1. Village Board Special Meeting Agenda

    Documents:

        06.30.2020 VB AGENDA.PDF
        06.30.2020 FINAL VB AGENDA PACKET.PDF

1.I. Meeting Process And Instructions

    Documents:

        VILLAGE OF CROSS PLAINS MEETING INSTRUCTIONS AND TIPS FINAL 2.PDF

FINAL MEETING AGENDA 06.30.2020

Village of Cross Plains Board of Trustee Meeting

Special Meeting Notice and Agenda

Rosemary Garfoot Public Library Community Room
2107 Julius St
Cross Plains, WI 53528
(608) 798-3241

Tuesday, June 30, 2020
6:00 pm

Please note that due to current spacing requirements concerning COVID-19, the facility will have limited seating. The Village of Cross Plains will provide opportunities for, and encourage that the public participate virtually or by calling in. The log in information is as follows:

Zoom Virtual Meeting Link:
https://us02web.zoom.us/j/81303062839

Conference telephone line:
+1 312 626 6799

Meeting ID: 813 0306 2839

I. Call to Order

II. Roll Call

III. Pledge of Allegiance

IV. Public Comment – This is an opportunity for anyone to address the Village Board on **ANY** issue **EITHER ON OR NOT ON THE** current agenda. *Please observe the time limit of 3 minutes.* While the Village Board encourages input from residents, it may not discuss or act on any issue that is not duly noticed on the agenda.

THOSE WISHING TO SPEAK DURING THE VIRTUAL MEETING ARE ENCOURAGED TO REGISTER PRIOR THE START TIME OF THE CURRENT MEETING. YOU MAY REGISTER YOUR COMMENT BY SENDING AN EMAIL TO BCHANG@CROSS-PLAINS.WI.US AHEAD OF THE MEETING. YOU MAY ALSO CALL THE VILLAGE HALL DURING REGULAR BUSINESS HOURS. THE MEETING ROOM WILL ALSO BE OPENED 30 MINUTES BEFORE THE MEETING TO COLLECT REGISTRATIONS. TO REGISTER A PUBLIC COMMENT AT THIS TIME YOU WILL NEED TO RAISE YOUR HAND VIRTUALLY TO BE UNMUTED. TELEPHONE PARTICIPANTS WILL ALSO BE UNMUTED ONE AT A TIME DURING THIS PERIOD TO ENSURE THAT NO ONE IS MISSED.

V. Report of Village Officers

1. Village President

2. Village Vice President

3. Other Trustee Reports

4. Village Administrator/Clerk

5. Other Staff Reports

VI. General Business

1. Discussion and Possible Action Regarding the Approval/Renewal of the Following License Classes for the Period of July 1, 2020 Through June 30, 2021:
    A. Cigarette & Tobacco Products Retail License
    B. "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverages
    C. "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverages
    D. Operator's (Bartender's) Licenses

2. Discussion and Possible Action Regarding Water Capital Improvement Projects.
    A. Water System Assessment.
    B. Well #3 Test Well.

3. Discussion and Possible Action Regarding an Ordinance to Repeal and Recreate Chapter 2.

4. Discussion and Possible Action Regarding the School Resource Officer Agreement with the Middleton-Cross Plains Areas School District.

VII. Future Agenda Items

VIII. Adjournment

This meeting notice constitutes an official meeting of the above referenced group and was posted in accordance with all applicable laws related Open Meetings Law. It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals. For additional information or to request this service, contact the Village Hall at (608) 798-3241 or bchang@cross-plains.wi.us.

FINAL MEETING AGENDA 06.30.2020

Village of Cross Plains Board of Trustee Meeting

Special Meeting Notice and Agenda

Rosemary Garfoot Public Library Community Room
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Cross Plains, WI 53528
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V. Report of Village Officers

1. Village President

2. Village Vice President

3. Other Trustee Reports

4. Village Administrator/Clerk

5. Other Staff Reports

VI. General Business

1. Discussion and Possible Action Regarding the Approval/Renewal of the Following License Classes for the Period of July 1, 2020 Through June 30, 2021: PDF 3-158
   A. Cigarette & Tobacco Products Retail License
   B. "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverages
   C. "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverages
   D. Operator's (Bartender's) Licenses

2. Discussion and Possible Action Regarding Water Capital Improvement Projects. PDF 159-163
   A. Water System Assessment.
   B. Well #3 Test Well.

