
10-00-56110-330-000	FORESTRY: TRAVEL & TRAINING	0	0	0
10-00-56701-310-000	GREEN CTY DEV: GENERAL OPS	0	0	0
10-00-56702-310-000	ECONOMIC DEVELOPMENT	0	1,000	-1,000
10-00-56702-810-000	ECONOMIC DEV: CAPITAL OUTLAY	0	0	0
10-00-56715-310-000	DT BUSINESS IMP: GENERAL OPS	0	0	0
		21,570	40,631	-19,061
10-00-57200-291-000	PLANNING: PROFESSIONAL SERVICE	175	3,000	-2,825
		175	3,000	-2,825
10-00-59212-999-000	TRANSFER TO BOND FUND	0	0	0
10-00-59220-999-000	TRANSFER TO CHALET FUND	0	0	0
10-00-59230-999-000	TRANSFER TO DEBT SERVICE FUND	0	0	0
10-00-59260-999-000	TRANSFER TO GEN CAPT PRJT FD	0	0	0
10-00-59265-999-000	TRANSFER TO LIBRARY FUND	0	0	0
10-00-59900-001-000	SPECIAL PURPOSE TAX REVENUE	0	800	-800
10-00-59900-005-000	SP PURP TAX REV: EQUIPMENT FUN	0	0	0
10-00-59900-006-000	SP PURP TAX REV: PARK FUND	0	0	0
10-00-59900-008-000	SP PURP TAX REV: SQUAD FUND	0	0	0
		0	800	-800

2023 BUDGET TO ACTUAL - MAY

	2023 Actual to 5/31/2023	2023 BUDGET 12/31/2023	DIFFERENCE OVER/(UNDER) FEBRUARY TO BUDGET
TOTAL EXPENSE	762,353	3,111,304	-2,348,952
NET	376,827		

23-24

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(m m dd yyyy) (m m dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Blanchardville Coop Oil Assoc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>314 S Main St. Blanchardville WI 53516</u>
--	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Steinmetz</u>	(First) <u>Gery</u>	(Middle Name) <u>Edward</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4154 330th St Boyd WI 54726</u>
-------------------------------------	------------------------	--------------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Blanchardville Coop Oil Assoc. Business Phone Number 608-523-4294

2. Address of Premises 1401 WI State Hwy 69 Post Office & Zip Code New Glarus WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No


4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

Retail Convenience

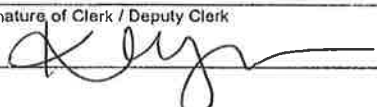
Applicant's Wisconsin Seller's Permit Number <u>45600004748602</u>	
FEIN Number <u>39-0169330</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Gery Steinmetz	Title / Member General Manager	Date 04/13/2023
Signature 	Phone Number 608-523-4294	Email Address gerys@blanchardville

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/24/23	Date reported to council / board 6/12 DW / 6/20 VB	Date license granted
License number issued 23-24	Date license issued	Signature of Clerk / Deputy Clerk 

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number 23-02
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000474886-02

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Blanchardville Coop Oil Assoc.			Federal Employer Identification No. (FEIN) 39-0169330	
Trade or Business Name (if different than Legal Name)			Telephone Number (60) 523-4294	
Business Address (License Location) 1401 WI state Hwy 69		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (60) 523-4294
Municipality New Glarus	State WI	Zip Code 53574	County Green	
Mailing Address (if different than Business Address) 314 S. Main St. PO box 88		Municipality Blanchardville	State WI	Zip Code 53516

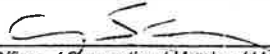
Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) Cooperative

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1024029497-03	
FEIN Number 47-2727959	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last) <u>Weix</u>	(First) <u>Sheri</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>213 2nd St, PO Box 33, New Glarus, WI 53574</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name The Bramble Patch Business Phone Number 608-527-4878

2. Address of Premises 102 5th Ave, New Glarus, WI Post Office & Zip Code PO Box 33, 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail sales floor for display, sales & minor storage of items waiting to be sold; Kitchen for main alcohol storage & side workroom for incoming alcohol storage; driveway for festival sales; records stored in unlocked, employee-accessible file in side workroom.

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Weix, Sheri	Title / Member owner	Date 03/24/2023
Signature <i>Sheri Weix</i>	Phone Number 608-527-4878	Email Address TheBramblePatch@outlo

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/27/23	Date reported to council / board PW 6/12 - VB 6/20	Date license granted
License number issued 2304	Date license issued	Signature of Clerk / Deputy Clerk <i>Dannay</i>

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Brenda's Blumenladen LLC</u>	<u>7965 Ritschard Rd New Glarus, WI 53574</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Siegenthaler</u>	<u>Brenda</u>		<u>PO Box 314 New Glarus, WI 53574</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Siegenthaler</u>	<u>Brenda</u>		<u>PO Box 314, New Glarus, WI 53574</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Siegenthaler</u>	<u>Duane</u>		<u>PO Box 314, New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Brenda's Blumenladen LLC Business Phone Number 608-527-2230

2. Address of Premises 17 6th Ave Post Office & Zip Code PO Box 5, 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Brenda's Blumenladen/ Railroad St. Boutique located at 17 6th Ave/18 7th Ave, New Glarus WI 53574 including both buildings, walkway between buildings and store room above Railroad St. Boutique.

Applicant's Wisconsin Seller's Permit Number 456-1028266294-02	
FEIN Number 46-4112140	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Brenda Siegenthaler	Title / Member Owner/member	Date 03/20/2023
Signature <i>Brenda Siegenthaler</i>	Phone Number 608-527-2230	Email Address brendasblumenladen@gm

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/22/23	Date reported to council / board PW 6-121 VB 6/20	Date license granted
License number issued 23-03	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna Yf.</i>

23-19

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07-01-2023 ending: 06-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Burkerson's Market Inc. / Roy's Market</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Burkerson</u>	(First) <u>Darin</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>216 S. Pinckney St. Madison WI 53703</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Burkerson</u>	<u>Darin</u>	<u>L.</u>	<u>216 S. Pinckney St. Madison WI 53703</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Roy's Market Business Phone Number 608 527-2914
 2. Address of Premises 600 St. Rd 109 Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

13,000 Sq Ft Building. Alcohol Displayed on Sales Floor. There is a small area off the back area we store back stock.

Applicant's Wisconsin Seller's Permit Number <u>456-1029314112-02</u>	
FEIN Number <u>81-2782457</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) ANDERSON RONALD J JR.	Title / Member STORE MANAGER	Date 5-23-23
Signature <i>Ronald J Anderson Jr</i>	Phone Number 1-608-527-2914 1-608-574-2093	Email Address randerson2646@charter.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-23-23	Date reported to council / board 6-12(PW) 6-20(VB)	Date license granted .
License number issued 23-19	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLARUS
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company CASEY'S MARKETING COMPANY	Address of Corporation / Limited Liability Company (if different from licensed premises) ONE SE CONVENIENCE BLVD, ANKENY, IA 50021
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name HAWKS	(First) ANTHONY	(Middle Name) WAYNE	Home Address (Street, City or Post Office, & Zip Code) 538 BIESE STREET, COMBINED LOCKS, WI 54113
---------------------------------	---------------------------	-------------------------------	---

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name PLEASE SEE ATTACHED OFFICER LIST	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CASEY'S GENERAL STORE #3572 Business Phone Number 608-453-4529

2. Address of Premises 1019 STATE HWY 69 Post Office & Zip Code NEW GLARUS 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

ONE STORY PRESTRUCTURED STEEL BUILDING

Applicant's Wisconsin Seller's Permit Number 456-000602957-03	
FEIN Number 42-1435913	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) BEECH, DOULGAS M	Title / Member ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY	Date 3/17/23
Signature <i>Douglas M. Beech</i>	Phone Number 515-381-5109	Email Address LICENSINGTEAM@CASEYS.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/28/23	Date reported to council / board PW 6-12 / VB 6-20	Date license granted
License number issued 23-06	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna J.</i>

CASEY'S MARKETING COMPANY

Federal Tax I.D. 42-1435913

Date of Incorporation: March 15, 1995

Effective 10/8/2021

OFFICERS

Samuel J. James, President & Chairman
One SE Convenience Blvd.
Ankeny, IA 50021

Brian J. Johnson, Vice President
One SE Convenience Blvd.
Ankeny, IA 50021

Scott A. Faber, Secretary
One SE Convenience Blvd.
Ankeny, IA 50021

Eric Larsen, Treasurer
One SE Convenience Blvd.
Ankeny, IA 50021

Douglas M. Beech, Assistant Secretary
One SE. Convenience Blvd.
Ankeny, IA 50021

BOARD OF DIRECTORS

Samuel J. James, Chairman
One SE Convenience Blvd.
Ankeny, IA 50021

Brian J. Johnson
One SE Convenience Blvd.
Ankeny, IA 50021

Scott Faber
One SE Convenience Blvd.
Ankeny, IA 50021

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$ 50.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000602957-03

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

License Number 23-01
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CASEY'S MARKETING COMPANY		Federal Employer Identification No. (FEIN) 42-1435913
Trade or Business Name (if different than Legal Name) CASEY'S GENERAL STORE #3572		Telephone Number (608) 453-4529
Business Address (License Location) 1019 STATE HWY 69		Business Telephone (515) 381-5109
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: NEW GLARUS		County IOWA
Municipality NEW GLARUS	State WI	Zip Code 53565
Mailing Address (if different than Business Address) ATTN: LICENSING, ONE SE CONVENIENCE BLVD		Municipality ANKENY
		State IA
		Zip Code 50021


Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
 DOUGLAS BEECH, ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23.13