3. Discussion and Possible Action Regarding an Ordinance to Repeal and Recreate Chapter 2. PDF 164-170

4. Discussion and Possible Action Regarding the School Resource Officer Agreement with the Middleton-Cross Plains Areas School District. PDF 171-176

VII. Future Agenda Items

VIII. Adjournment

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2020 Approval/Renewal List

Cigarette & Tobacco Products Retail License

- All American Liquor
- Kwik Trip, Inc.
- Terry's Piggly Wiggly
- Eberle Entertainment, LLC (Main Street Lanes)
- Walgreen Company
- Nineteen09, LLC

"Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverages

Business Name:	*License Type Request*	*Agent:*
All American Liquor	"Class A" Beer & Class "A" Liquor	Judith A. Anderson
Kwik Trip, Inc.	"Class A" Beer & Class "A" Liquor	Nicholas Ray Kraus
Lancaster Piggly Wiggly	"Class A" Beer & Class "A" Liquor	Thomas Lancaster
Walgreen Company	"Class A" Beer & Class "A" Liquor	Melissa Welch

"Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverages

Business Name:	*License Type Request*	*Agent:*
Coach's Club	"Class B" Beer & Class "B" Liquor	Jennifer Romine
Eberle Entertainment (Main Street Lanes)	"Class B" Beer & Class "B" Liquor	Marti Ann Maas
Hooty's Sports Bar & Grill	"Class B" Beer & Class "B" Liquor	Darla Kuester
Kerl, Endres, Brannon Post #245	"Class B" Beer & Class "B" Liquor	Patrick Andreoni
Nineteen09	"Class B" Beer & Class "B" Liquor	Kathryn Ripp
Reyes E&N	"Class B" Beer & Class "B" Liquor	Eloy Reyes
Crossroads Coffeehouse	"Class B" Beer	Mary Devitt

Operator's (Bartender's) Licenses

First Name	**M.I.**	Last Name	**Organization**
Susan	D.	Brunner	All American Liquor
Jeremy	S.	Brunner	All American Liquor
Jennifer	R.	Romine	Coaches
Deborah	D.	Johnson	Coaches
Cary	L.	Savage	Coaches
Andrea	M.	Fullerton	Coaches
David	S.	Romine	Coaches
Shara	L.	Dahlk	Coaches
Jennifer	R.	Esser	Coaches
Karla	M.	Ourer	Coaches
Courtney	K.	Van Schoonhoven	Coaches
Leslie	S.	Kemp	Crossroads Coffeehouse
Ash	F.	Segalini	Hooty's Bar & Grill
Penny	A.	Dischler	Hooty's Bar & Grill

David	W.	Vidlock	Kerl, Endres, Bannon Post #245
Jennifer	E.	Bratton	Kerl, Endres, Bannon Post #245
Daniel	D.	Cady	Kerl, Endres, Bannon Post #245
Edward	J.	Pelowsky	Kerl, Endres, Bannon Post #245
James	P.	Andreoni	Kerl, Endres, Bannon Post #245
William	A.	Statz	Kerl, Endres, Bannon Post #245
Judy	A.	Butson	Kwik Trip
Katrina	M.	Noles-Krantz	Kwik Trip
Wendy	S.	Grabanski	Kwik Trip
Kathryn	M.	Glynn	Kwik Trip
Jodi	L.	Green	Kwik Trip
Nicholas	R.	Kraus	Kwik Trip
Antoine	K.	Dossa	Kwik Trip
Macy	M.	Ziegler	Kwik Trip
Paul	G.	Zach	Kwik Trip
Kaitlyn	E.	Rettenmund	Kwik Trip
Gabrielle	G.	Carlson	Kwik Trip
Melanie	R.	Lideikis	Kwik Trip
Jeremy	M.	South	Kwik Trip
Aaron	P.	Roth	Lancaster Piggly Wiggly
Carrie	A.	Houghton	Lancaster Piggly Wiggly
Makayla	L.	Grady	Lancaster Piggly Wiggly
Nicholas	C.	Gilbertson	Lancaster Piggly Wiggly
Travis	W.	Haak	Lancaster Piggly Wiggly
Ronald	J.	Adler	Lancaster Piggly Wiggly
Barry	J.	Meinholz	Lancaster Piggly Wiggly
Jenna	M.	Houghton	Lancaster Piggly Wiggly
Thomas	J.	Lancaster	Lancaster Piggly Wiggly
Karen	A.	Foye	Main Street Lanes
Eric	A.	Eberle	Main Street Lanes
Katerena	A.	Ketelboeter	Ninteen09
Kathryn		Ripp	Ninteen09
Tara	L.	Karls	Ninteen09
Dale	D.	Ripp	Ninteen09
Rachel	L.	Peters	Ninteen09
Nidia	Y.	Trevino	Reyes E&N, LLC
Eloy		Reyes	Reyes E&N, LLC
Meredith	A.	Eckhardt	Walgreens
Aaron	S.	Varrett	Walgreens
Colin	G.	Onken	Walgreens
Vivian	L.	Hayes	Walgreens
Maree	M.	Barsness	Walgreens
Melissa	M.	Welch	Walgreens

Payton	B.	Enge	Walgreens
JoAnna	K.	Ford	Walgreens
Tena	M.	Green	Walgreens
Melody	J.	Haas	Walgreens
Jaye	R.	Capel	Walgreens
Dylan	J.	Hormig	Walgreens
Lauren	E.	McGuire	Walgreens
Madeline	E.	Gallo	Walgreens
Michelle	D.	Niesen	Walgreens
Donald	K.	Cowles	Walgreens
Rene	S.	Ernst	Walgreens
Specer	M.	Goth	Walgreens
Jennifer	J.	Erickson	Walgreens
Gerald	M.	Currie	Walgreens

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	
Period Covered	
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000156320 03

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship): All American Liquor Judith A. Anderson		Federal Employer Identification No. (FEIN): 39-1523213
Trade or Business Name *(if different than Legal Name)*: All American Liquor		Telephone Number: [redacted]
Business Address (License Location): 2543 Main St	Business Located In: ☐ City ☒ Village ☐ Town of: Dane	Business Telephone: (608) 798-2025
Municipality: Cross Plains / State: WI / Zip Code: 53528		County: Dane
Mailing Address *(if different than Business Address)*	Municipality	State: WI / Zip Code: 53528

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/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 por-tion 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.