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLARUS
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>CHALET CHEESE HAUS, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>554 1ST ST, NEW GLARUS, WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>HLUBEK</u>	(First) <u>MICHAEL</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO BOX 788, MONROE, WI 53566</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CHALET CHEESE HAUS Business Phone Number 608-636-2130

2. Address of Premises 554 1ST STREET Post Office & Zip Code NEW GLARUS, WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

RETAIL AREA, BACK ROOM, BACK COOLER

Applicant's Wisconsin Seller's Permit Number <u>456-1031088581-04</u>	
FEIN Number <u>00-2699618</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>HLUBEK, MICHAEL</i>	Title / Member <i>MANAGER</i>	Date <i>5/15/2023</i>
Signature <i>Michael Hlubek</i>	Phone Number <i>608-636-2130</i>	Email Address <i>mike.hlubek@chaletcheesehaus.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.15.23</i>	Date reported to council / board <i>PW 6/12 VB 6/20</i>	Date license granted
License number issued <i>#2313</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanne Young</i>

23-09

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kube	Keith	A	406 2nd Ave New Glarus WI 53574
Hanson	Leah	L	406 2nd Ave New Glarus WI 53574
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Dirty Dog Taphaus and Eatery LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>101 6th Ave New GLarus WI 53574</u>
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
-----------------	---------	---------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kube	Keith	Allen	406 2nd Ave New Glarus WI 53574
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hanson	Leah	Lynne	406 2nd Ave New Glarus WI 53574
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Dirty Dog Taphaus and Eatery LLC Business Phone Number 608 636 2048

2. Address of Premises 101 6th Ave PO Box 38 Post Office & Zip Code New Glarus WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No


4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Single story historical building with fenced outside patio area.

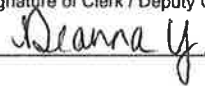
Applicant's Wisconsin Seller's Permit Number 456-1030678405-04	
FEIN Number 85-4084873	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Leah Hanson	Title / Member Owner/ Member	Date 05/05/2023
Signature 	Phone Number 608 347 8082	Email Address 1016thave@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-8-23	Date reported to council / board PW 6/12 VB 6/20	Date license granted
License number issued 23-09	Date license issued	Signature of Clerk / Deputy Clerk 

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 6/30/23 ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GADARUS
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Fat Cat Coffee Works</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>Leoce Railroad St.</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Soyre</u>	(First) <u>Alexandra</u>	(Middle Name) <u>Claire</u>	Home Address (Street, City or Post Office, & Zip Code) <u>12494 Poplar Grove Rd.</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Fat Cat Coffee Works Business Phone Number (608) 695-6507
2. Address of Premises Leoce Railroad St. Post Office & Zip Code NEW GADARUS 53514

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Leoce Railroad St

Applicant's Wisconsin Seller's Permit Number <u>456-000-319554502</u>	
FEIN Number <u>20-803-7042</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Sayre, Alexandra C</i>	Title / Member <i>General manager</i>	Date <i>5/10/23</i>
Signature <i>Alexandra Sayre</i>	Phone Number <i>608-695-6507</i>	Email Address <i>allyprigger@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.10.23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i># 23-12</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Dannaly</i>

Dear New Glarus Village,

This letter is to communicate that we, Fat Cat Coffee Works, would like to apply for a liquor CLASS B license.

During our 16 years of having the opportunity to serve this community we have hoped for the chance to apply for a liquor license a few times before. We are hoping this time is our chance!

We love New Glarus and we look forward to growing our business and expanding our hours so that we can offer our residents and visitors more!

Thank you for your consideration!

Sincerely,

Ally Sayre

23-22

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>004-000107005-01</u>	
FEIN Number <u>39-1591613</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Glarner Enterprises Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Gobeli</u>	(First) <u>John</u>	(Middle Name) <u>christian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>630 Washington St, Monticello, 53570</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Gobeli</u>	(First) <u>John</u>	(Middle Name) <u>christian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>630 Washington St Monticello, 53570</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Glarner Stake Business Phone Number 608 527 2216


2. Address of Premises 518 1st St Post Office & Zip Code Po Box 157 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

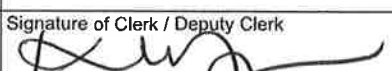
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The 1st + 2nd floors of 518 1st street

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Gobeli, John C	Title / Member President	Date 5/24/23
Signature 	Phone Number 608 214 5383	Email Address Gobeli, John @Gobeli.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/24/23	Date reported to council / board PW 6/12 / JB 6/20	Date license granted
License number issued 23-22	Date license issued	Signature of Clerk / Deputy Clerk 

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/01/2023 ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLARUS
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>HUNGO LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>200-5th AVENUE, NEW GLARUS, WI</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>LOHCO</u>	(First) <u>STEPHEN</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>812-3RD STREET, NEW GLARUS WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name TOPHERS PUB AND GRILL Business Phone Number 608-527-2490
 2. Address of Premises _____ Post Office & Zip Code NEW GLARUS, WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No


4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) MAIN BAR AREA,

DINING ROOM - UPSTAIRS AND GROUND LEVEL, OUTSIDE BAR,
OUTSIDE FENCED PATIO

Applicant's Wisconsin Seller's Permit Number <u>456-102860 7952-02</u>	
FEIN Number <u>47-3332218</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250.
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes ~~No~~
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes ~~No~~
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes ~~No~~
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes ~~No~~
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes ~~No~~
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>LONGO, STEPHEN, J</i>	Title / Member <i>OWNER</i>	Date <i>5/02/2023</i>
Signature 	Phone Number <i>608-527-2490</i>	Email Address <i>steve@tollers.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.2.23</i>	Date reported to council / board <i>PW 6/12 #VB 6/20</i>	Date license granted
License number issued <i>23-08</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna Y.</i>

Application For License

To the Clerk of the **Village of New Glarus**

County of **Green**, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

*Pool Table**

**No. of Pool Tables* 1

For the term beginning July 1, 2023 and ending June 30, 2024.


The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address of Establishment: HUNGO LLC DBA TOFFLERS

PUB AND GRILL 200 5th AVENUE, NEW GLARUS 53574

A receipt is submitted herewith, showing the payment of the sum of \$ _____ to the treasurer, in payment of this license.

Dated: 5/2/2023

Signed: 

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-23 ending: 6-30-24
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } NEW GLAUS
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>GREGORY</u>	<u>BRIAN</u>	<u>312 DURST RD. NEW GLAUS, WI 53574</u>
<u>KLEEMAN</u>	<u>DENNIS</u>	<u>LYN</u>	<u>431 BELLE VIEW AVE BELLEVILLE WI 53508</u>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>KLEEMAN'S BAR + GRILL LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>GREGORY</u>	<u>BRIAN</u>	<u>312 DURST RD. NEW GLAUS, WI 53574</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>GREGORY</u>	<u>BRIAN</u>	<u>312 DURST RD. NEW GLAUS, WI 53574</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>KLEEMAN</u>	<u>DENNIS</u>	<u>LYN</u>	<u>431 BELLE VIEW AVE BELLEVILLE, WI 53508</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name KLEEMAN'S BAR + GRILL Business Phone Number 608-537-5499
 2. Address of Premises 116 5TH AVE. Post Office & Zip Code P.O. Box 742 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

MAIN FLOOR AND BASEMENT

Applicant's Wisconsin Seller's Permit Number <u>456-0002353298-02</u>	
FEIN Number <u>76-0775726</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Kleeman, GREGORY B.</i>	Title / Member <i>PRESIDENT</i>	Date <i>4-22-23</i>
Signature <i>[Signature]</i>	Phone Number <i>608-574-4562</i>	Email Address <i>gregkleeman@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4.24.23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i>2307</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME Greg Keenan STATUTE NO./LOCAL ORDINANCE _____
 CHARGE OWI WHERE CONVICTED NEW GLARUS
 DATE 8-19 PENALTY FINE SUSPENDED LICENSE MISDEMEANOR FELONY
2. NAME Greg Keenan STATUTE NO./LOCAL ORDINANCE _____
 CHARGE CLOSING HOUR VIOLATION WHERE CONVICTED NEW GLARUS
 DATE 2016 PENALTY FINE MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

~~\$ 50.00~~
10.00

Application For License

To the Clerk of the **Village of New Glarus**

County of **Green**, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

*Pool Table**

*No. of Pool Tables 1

For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address of Establishment: KEEEMAN'S BAR + GRILL LLC

116 5TH AVE. NEW GLARUS, WI 53574

A receipt is submitted herewith, showing the payment of the sum of \$ _____ to the treasurer, in payment of this license.

Dated: 4-27-23

Signed: 

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-18

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

Applicant's Wisconsin Seller's Permit Number 456-102825 4108-02	
FEIN Number 46-2939197	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Krsti's Restaurant LLC
Address of Corporation / Limited Liability Company (if different from licensed premises): 1195th Ave New Glarus, WI 53574

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Lopez</u>	(First) <u>Krsti</u>	(Middle Name) <u>R.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>119 5th Ave PO Box 363 Ng. 53574</u>
---------------------------------	-------------------------	----------------------------	---

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Lopez</u>	(First) <u>Krsti</u>	(Middle Name) <u>Kae</u>	Home Address (Street, City or Post Office, & Zip Code) <u>Same as above</u>
Vice President / Member Last Name <u>Lopez Torres</u>	(First) <u>Juan Carlos</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Same as above</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Krsti's Restaurant Business Phone Number 608-527-2012
2. Address of Premises 119 5th Ave Post Office & Zip Code New Glarus 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
at 119 5th Ave including the front porch and patio on the east side of the building
The entire building

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Lopez Kristi K.</i>	Title / Member <i>Owner</i>	Date <i>5-17-23</i>
Signature <i>Kristi Lopez</i>	Phone Number <i>608-558-4799</i>	Email Address <i>Kristilopez@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5/23/23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i>#23-18</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-20

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456102857849202</u>	
FEIN Number <u>47-2250255</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Steinbock LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>801 Highway 69</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Nevil</u>	(First) <u>Michael</u>	(Middle Name) <u>A.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County H New Glarus, WI 53574</u>
---------------------------------	---------------------------	----------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Nevil</u>	(First) <u>Michael</u>	(Middle Name) <u>A.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County H New Glarus, WI 53574</u>
Vice President / Member Last Name <u>Nevil</u>	(First) <u>Shawna</u>	(Middle Name) <u>D.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County H New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Landhaus Restaurant Business Phone Number 608-527-5234
- Address of Premises 801 Highway 69 Post Office & Zip Code New Glarus, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Newitt Michael A</i>	Title / Member <i>owner</i>	Date <i>05/23/23</i>
Signature <i>[Signature]</i>	Phone Number <i>558-0611</i>	Email Address <i>Shawmaneni@tds.net</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5/23/23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i>23-20</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Chalet Landhaus Restaurant Premises Description:

Chalet Landhaus Restaurant located at 801 Highway 69, New Glarus WI 53574, including restaurant, bar, 3rd floor storage, conference room and outdoor dining terrace as per attached addenda.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 6/30/2023 ending: 6/30/24
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Lollygag Antiques LLC Address of Corporation / Limited Liability Company (if different from licensed premises): 16 6th Ave New Glarus

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: Rodeghier (First) Karen (Middle Name) E Home Address (Street, City or Post Office, & Zip Code): W4965 Ward Creek Lane New Glarus

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Lollygag Antiques Business Phone Number 630 209 0423
- Address of Premises 16 6th Ave Post Office & Zip Code 53 New Glarus 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Alcohol will be displayed in shop only. Alcohol will be stored in store room records will be stored behind service counter.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 250.
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
have not started selling yet (First year) 2023
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Rodoghier Karen E</i>	Title / Member <i>owner</i>	Date <i>3.28.23</i>
Signature <i>Karen Rodoghier</i>	Phone Number <i>6302090423</i>	Email Address <i>rodoghiers@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>3/28/2023</i>	Date reported to council / board <i>PW 6/12 - VB 6/20</i>	Date license granted
License number issued <i>23-05</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>D. Murray</i>

#23-16

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>New Rose LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Reinicke</u>	(First) <u>Bryenna</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9136 York Center Rd Blanchardville, WI 53516</u>
------------------------------------	---------------------------	---------------------------	--

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name New Rose Business Phone Number 608-527-4004

2. Address of Premises 523 1ST Street New Glarus Post Office & Zip Code 53574


3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Second floor of retail mall where it is displayed for sale and extra inventory is stored in the cabinets underneath

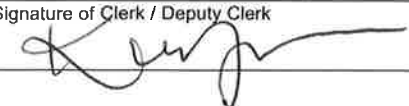
Applicant's Wisconsin Seller's Permit Number 456-1029840460-02	
FEIN Number 83-0577018	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 250
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Bryenna M Reinicke	Title / Member Owner/ Agent	Date 04/27/2023
Signature 	Phone Number 517-980-4559	Email Address newrose7611c@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-19-23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued #23-110	Date license issued	Signature of Clerk / Deputy Clerk 

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-21

Save

Print

Clear

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456102857849202</u>	
FEIN Number <u>47-2250255</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Steinback LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>100 Sixth Avenue New Glarus, WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Nevil</u>	(First) <u>Michael</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County Rd H New Glarus, WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Nevil</u>	(First) <u>Michael</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County Rd H New Glarus, WI 53574</u>
Vice President / Member Last Name <u>Nevil</u>	(First) <u>Shawna</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W6303 County Rd H New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name New Glarus Hotel Restaurant Business Phone Number 608-527-5244
- Address of Premises 100 Sixth Avenue Post Office & Zip Code New Glarus, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Newik Michael A	Title / Member owner	Date 05/23/23
Signature 	Phone Number 608-558-0611	Email Address shannanewik@tds.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/23/23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued 23-21	Date license issued	Signature of Clerk / Deputy Clerk

New Glarus Hotel Restaurant Premises Description:

New Glarus Hotel Restaurant located at 100 6th Avenue, New Glarus WI 53574, including two story building, (3) bars, restaurant, pizzeria, basement and designated outdoor dining terrace as per attached addenda.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 10/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1030794027-04</u>	
FEIN Number <u>07-2258838</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250.</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>HBT Enterprises LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N9694 State Rd 69 New Glarus WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Tierman</u>	(First) <u>Amber</u>	(Middle Name) <u>Lynne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9694 State Rd 69 New Glarus WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Tierman</u>	(First) <u>Amber</u>	(Middle Name) <u>Lynne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9694 State Rd 69 New Glarus WI 53574</u>
Vice President / Member Last Name <u>Tierman</u>	(First) <u>David</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9694 State Rd 69 New Glarus WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Oh Haus Pub & Grill Business Phone Number 608-527-2218
 2. Address of Premises 406 2nd Street Post Office & Zip Code New Glarus 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Main level (bar area), basement, upstairs shelves,
Cooler and beer garden (no changes requested
to the current Beer garden address)

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Tierman, Amber L</i>	Title / Member <i>owner</i>	Date <i>5/2/23</i>
Signature <i>Amber L Tierman</i>	Phone Number <i>608-214-1518</i>	Email Address <i>amtierse@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5.16.23</i>	Date reported to council / board <i>PW 6/12 / VB 6/20</i>	Date license granted
License number issued <i># 23-14</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>Deanna Jung</i>

50.

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number 23-04
Period Covered July 1, 23 - June 30, 24
Date of issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1030794027-04

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) HBT Enterprises LLC		Federal Employer Identification No. (FEIN) 87-2258838
Trade or Business Name (if different than Legal Name) Ott Haus Pub & Grill		Telephone Number (608) 214-1518
Business Address (License Location) 406 2nd Street	Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: New Glarus	Business Telephone (608) 527-2218
Municipality New Glarus	State WI	Zip Code 53574
Mailing Address (if different than Business Address) N9694 State Rd 69	Municipality New Glarus	State WI
		Zip Code 53574

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: **8/20/21**
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe)

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Amber L. Terman
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23-25

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Parkside Development</u>	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dreger</u>	<u>Randy</u>	<u>Scott</u>	<u>N0731 CTY RDE Brooklyn WI 53521</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dreger</u>	<u>Randy</u>	<u>Scott</u>	<u>N0731 CTY RD E Brooklyn WI 53521</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name McFest Haus Business Phone Number 608-527-3378
 2. Address of Premises 106 3rd Ave Post Office & Zip Code New Glarus 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Property buildings 1 + buildings two including the ally between the buildings + the front fenced in porch.

Applicant's Wisconsin Seller's Permit Number	
<u>456-1029042907-02</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>250</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Kennedy Dreger</i>	Title / Member <i>Manager</i>	Date <i>5/25/2023</i>
Signature <i>[Handwritten Signature]</i>	Phone Number <i>608-527-3378</i>	Email Address <i>parkside.developmentng@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5/25/23</i>	Date reported to council / board <i>6/12 PW / 6/20 VB</i>	Date license granted
License number issued <i>23-25</i>	Date license issued	Signature of Clerk / Deputy Clerk <i>[Handwritten Signature]</i>

#23-15

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Puempels Olde Tavern Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>18 6th Ave New Glarus, WI 53574</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Bigler</u>	(First) <u>Charles</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO Box 508 New Glarus WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Bigler</u>	<u>Charles</u>		<u>PO Box 508 New Glarus, WI 53574</u>
Vice President / Member Last Name <u>Reynolds</u>	(First) <u>MacAlister</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>517 Railroad St New Glarus WI 53574</u>
Secretary / Member Last Name <u>Reynolds</u>	(First) <u>MacAlister</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>517 Railroad St New Glarus WI 53574</u>
Treasurer / Member Last Name <u>Bigler</u>	(First) <u>Charles</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO Box 508 New Glarus, WI 53574</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Puempels Olde Tavern Business Phone Number 608-527-2045

2. Address of Premises 18 6th Ave Post Office & Zip Code New Glarus WI 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) west 1/2 of building and north 1/2 of building including entire basement and outside decks and restrooms

Applicant's Wisconsin Seller's Permit Number <u>456-0000034566-03</u>	
FEIN Number <u>39-1784775</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>280</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

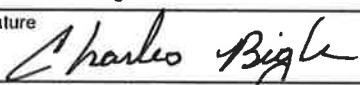
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

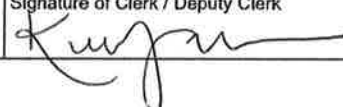
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Charles Bigler	Title / Member President	Date 05/01/2023
Signature 	Phone Number 608-558-5984	Email Address bigler@puempels.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.17.23	Date reported to council / board PW 6/12 / VB 6/20	Date license granted
License number issued # 23-15	Date license issued	Signature of Clerk / Deputy Clerk 

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1029354950-02	
FEIN Number 82-0930494	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 160.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Rusty Raven LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>N6693 West Point Rd Monticello WI 53570</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Schultz</u>	(First) <u>Kristiann</u>	(Middle Name) <u>Joy</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1655 Lake Kegonsa Rd Stoughton WI 53589</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Hovland</u>	(First) <u>Jonathan</u>	(Middle Name) <u>Todd</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N6693 West Point Rd Monticello WI 53570</u>
Vice President / Member Last Name <u>Schultz</u>	(First) <u>Kristiann</u>	(Middle Name) <u>Joy</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1655 Lake Kegonsa Rd Stoughton WI 53589</u>
Secretary / Member Last Name <u>Van Hove</u>	(First) <u>Tammy</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>51503 315th Ave Elgin MN 55932</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information


1. Trade Name Rusty Raven Business Phone Number 608-636-2023
 2. Address of Premises 500 1st St New Glarus WI Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

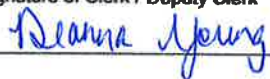
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The premises for the license includes the first floor store and back room of the building located at the business address.

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Schultz Kristian J	Title / Member Owner - Finance officer	Date 5/18/23
Signature 	Phone Number 608-501-7998	Email Address Kjschultz99@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.9.23	Date reported to council / board PW 6/12, VB 6/20	Date license granted
License number issued 23-10	Date license issued	Signature of Clerk / Deputy Clerk 

\$50.00

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029354950-02

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

License Number	23-02
Period Covered	June 30, 2023 - July 1, 24
Date of issuance	

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RUSTY RAVEN LLC		Federal Employer Identification No. (FEIN) 82-0930494	
Trade or Business Name (if different than Legal Name)		Telephone Number (608) 636-2023	
Business Address (License Location) 500 1ST ST		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town	
Municipality NEW GLARUS	State WI	Zip Code 53574	County GREEN
Mailing Address (if different than Business Address) PO BOX 1018		Municipality NEW GLARUS	State WI
		Zip Code 53574	

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe)
- Wisconsin Corporation - Enter date incorporated: _____
- Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes No

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23-17

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07-01-2023 ending: 06-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Shubh Self Service Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>619 State Hwy 69</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>SINGH</u>	(First) <u>SUCHINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1509 RED TAIL DR VERONA WI 53574</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>SINGH</u>	(First) <u>SUCHINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1509 RED TAIL DR VERONA WI 53593</u>
Vice President / Member Last Name <u>SINGH</u>	(First) <u>SUNDEEP</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>749 HARVEST LN VERONA WI 53593</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>SINGH</u>	(First) <u>SUCHINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>SINGH</u>	(First) <u>SUNDEEP</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>749 HARVEST LN VERONA WI 53593</u>

C. Business Information

1. Trade Name Shubh Self Service Inc Business Phone Number (608) 527-2266
2. Address of Premises 619 State Hwy 69 Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

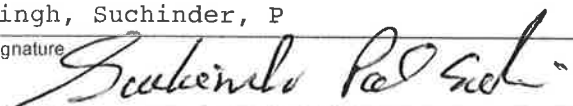
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) gas station and convinent store

619 HWY 69 NEW GLARUS WI 53574
Sold at Counter

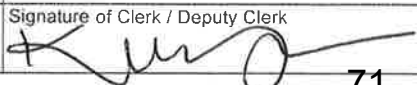
Applicant's Wisconsin Seller's Permit Number <u>456-1030844531-04</u>	
FEIN Number <u>87-3625260</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Singh, Suchinder, P	Title / Member President	Date 05/19/2023
Signature 	Phone Number (608) 513-7084	Email Address ravisingh2794@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/22/23	Date reported to council / board PW 6/12 / PW 6/20	Date license granted
License number issued 23-17	Date license issued	Signature of Clerk / Deputy Clerk 

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030844531-04

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Shubh Self Service Inc			Federal Employer Identification No. (FEIN) 87-3625260		
Trade or Business Name (if different than Legal Name)			Telephone Number (608) 513-7084		
Business Address (License Location) 619 State Hwy 69		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 527-2266	
Municipality	State WI	Zip Code 53574	of: New Glarus		County Green
Mailing Address (if different than Business Address)			Municipality	State WI	Zip Code 53574

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 06-01-2022
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-2023 ending: 6-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } New Glarus
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hook	Scott	D	9002 county road G Mt Horeb WI 53572
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Hooked On Tap LLC	506 first st New Glarus WI 53574

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hook	Scott	D	

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Sportsmans Reloaded Business Phone Number 6084384665

2. Address of Premises 506 first st New Glarus WI Post Office & Zip Code 53574

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

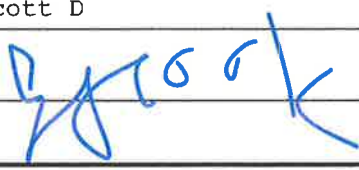
All rooms of 2 story building including 2 Bars, basement storage and patios

Applicant's Wisconsin Seller's Permit Number <u>456-1031203842-04</u>	
FEIN Number <u>92-1964954</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250.
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

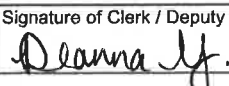
5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
 unknown, new ownership

- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Hook, Scott D	Title / Member Owner	Date 05/08/2023
Signature 	Phone Number 6084384665	Email Address secrets5@live.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.10.23	Date reported to council / board PW 6/12 / VB 6/30	Date license granted
License number issued # 23-11	Date license issued	Signature of Clerk / Deputy Clerk 

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number # 23-03
Period Covered July 1, 23 - June 30, 24
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1031203842-04
--

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Hooked On Tap LLC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) Sportsmans Reloaded			Telephone Number (608) 527-3733		
Business Address (License Location) 506 first st		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Business Telephone ()	
Municipality New Glarus	State WI	Zip Code 53574	of: New Glarus		County Green
Mailing Address (if different than Business Address) p.o. box #357			Municipality		State Zip Code

Organization (check one)

- Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: _____
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) RRL

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wj.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

#23-23

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } New Glarus
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Sugar River Pizza Company, LLC</u>	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dippen-Watterson</u>	<u>Debra</u>	<u>Rose</u>	<u>N8146 Marty Rd, New Glarus, WI 53574</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dippen-Watterson</u>	<u>Debra</u>	<u>Rose</u>	<u>N8146 Marty Rd, New Glarus, WI 53574</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Watterson</u>	<u>Daryl</u>	<u>Lynn</u>	<u>N8146 Marty Rd, New Glarus, WI 53574</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Sugar River Pizza Business Phone Number 608-527-5000
- Address of Premises 700 Railroad St Post Office & Zip Code New Glarus, WI 53574
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Two story restaurant and adjacent patio describe as two deck areas and brick patio area adjacent to the south of the restaurant building.

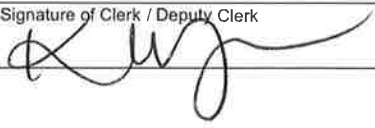
Applicant's Wisconsin Seller's Permit Number 456-1026878316-03	
FEIN Number 26-4304507	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Dippen-Watterson, Debra R	Title / Member Agent	Date 05/10/2022
Signature 	Phone Number 608-527-5000	Email Address dwatters@tds.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/24/23	Date reported to council / board 6/12 PM / 6/20 VB	Date license granted
License number issued 23-23	Date license issued	Signature of Clerk / Deputy Clerk 

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DIPPEN-WATTERSON		DEBRA		ROSE	
Home Address (street/route)		Post Office	City	State	Zip Code
N8146 MARTY RD		NEW GLARUS	NEW GLARUS	WI	53574
Home Phone Number		Age	Date of Birth	Place of Birth	
608-669-0357		63	03/05/1958	MAUSTON, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- MEMBER** of **SUGAR RIVER PIZZA COMPANY, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

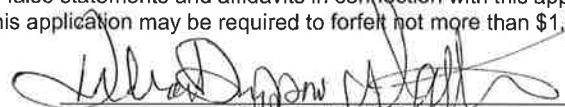
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 43 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. SUGAR RIVER PIZZA - SUN PRAIRIE LLC, SUN PRAIRIE WI, CLASS B
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SUGAR RIVER PIZZA CO	1019 RIVER ST BELLEVILLE	05/01/2009	05/23/2013
BRENDAS BLUMENLADEN	17 6TH AVE NEW GLARUS WI	06/01/2008	05/01/2009

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WATTERSON		DARYL		LYNN	
Home Address (street/route)		Post Office	City	State	Zip Code
N8146 MARTY RD		NEW GLARUS	NEW GLARUS	WI	53574
Home Phone Number		Age	Date of Birth		Place of Birth
608-669-0357		60	10/18/1960		KANSAS CITY MO

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- MEMBER** of **SUGAR RIVER PIZZA COMPANY, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **55 YEARS**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
OWI - 1993 (MT HOREB); 1996 (NEW GLARUS)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. **SUGAR RIVER PIZZA - SUN PRAIRIE LLC, SUN PRAIRIE WI, CLASS B**
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SUGAR RIVER PIZZA CO	1019 RIVER ST BELLEVILLE	10/01/2011	05/23/2013
FDIC	1600 ASPEN MIDDLETON WI	06/01/1988	10/01/2011

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Application For License

To the Clerk of the **Village of New Glarus**

County of **Green**, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

Mobile Home Park

For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address of Establishment:

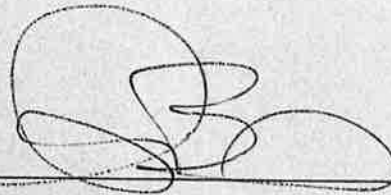
501 14TH Avenue

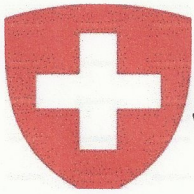
New Glarus, WI 53574

A receipt is submitted herewith, showing the payment of the sum of **\$25.00** to the treasurer, in payment of this license.

Dated: 5-5-2023

Signed: _____





Village of New Glarus

319 Second Street ~ PO Box 399 ~ New Glarus, WI 53574 ~ 608.527.2510

www.newglarusvillage.com

FAÇADE IMPROVEMENT PROGRAM – GRANT APPLICATION

Applicant Information	
Contact Name: <i>Tory Hutchison</i>	Contact Address: <i>18147 Zentner Rd ^{new} Glarus</i>
Business Name: <i>Hutch + Hide LLC</i>	Project Address: <i>600 First Street</i>
Day Phone: <i>414-436-8669 (cell)</i>	Alt. Phone: <i>608-636-2300</i>
E-Mail: <i>Tory@hutchandhide.com</i>	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> LLC <i>sub S corp.</i> <input type="checkbox"/> Other: _____	

Building Owner Information (if different than applicant)	
Owner Name:	Owner Address:
Day Phone:	Alt. Phone:
E-Mail:	
NOTE: If grant applicant is not the owner of the building, please attach a letter, signed and dated, from the property owner expressing approval of the project application.	

General Project Information

Proposed Start Date:

July 24-2023

Proposed Completion Date:

August 4th - 2023

Contractor Name, Address & Contact Info:

Budget Estimates:

Total Project Estimate: \$ 6,687.65

Façade Grant Request: \$ 3,343.82

Private Funds: \$ 3,343.83

Private Loans: \$ NA

Other Funding: \$ NA

NOTE: Please attach two written bids or cost estimates to the application. If the Applicant is applying to complete the work themselves (no contractor), please attach a detailed budget with costs quoted for materials and equipment rental.

Project Description

Describe the overall project and scope of work (attach additional pages if necessary):

Replace all damaged + or worn out black siding + Trim on exterior. Re-Caulk all seams. Stain all Cedar Trim to extend life of new siding.


How does this project meet the goals and objectives as detailed in the Façade Improvement Program Guidelines (attach additional pages if necessary):

Will help update/improve the facade of our building down town.

Please provide the required attachments listed below:

- Drawings / design plans (per Sec. IV.A.1.). *Not changing Trim/Siding location*
- Contractor proposal (s) and Certificate of Liability Insurance (per Sec. IV.A.2.).
- Certificate of Insurance (per Sec. IV.A.11.). *owner*
- Historical photos of property if available. *NA*
- Current photo of property. *emailed*

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the Village of New Glarus CDA Façade Improvement Program and agree to abide by its conditions. I acknowledge that the CDA has the right to terminate this agreement under the Façade Improvement Program if I as the applicant am found to be in violation of any conditions set forth in the guidelines of the program.

Applicant Signature:  Date: 5-11-23

Please send completed application and accompanying materials to:

Village Administrator
319 2nd Street, PO Box 399
New Glarus WI 53574
608.527.5971
Administrator@newglarusvillage.com



HUTCH + HIDE
NEW GLARUS
WISCONSIN *a family store*

Hutch + Hide Facade Update Pricing

● Cedar Siding Trim Material	
- 1" x 6" x 16' (72 Boards) \$32 ea.	\$2,304
- 1" x 8" x 16' (35 Boards) \$51.20 ea.	\$1,785
- Delivery (Cedar Direct Dodgeville, WI)	\$150
● Cabot Solid Color Oil Stain Black	
- (6 Gal.) \$60 ea.	\$360
● Brushes/Rollers Etc. Staining Supplies	\$100
● Fasteners	
- Stainless Steel (For use in Cedar)	\$300
● Exterior Caulk	
- DAP Dynaflex Ultra Exterior Caulk (24)	\$205
● Construction Lift Rental (M&D Monroe)	
- 7 Day Rental 60' Lift w/Basket	\$895
- Lift Delivery/Pick Up Fee	<u>\$240</u>
● Project Total	\$6,339
- Tax	<u>\$348.65</u>
- Grand Total	<u>\$6,687.65</u>

VILLAGE OF NEW GLARUS RESOLUTION NO. 23-21

RESOLUTION APPOINTING AUTHORIZED REPRESENTATIVE TO FILE APPLICATIONS FOR FINANCIAL ASSISTANCE FROM THE STATE OF WISCONSIN ENVIRONMENTAL IMPROVEMENT FUND

WHEREAS, it is the desire of the Village of New Glarus, Wisconsin, a municipal corporation, to file several applications for state financial assistance for water facilities along CTH W and the construction of a new water reservoir under the Wisconsin Environmental Improvement Fund (ss. 281.58, 281.59, and 281.61, Wis. Stats.);

WHEREAS, it is necessary to designate a representative for filing said applications;

BE IT THEREFORE RESOLVED by the Village Board of the Village of New Glarus that the Village President is hereby appointed as the authorized representative for the Village of New Glarus for the purpose of filing these applications, and that the representative is further authorized and empowered to do all things necessary in connection with said applications.

Adopted this _____ day of _____, 2023.

Village of New Glarus
Green County, Wisconsin

Lauren Freeman, Village Administrator

ATTEST:

I hereby certify that the foregoing is a true and correct copy of the resolution introduced and adopted by the Village Board of the Village of New Glarus, Wisconsin on _____, 2023.

Kelsey Jenson, Village Clerk

Dated: _____

VILLAGE OF NEW GLARUS RESOLUTION NO. 23-22
DECLARATION OF OFFICIAL INTENT TO REIMBURSE EXPENDITURES
FOR THE SAFE DRINKING WATER LOAN PROGRAM (SDWLP) PROJECT

WHEREAS, the Village of New Glarus, Green County, Wisconsin (the “Municipality”) owns and operates a water supply and distribution system (the “System”) as a public utility; and

WHEREAS, the Municipality plans to make improvements to water facilities along CTH W and the construction of a new water reservoir (the “Project”); and

WHEREAS, the Municipality expects to receive loans (the “Loans”) from the Safe Drinking Water Loan Program (the “Program”) to finance the Project and expects to issue tax-exempt bonds (the “Bonds”) to the Programs in evidence of the Loans; and

WHEREAS, because the Loans will not become available prior to Summer of 2023, the Municipality must provide interim financing to cover costs of the Project incurred prior to receipt of the Loans; and

WHEREAS, it is necessary, desirable, and in the best interests of the Municipality to advance moneys from its funds on hand on an interim basis until the Loans becomes available and the Bonds can be issued.

NOW, THEREFORE, BE IT RESOLVED by the Village of New Glarus, Green County, Wisconsin that:

Section 1. Expenditure of Funds. The Municipality shall make expenditures as needed from existing municipal accounts that contain ordinary municipal revenue to pay the costs of the Project until Bond proceeds become available.

Section 2. Declaration of Official Intent. The Municipality hereby officially declares its intent under 26 CFR Section 1.150-2 to reimburse said expenditures with proceeds of the Bonds, the principal amount of which is not expected to exceed \$2.8 million.

Section 3. Unavailability of Long-Term Funds. No funds for payment of the Project from sources other than the Bonds are or are reasonably expected to be reserved, allocated on a long-term basis, or otherwise set aside by the Municipality pursuant to its budget or financial policies.

Section 4. Public Availability of Official Intent Resolution. This Resolution shall be made available for public inspection at the Municipal Administrator’s office within 30 days after its approval in compliance with applicable State laws governing the availability of records of official acts and shall remain available for public inspection until the Bonds are issued.

Section 5. Effective Date. This resolution shall be effective upon its adoption and approval.

Adopted this ____ day of _____, 2023.

Village of New Glarus
Green County, Wisconsin

Lauren Freeman, Village Administrator

ATTEST:

I hereby certify that the foregoing is a true and correct copy of the resolution introduced and adopted by the Village Board of the Village of New Glarus, Wisconsin on _____, 2023.

Kelsey Jenson, Village Clerk

Dated: _____

This document has important legal consequences; consultation with an attorney is encouraged with respect to its use or modification. This document should be adapted to the particular circumstances of the contemplated Project and the controlling Laws and Regulations.

**AGREEMENT
BETWEEN THE VILLAGE OF NEW GLARUS AND
TOWN & COUNTRY ENGINEERING, INC.
FOR PROFESSIONAL SERVICES**

Prepared by



and

Issued and Published Jointly by



AMERICAN COUNCIL OF ENGINEERING COMPANIES

ASSOCIATED GENERAL CONTRACTORS OF AMERICA

AMERICAN SOCIETY OF CIVIL ENGINEERS

PROFESSIONAL ENGINEERS IN PRIVATE PRACTICE
A Practice Division of the
NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

Additions to EJCDC Master Form E-520 are highlighted in yellow

This Agreement has been prepared for use with the Standard General Conditions of the Construction Contract (EJCDC C-700, 2007 Edition) of the Engineers Joint Contract Documents Committee. Their provisions are interrelated, and a change in one may necessitate a change in the other.

Copyright © 2009 National Society of Professional Engineers
1420 King Street, Alexandria, VA 22314-2794
(703) 684-2882
www.nspe.org

American Council of Engineering Companies
1015 15th Street N.W., Washington, DC 20005
(202) 347-7474
www.acec.org

American Society of Civil Engineers
1801 Alexander Bell Drive, Reston, VA 20191-4400
(800) 548-2723
www.asce.org

Associated General Contractors of America
2300 Wilson Boulevard, Suite 400, Arlington, VA 22201-3308
(703) 548-3118
www.agc.org

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AGREEMENT
BETWEEN OWNER AND ENGINEER
FOR
PROFESSIONAL SERVICES

THIS IS AN AGREEMENT effective as of February 7, 2022 (“Effective Date”) between (“Owner”) and Town & Country Engineering, Inc. (“Engineer”). Owner's Project, of which Engineer's services under this Agreement are a part, is generally identified as follows: New Water Reservoir and Connecting Main (“Project”). Engineer's services under this Agreement are generally identified in the Scope of Services Memorandum attached as Attachment A.

Owner and Engineer further agree as follows:

1.01 *Basic Agreement and Period of Service*

- A. Engineer shall provide, or cause to be provided, the services set forth in this Agreement. If authorized by Owner, or if required because of changes in the Project, Engineer shall furnish services in addition to those set forth above. Owner shall pay Engineer for its services as set forth in Paragraphs 7.01 and 7.02.
- B. Engineer shall complete its services within a reasonable time, or within the following specific time period: See Attachment A.
- C. If the Project includes construction-related professional services, then Engineer's time for completion of services is conditioned on the time for Owner and its contractors to complete construction not exceeding 24 months. If the actual time to complete construction exceeds the number of months indicated, then Engineer's period of service and its total compensation shall be appropriately adjusted.

2.01 *Payment Procedures*

- A. *Invoices:* Engineer shall prepare invoices in accordance with its standard invoicing practices and submit the invoices to Owner on a monthly basis. Invoices are due and payable within 30 days of receipt. If Owner fails to make any payment due Engineer for services and expenses within 30 days after receipt of Engineer's invoice, then the amounts due Engineer will be increased at the rate of ½% per month (or the maximum rate of interest permitted by law, if less) from said thirtieth day. In addition, Engineer may, after giving seven days written notice to Owner, suspend services under this Agreement until Engineer has been paid in full all amounts due for services, expenses, and other related charges. Owner waives any and all claims against Engineer for any such suspension. Payments will be credited first to interest and then to principal.

3.01 *Termination*

- A. The obligation to continue performance under this Agreement may be terminated:

1. For cause,
 - a. By either party upon 30 days written notice in the event of substantial failure by the other party to perform in accordance with the Agreement's terms through no fault of the terminating party. Failure to pay Engineer for its services is a substantial failure to perform and a basis for termination.
 - b. By Engineer:
 - 1) upon seven days written notice if Owner demands that Engineer furnish or perform services contrary to Engineer's responsibilities as a licensed professional; or
 - 2) upon seven days written notice if the Engineer's services for the Project are delayed for more than 90 days for reasons beyond Engineer's control.

Engineer shall have no liability to Owner on account of a termination by Engineer under Paragraph 3.01.A.1.b.

- c. Notwithstanding the foregoing, this Agreement will not terminate as a result of a substantial failure under Paragraph 3.01.A.1.a if the party receiving such notice begins, within seven days of receipt of such notice, to correct its substantial failure to perform and proceeds diligently to cure such failure within no more than 30 days of receipt of notice; provided, however, that if and to the extent such substantial failure cannot be reasonably cured within such 30 day period, and if such party has diligently attempted to cure the same and thereafter continues diligently to cure the same, then the cure period provided for herein shall extend up to, but in no case more than, 60 days after the date of receipt of the notice.
2. For convenience, by Owner effective upon Engineer's receipt of written notice from Owner.
 - B. The terminating party under Paragraph 3.01.A may set the effective date of termination at a time up to 30 days later than otherwise provided to allow Engineer to complete tasks whose value would otherwise be lost, to prepare notes as to the status of completed and uncompleted tasks, and to assemble Project materials in orderly files.
 - C. In the event of any termination under Paragraph 3.01, Engineer will be entitled to invoice Owner and to receive full payment for all services performed or furnished in accordance with this Agreement and all reimbursable expenses incurred through the effective date of termination.

4.01 *Successors, Assigns, and Beneficiaries*

- A. Owner and Engineer are hereby bound and the successors, executors, administrators, and legal representatives of Owner and Engineer (and to the extent permitted by Paragraph 4.01.B the assigns of Owner and Engineer) are hereby bound to the other party to this Agreement and to the successors, executors, administrators, and legal representatives (and said assigns) of such other party, in respect of all covenants, agreements, and obligations of this Agreement.

- B. Neither Owner nor Engineer may assign, sublet, or transfer any rights under or interest (including, but without limitation, moneys that are due or may become due) in this Agreement without the written consent of the other, except to the extent that any assignment, subletting, or transfer is mandated or restricted by law. Unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement.
- C. Unless expressly provided otherwise, nothing in this Agreement shall be construed to create, impose, or give rise to any duty owed by Owner or Engineer to any contractor, subcontractor, supplier, other individual or entity, or to any surety for or employee of any of them. All duties and responsibilities undertaken pursuant to this Agreement will be for the sole and exclusive benefit of Owner and Engineer and not for the benefit of any other party.

5.01 *General Considerations*

- A. The standard of care for all professional engineering and related services performed or furnished by Engineer under this Agreement will be the care and skill ordinarily used by members of the subject profession practicing under similar circumstances at the same time and in the same locality. Engineer makes no warranties, express or implied, under this Agreement or otherwise, in connection with Engineer's services. Subject to the foregoing standard of care, Engineer and its consultants may use or rely upon design elements and information ordinarily or customarily furnished by others, including, but not limited to, specialty contractors, manufacturers, suppliers, and the publishers of technical standards.
- B. Engineer shall not at any time supervise, direct, control, or have authority over any contractor's work, nor shall Engineer have authority over or be responsible for the means, methods, techniques, sequences, or procedures of construction selected or used by any contractor, or the safety precautions and programs incident thereto, for security or safety at the Project site, nor for any failure of a contractor to comply with laws and regulations applicable to such contractor's furnishing and performing of its work.
- C. This Agreement is to be governed by the law of the state or jurisdiction in which the Project is located.
- D. Engineer neither guarantees the performance of any contractor nor assumes responsibility for any contractor's failure to furnish and perform its work in accordance with the contract between Owner and such contractor. Engineer is not responsible for variations between actual construction bids or costs and Engineer's opinions or estimates regarding construction costs.
- E. Engineer shall not be responsible for the acts or omissions of any contractor, subcontractor, or supplier, or of any of their agents or employees or of any other persons (except Engineer's own employees) at the Project site or otherwise furnishing or performing any construction work; or for any decision made regarding the construction contract requirements, or any application, interpretation, or clarification of the construction contract other than those made by Engineer.
- F. The general conditions for any construction contract documents prepared hereunder are to be the "Standard General Conditions of the Construction Contract" as prepared by the Engineers Joint Contract Documents Committee (EJCDC C-700, 2007 Edition) unless the parties agree otherwise.

- G. All documents prepared or furnished by Engineer are instruments of service, and Engineer retains an ownership and property interest (including the copyright and the right of reuse) in such documents, whether or not the Project is completed. Owner shall have a limited license to use the documents on the Project, extensions of the Project, and for related uses of the Owner, subject to receipt by Engineer of full payment for all services relating to preparation of the documents and subject to the following limitations: (1) Owner acknowledges that such documents are not intended or represented to be suitable for use on the Project unless completed by Engineer, or for use or reuse by Owner or others on extensions of the Project, on any other project, or for any other use or purpose, without written verification or adaptation by Engineer; (2) any such use or reuse, or any modification of the documents, without written verification, completion, or adaptation by Engineer, as appropriate for the specific purpose intended, will be at Owner's sole risk and without liability or legal exposure to Engineer or to its officers, directors, members, partners, agents, employees, and consultants; (3) Owner shall indemnify and hold harmless Engineer and its officers, directors, members, partners, agents, employees, and consultants from all claims, damages, losses, and expenses, including attorneys' fees, arising out of or resulting from any use, reuse, or modification of the documents without written verification, completion, or adaptation by Engineer; and (4) such limited license to Owner shall not create any rights in third parties.
- H. To the fullest extent permitted by law, Owner and Engineer (1) waive against each other, and the other's employees, officers, directors, agents, insurers, partners, and consultants, any and all claims for or entitlement to special, incidental, indirect, or consequential damages arising out of, resulting from, or in any way related to the Project, and (2) agree that Engineer's total liability to Owner under this Agreement shall be limited to \$50,000 or the total amount of compensation received by Engineer, whichever is greater.
- I. The parties acknowledge that Engineer's scope of services does not include any services related to a Hazardous Environmental Condition (the presence of asbestos, PCBs, petroleum, hazardous substances or waste as defined by the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. §§9601 et seq., or radioactive materials). If Engineer or any other party encounters a Hazardous Environmental Condition, Engineer may, at its option and without liability for consequential or any other damages, suspend performance of services on the portion of the Project affected thereby until Owner: (1) retains appropriate specialist consultants or contractors to identify and, as appropriate, abate, remediate, or remove the Hazardous Environmental Condition; and (2) warrants that the Site is in full compliance with applicable Laws and Regulations.
- J. Owner and Engineer agree to negotiate each dispute between them in good faith during the 30 days after notice of dispute. If negotiations are unsuccessful in resolving the dispute, then the dispute shall be mediated. If mediation is unsuccessful, then the parties may exercise their rights at law.

6.01 *Total Agreement*

- A. This Agreement (including any expressly incorporated attachments), constitutes the entire agreement between Owner and Engineer and supersedes all prior written or oral understandings. This Agreement may only be amended, supplemented, modified, or canceled by a duly executed written instrument.

7.01 Basis of Payment—Hourly Rates Plus Reimbursable Expenses

A. Using the procedures set forth in Paragraph 2.01, Owner shall pay Engineer as follows:

1. An amount equal to the cumulative hours charged to the Project by each class of Engineer’s employees times standard hourly rates for each applicable billing class for all services performed on the Project, plus reimbursable expenses and Engineer’s consultants’ charges, if any.
2. Engineer’s Standard Hourly Rates are attached as Appendix 1.
3. The total compensation for services and reimbursable expenses is not-to-exceed \$44,000.

Attachments: Appendix 1 and Attachment A

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, the Effective Date of which is indicated on page 1.

OWNER: Village of New Glarus, Wisconsin

ENGINEER: Town & Country Engineering, Inc.

By:

By:



Print Name: Roger Truttman

Print Name: Brian Berquist, P.E.

Title: Village President

Title: President

Date: _____

Date: _____

Engineer License or Firm’s
Certificate No. (if required): 37471-006
State of: Wisconsin

Address: 319 2nd Street, P.O. Box 399
New Glarus, WI 53574

Address: 6264 Nesbitt Road
Madison, WI 53719

E-Mail
Address: _____

E-Mail
Address: tce@tcengineers.net

Phone: _____

Phone: (608) 273-3350

This is **Appendix 1, Engineer’s Standard Hourly Rates**, referred to in and part of the Short Form of Agreement between Owner and Engineer for Professional Services dated February 7, 2022.

Engineer’s Standard Hourly Rates

A. *Standard Hourly Rates:*

1. Standard Hourly Rates are set forth in this Appendix 1 and include salaries and wages paid to personnel in each billing class plus the cost of customary and statutory benefits, general and administrative overhead, non-project operating costs, and operating margin or profit.
2. The Standard Hourly Rates apply only as specified in Paragraphs 7.01 and 7.02, and are subject to annual review and adjustment.

B. *Schedule of Hourly Rates:*

Hourly rates for services performed on or after the Effective Date are:

Principal/Senior Project Manager	\$155.00 per hour
Electrical Design Engineer	\$150.00 per hour
Water Specialist	\$150.00 per hour
Senior Project Engineer	\$135.00 per hour
Branch Office Engineer	\$125.00 per hour
Project Engineer II	\$125.00 per hour
Project Engineer I	\$120.00 per hour
Staff Engineer II.....	\$105.00 per hour
Staff Engineer I.....	\$95.00 per hour
Senior Engineering Technician.....	\$95.00 per hour
Engineering Technician II.....	\$85.00 per hour
Engineering Technician I.....	\$75.00 per hour
Resident Inspector II.....	\$90.00 per hour
Resident Inspector I	\$75.00 per hour
Grant Writer.....	\$75.00 per hour
Administrative II.....	\$65.00 per hour
Administrative I	\$60.00 per hour
Mileage	\$0.65 per mile
Total Station/GPS Survey Equipment	\$25.00 per hour of actual use
Computer used for CADD	\$15.00 per hour of actual use
Plotter	\$15.00 per plan page

ATTACHMENT A

MEMORANDUM

Date: February 7, 2022

To: Mr. Drake Daily, Village Administrator
Village of New Glarus
319 2nd Street, P.O. Box 399
New Glarus, WI 53574

From: Brian Berquist, P.E.

Subject: Scope of Services – New Water Reservoir – Preliminary Design

The Village of New Glarus Water Utility has three active water supply wells, Wells 1, 2, and 3, one 300,000-gallon ground reservoir, and one water booster station to serve a high elevation area on the west edge of the Village. Recent development interest from both private subdivisions and the school expansion have initiated an updating of the 2004 water impact fee report. While that report is ongoing, the entire range of assumed future conditions points to a need for expansion of the Village water storage capacity.

Because of the long project delivery timetable for a new water reservoir, the Village has some desire to begin the preliminary design while wrapping up the impact fee report update. Because the final size and location of the reservoir are unknown, we are submitting the following scope services for the preliminary design of a new water reservoir including the tasks below. A separate proposal for final design will be submitted once size and location are determined.

- Utilize information from the ongoing Water System Needs Assessment effort to arrive at a reservoir size.
- Identify one to three potential sites for a new reservoir.
- Cost estimates will be prepared for all potential sites to reflect the amount of connecting main needed to reach the existing Village system.
- Identify easements and land required.
- All necessary topographical site surveys to complete the work.
- Begin preliminary plans and specifications that might be eventually used for eventual WDNR and Rural Development submittal under a future scope.
- Attend Board meetings as required, special meetings necessary to complete the project, and meetings with staff and Village officials for project reviews.
- Identify permits required for the project.

The estimated engineering cost for the above scope will be billed on an hourly basis and **will not exceed \$44,000.**

Several items may be desired either as part of this effort or will need to be included in a future scope for final design and construction, but are not included in this scope.

- Water impact fee report or water system rate case with PSC. This would be completed by the Village auditor.
- Boundary surveys or other services that require a Registered Land Surveyor.

TOWN & COUNTRY ENGINEERING, INC.

Madison ♦ Rhinelander ♦ Kenosha
6264 Nesbitt Road • Madison, WI 53719 • (608) 273-3350 • tce@tcengineers.net

- Negotiation of any land purchases or necessary easements for the project.
- Wetland delineations, soils investigations, or endangered species review of potential sites.
- Review and evaluation of existing hard infrastructure including wells/well houses and the booster station.
- Final plans and specifications for the new reservoir.
- Submittal of final plans and specifications to obtain approval for construction from DNR, PSC, and/or Rural Development.
- Bidding support and bid result analysis.
- Construction support and administration.

We at Town & Country Engineering, Inc. wish to thank you for the opportunity to present this scope of services to the Village of New Glarus and look forward to continuing to serve you. If you have any questions regarding the above scope, please feel free to call.

BRB:sai

J:\JOB#S\New Glarus\NG-00-00\O & E\O&E 2023 New Water Reservoir and Connecting Main (NG 51)\Attachment A - Scope.docx

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VILLAGE OF NEW GLARUS



ADMINISTRATION DEPARTMENT

MEMORANDUM

To: Village Board
From: Lauren Freeman, Village Administrator
Date: June 20, 2023
Re: Resource Recovery Fee

Background:

As part of the 2023 budget process, the Village Board adopted a new resource recovery fee that went into effect in January 2023. The fee charges \$2.72 on residents' monthly utility bill to pay for the expenses of curbside recycling.

The Village contracts with Pellitteri to provide curbside recycling pickup. In theory, the resource recovery fee should act a pass-through fee that charges customers the rate the Village is charged by Pellitteri. However, the Village budgeted an estimated \$33,160 in expected revenue from this fee, and as of June 2023 has only collected \$9,150.

Discussion:

There are two reasons why staff believe this fee is not generating the expected revenue. The first is the customer database. Staff worked to reconcile the recycling customer list that Pellitteri provided with the Village's list of addresses being charged the resource recovery fee and found discrepancies. This means that there are residents/businesses that are receiving curbside recycling but are not currently paying for it. Staff are working to correct that issue immediately.

The second reason likely does not address the amount of revenue budgeted, but does impact the Village's ability to recover costs. This year, Pellitteri is charging \$3.05 per month per cart for curbside recycling services. That is \$0.33 per month, per customer that the Village is not recovering for curbside recycling costs. The Village Board could consider increasing the fee to \$3.05 per month now to begin fully recovering curbside recycling costs for the second half of 2023.

It is also important to note that Pellitteri has a schedule of increases for the next four years. That schedule of increased rates is included below:

Year	Pellitteri Recycling Cart Fee
2024	\$3.15/month
2025	\$3.25/month
2026	\$3.35/month
2027	\$3.45/month

In addition to increasing the rate in 2023, the Village Board could consider passing a resolution that includes rate increases for the next four years to keep up with the rates charged by Pellitteri. Staff drafted a resolution to increase the 2023-2027 rates if the Village Board wishes to do so.

Recommendation:

Staff recommend adopting Resolution 23-20 to increase the resource recovery fee to \$3.05/month for the rest of 2023 and increase it the next four years in line with Pellitteri’s rate increases.

**Village of New Glarus
Resolution R23-20**

Resolution Setting 2023-2027 Resource Recovery Fee

WHEREAS, the Village Board of the Village of New Glarus established a resource recovery fee starting in 2023 of \$2.72 per residential, commercial, and public authority units to be placed on the monthly utility bill to pay for the expenses of curbside recycling; and

WHEREAS, the Village has a contract through 2027 with Pellitteri Waste Systems to provide curbside recycling pickup for residents; and

WHEREAS, Pellitteri Waste Systems increases their fees charged to the Village for these services annually and in 2023 that fee was raised to \$3.05/month for curbside recycling pickup; and

WHEREAS, the Village Board wishes to increase the resource recovery fee to offset these increased expenses.

THEREFORE BE IT RESOLVED, that the Village Board hereby authorizes increasing the resource recovery fee to \$3.05/month starting in July 2023, and authorizes the following increases to the resource recovery fee moving forward:

- 2024: \$3.15/month
- 2025: \$3.25/month
- 2026: \$3.35/month
- 2027: \$3.45/month

BE IT FUTHER RESOLVED, that said per unit fee will be placed on the Village fee schedule.

PRESENTED: 6/20/2023

Roger J. Truttman, President

ADOPTED: 6/20/2023

Kelsey A. Jenson, Clerk-Treasurer

GROUP LIFE AND SUPPLEMENTAL HEALTH COVERAGE:

Our **Group Term 65** is a combination of term and whole life insurance. Payments stop at age 65 but coverage is in effect until age 100 with no rate increase or decrease in value of the policy. For adults over 55, we offer the same plan, with premiums paid throughout the duration of the policy at a lower rate. Both are pretax and portable, meaning all employees can transfer policies if leaving the company or retire, without changes in rates or values. Employees can choose the amount they want or change from 10K-300K. **Cash Value / Whole Life** policies are also available with a maximum of \$50,000 value. Employees can purchase for themselves, spouses, partners, children, or grandchildren.

Critical Illness and **Cash Cancer** policies are designed to pay a lump sum upon diagnosis of cancer, heart attack, stroke, kidney failure, or major organ transplant. Requirements for payout are to have a physician statement regarding the specified event and employees will receive money paid directly to you for whatever amount you enroll in. Employees can customize anywhere from 10-50K in coverage. Policies can cover family members. Lump sum payouts are also payable to the beneficiary if an insured passes from these conditions within 30 days.

Cancer Treatment based plan covers treatment costs for a lifetime with no cap on the payouts. Rates are locked in and portable outside employment. Payouts are \$500 per day for treatment, \$2000 per surgery, with increasing cash payout amounts up to \$600 daily for admittance to any inpatient or outpatient facility. Income replacement is available as well as \$10K yearly renewable allowance for prescription/maintenance medications. **NO LIMIT ON ALL PAYOUTS.**

Accident / Injury Protector policies work 24/7, both on and off the job, allows for family coverage, and has a built in \$250,000 accidental death benefit if you were to pass away due to an accident. This coverage pays in addition to workman's compensation. The standard rate for this plan is \$2.08 per week, pretax. It will pay \$500 per incident, with increasing reimbursements for hospital stays, urgent care or clinics, specified injuries, transportation, and other treatments.

The **ICU Hospitalization** policy is specifically for sickness, illness, any chronic conditions. For any ICU hospitalization, there is a daily payout of \$1000, plus additional payouts for testing and room charges and transportation. It was also pay \$200 for any step-down room. This is a maximum of 30 days, per occurrence.

All policies are portable with no medical exams needed at any time

Rates are designed to be 30-40% cheaper than individual policies

Coverage is effective immediately for employees and families

No participation limits per group and works in addition to ANY health insurance

Policies are PRETAX through payroll deduction with guaranteed locked in rates

NO COST \$3,000 Accidental Death Life Insurance & Discount Card:

1. No medical test/health exams, fully portable
2. Every family member is included, kids 25 and under
3. 10-85% off on vision/hearing/chiropractors/pharmacies
4. Providers within your zip code and surrounding areas.

NO COST Family Wellness Reimbursement Benefits:

1. One physical per year per family member \$75.00
 2. Bloodwork panels per year per family member \$35.00
 3. 10 Physical Therapy session per family member \$30.00
 4. Xrays/MRI/CT/EKG per year per family member \$50.00
 5. Dental yearly reimbursement 50% of bill up to \$500.00
 6. Cancer Screening-Mammogram \$100.00, Colonoscopy/Prostate \$60.00
 7. Eye/hearing exams \$25.00 yearly
 8. Covid test 4x per family member \$20.00 yearly
 9. Accident Off Work Benefit \$150/day for 14 days, \$2500 for max 6 months
 10. Specialized treatment visit/follow ups 10 session per family member \$75.00
- Documentation may be emailed (mcklempel@gmail.com), texted (708-506-8790) or faxed (630-357-6290)
 - Please include ONE of the following: Itemized bill, explanation of benefits, After Visit/MyChart summaries, Dr's notes, procedure result
 - Documentation MUST include patient name, DOB, Date of Service, type of service
 - Employees can submit throughout the year for each annual service beginning from their initial day of enrollment, and will be effective until the annual renewal
 - Checks will be mailed out same week and go to employee home address
 - May be used in addition to any health coverage, at any/all providers for treatment

Additional LIFE & SUPPLEMENTAL HEALTH Benefits:

Life Insurance – Whole Life, Term, Paid Up Options from 10K to 300K in total coverage

Cancer – UNLIMITED \$500 daily payout for chemo/radiation, \$2000 per surgery, \$250-600 admitted daily in facility, \$10K yearly prescription coverage, medical trial 100% coverage, weekly income coverage

Critical Illness/Cancer – Lump Sum Payouts 10K-50K for Heart Attack, Stroke, Cancer diagnosis

Hospital/ICU – \$200 Hospital, \$1000 Intensive Care, \$300 transportation payouts for ALL diagnoses

Accident/Disability – Injuries ON and OFF job, \$500 ER/initial treatment, \$1000 hospital admittance, \$150/day in hospital, \$300 transportation, \$200 broken bone/dislocation, \$250K AD&D benefit rider

reduced group rates, no health exams

fully portable, level premiums, guaranteed renewable

cash paid to you within 24 hours without waiting periods

spouses, partners, dependents are eligible for coverage

COMPANY COMPARISON - AFLAC/LIBERTY NATIONAL PER SEMIMONTHLY PAYCHECK

Accident Coverage

Type	Liberty	Aflac	Policy Features: Accident Coverage	Aflac	Liberty
single	\$4.50	\$12.00-18.00	Hospital Confinement	\$250/24hr	\$500
one parent	\$7.00	\$16.00-22.00	ICU	\$400	\$600
family	\$9.75	\$28.00-32.00	Ambulance	\$200	\$300
			ER Treatment	\$120-170	\$500
			Accidental Death Benefit	150K	250K
			Dismemberment	30-40K	20K

Cancer Treatment-based

Age	Liberty	Aflac	Policy Features: Cancer Treatment-based	Aflac	Liberty
0-20	\$2.94	\$4.50-8.00	Chemotherapy	\$300-900/week	500/day
21-25	\$3.58	\$4.50-8.00	Radiation	\$175/week	500/day
26-30	\$3.98	\$4.50-8.00	Experimental Treatment	\$175/week	100%
31-35	\$5.16	\$10.24-14.50	Private Nursing	\$50/day	\$75/day
36-40	\$6.76	\$10.24-14.50	Initial Payout	2K	3.5K
41-45	\$9.30	\$10.24-14.50	Hospital Confinement	\$150/day	\$600/day
46-50	\$12.24	\$10.24-14.50	Surgical Benefit	\$100-1700	2K
51-55	\$14.00	\$25.75-40.90			
56-60	\$16.64	\$25.75-40.90			
61-65	\$18.88	\$25.75-40.90			
66-80	\$20.78	\$25.75-40.90			

Critical Illness

Age	Liberty	Aflac	Policy Features: Critical Illness	Aflac	Liberty
18-35	\$1.72	\$3.80-12.90	Initial Payout	7.5K	50K
36-55	\$3.00	\$7.32-16.60			
55-80	\$6.62	\$10.00-32.50			

Hospitalization/ICU

Age	Liberty	Aflac	Policy Features: Hospital Stays	Aflac
0-30	\$3.24	\$5.95-8.00	ICU stay	\$1000/day
31-45	\$3.70-4.62	\$8.15-10.40	Hospitalization	\$200/day
46-70	\$5.08-6.24	\$11.45-13.15	Bloodwork/testing	\$200/day
			Transportation	\$300

Life Insurance

Age	50K	100K	150K	200K	300K
18-25	\$3.22	\$6.01	\$9.35	\$14.88	\$18.76
26-35	\$4.20	\$7.90	\$10.60	\$15.65	\$19.43
36-45	\$5.21	\$8.03	\$12.56	\$16.01	\$20.33
46-55	\$6.76	\$10.89	\$13.67	\$18.79	\$22.00
56-70	\$8.38	\$11.67	\$15.48	\$20.99	\$23.99

Additional riders may be purchased for spouses/dependents or AD&D.

Age parameters may vary based on Term vs Whole Life options.

PAYROLL DEDUCTION AGREEMENT
BETWEEN
LIBERTY NATIONAL LIFE INSURANCE COMPANY
AND

COMPLETE NAME OF EMPLOYER (FIRM)

For the benefit and convenience of its employees, _____,
(hereinafter referred to as the "Employer") agrees to provide for payroll deduction for insurance
by Liberty National Life Insurance Company, McKinney, Texas (hereinafter referred to as
"Liberty National Life").

Each employee will authorize payroll deduction in a manner agreeable to the Employer and
Liberty National Life. An employee may stop payroll deduction by providing appropriate notice
to the Employer and Liberty National Life.

Deductions on a schedule to be agreed upon by Liberty National Life and the Employer will
be made from salary paid to employees and such deductions will be paid promptly by the
Employer to Liberty National Life.

The Employer assumes no responsibility for payroll deduction after the termination of
employment of an insured employee, or after an employee stops payroll deduction by
providing appropriate notice.

The Employer agrees to continue deductions and remit all premiums as long as the employee
agrees to pay for their coverage. Either the Employer or Liberty National Life may terminate
this Agreement as of any date by giving at least 30 days written notice to the other prior to
such date. After termination of this Agreement, the payment of premiums shall be entirely and
directly between each employee and Liberty National Life.

Signature of Employer: _____

AO #: _____

Date: _____

Agency: _____

By: _____

Agent Name: _____

Title: _____

Signature of Agent:

Signatures of Affiliated Employers:

By: _____

Signature of Agency Director:

Title: _____

By: _____

Signature of Agency Owner:

Title: _____

**LIBERTY NATIONAL LIFE INSURANCE COMPANY
APPLICATION FOR GROUP TERM LIFE**

Administrative Office:
P.O. Box 8080
McKinney, Texas 75070

1. a. Group Policy Number: LNGEO

b. Holder: _____

2. Group Effective Date: Date of first premium deduction

3. Eligible Person: Current employees, retired employees, former employees and directors of
the Holder, and their dependents

J

Authorized Signature for the Policy Holder

Date

Agent Signature

AO#

Agency
(Not required for
5 digit AOs)

The signing of this application by the Policy Holder (employer) does not constitute an endorsement of Liberty National Life Insurance Company or the Group Term Life Insurance product.

EMPLOYEE ENGAGEMENT PROCESS

The most important part of a successful benefit enrollment is 100% participation by all employees. This benefits you in three ways. (Please initial)

- 1. Tax Savings:** The more employees that participate in the plan by purchasing pre-tax products, the greater your tax savings as an employer. This works by reducing the amount of taxable payroll on which you pay Federal Insurance Contribution Act (FICA) tax and Federal Unemployment Tax Act (FUTA).
- 2. Employee Goodwill:** As discussed, we will provide an Accidental Death Policy to all eligible employees with no cost to them for the first policy year. We will also provide a Health Savings Discount card to all eligible employees at no cost. We will make sure your employees know that these benefits are being made available on your behalf.
- 3. Compliance:** Our goal is to make sure your plan stays in compliance with Section 125 guidelines. Your plan stays in compliance when you ensure that all employees have an opportunity to participate in the benefits.

Enrollment Date(s): _____

Enrollment Start Time: _____

Contact Person Day of Enrollment: _____

Person Who Will Receive Deduction Authorizations: _____

Enrollment Location: _____

Employee List With Names And Hire Dates

Employer Verification Call

Location Checklist

Private location to discuss HIPAA sensitive health questions

Easily accessible to all employees

Table, chairs, power outlet, etc.