Judith A Anderson - All American Liquor

(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.

P $25.00

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

License Number	
Period Covered	
Date of Issuance	

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000287614-03

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship)				Federal Employer Identification No. (FEIN)
Kwik Trip, Inc.				39-1036365
Trade or Business Name *(if different than Legal Name)*				Telephone Number
KWIK TRIP 833				608-791-7385
Business Address (License Location)			Business Located In ☐ City ☐ Village ☐ Town	Business Telephone
2508 Main St			of: Cross Plains Village of	608-798-2988
Municipality	State	Zip Code		County
Cross Plains	WI	53528		Dane
Mailing Address *(if different than Business Address)*			Municipality	State / Zip Code
P.O. Box 2107			La Crosse	WI 54602-2107

Organization *(check one)*

☐ Sole Proprietor
☐ Partnership
☐ Other *(describe)*

■ Wisconsin Corporation – Enter date incorporated: 10/7/1964
☐ 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 sub jobbers, who hold a permit with the Wisconsin Department of Revenue?

■ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/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

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

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Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	
Period Covered	
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-00000 75815-03 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Lancaster's of Cross Plains Inc.			Federal Employer Identification No. (FEIN): 39-162 3587
Trade or Business Name *(if different than Legal Name)*: Lancaster's Piggly Wiggly			Telephone Number: ( )
Business Address (License Location): 28 Glacier Edge Sq		Business Located In: ☐ City ☒ Village ☐ Town of: Cross Plains	Business Telephone: (608) 798-3701
Municipality: Cross Plains	State: WI / Zip Code: 53528		County: Dane
Mailing Address *(if different than Business Address)*		Municipality	State / Zip Code

Organization *(check one)*

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 11/1988

☐ 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 por-tion 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

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Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	
Period Covered	
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1029990367-02

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship)				Federal Employer Identification No. (FEIN)
Eberle Entertainment LLC				82-4497723
Trade or Business Name *(if different than Legal Name)*				Telephone Number
Main Street Lanes				[redacted]
Business Address (License Location)			Business Located In ☐ City ☑ Village ☐ Town	Business Telephone
1721 Main St.				(608) 798-4900
Municipality	State	Zip Code	of: Cross Plains	County
Cross Plains	WI	53528		Dane
Mailing Address *(if different than Business Address)*			Municipality	State / Zip Code
PO Box 297 Cross Plains WI 53528				WI 53528

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/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 por-tion 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

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Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	
Period Covered	07/01/20-06/30/21
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000455404-05 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)				Federal Employer Identification No. (FEIN)
Walgreen Co.				36-1924025
Trade or Business Name *(if different than Legal Name)*				Telephone Number
Walgreens #12603				(847) 527-4208
Business Address (License Location)			Business Located In ☐ City ■ Village ☐ Town	Business Telephone
2575 Main Street				(608) 798-4003
Municipality	State	Zip Code	of: Cross Plains	County
Cross Plains	WI	53528		Dane
Mailing Address *(if different than Business Address)*			Municipality	State / Zip Code
PO Box 901			Deerfield	IL 60015

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 only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

■ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

■ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

■ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (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)

Cross Plains Police Department

2417 Brewery Rd.
P.O. Box 97
Cross Plains, WI 53528
PH: (608) 798-4100 Fax: (608) 798-4001
Honor Excellence Adaptability Respect Teamwork

Tony Ruesga Jr., Chief of Police

Date: Friday, June 12, 2020

To: Village Administrator Bill Chang

Ref: Alcohol Beverage License Approval

On Tuesday, June 9, 2020, I received an Application for an Alcohol Beverage License from the following:

Kwik Trip 2508 Main St.
All American Liquor 2543 Main St.
Hooty's Sports Bar & Grill 1821 Main St.
Main Street Lanes 1721 Main St.
Kerl, Endres, Brannon Post #245 2217 American Legion Dr.
Lancaster's Piggly Wiggly 28 Glaciers Edge Sq.
Coach's Club 1200 Main St.
Walgreens 2575 Main St.
Crossroads Coffeehouse 2020 Main St.
Reyes E & N 23 Glaciers Edge Sq.
Nineteen09 on Main 1909 Main St

A review of all listed Presidents, Vice Presidents, Members, Agents, Managers, Directors, Secretaries, and Treasurers arrest and conviction record was completed in accordance with Village Ordinance 41.09 (b). The results of that review showed no conflicts with current Village Ordinance.

I therefore recommend the Alcohol Beverage Licenses be approved based the criteria set forth under Village Ordinance 41.09 (c).

Tony Ruesga Jr.
Chief of Police

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane

Aldermanic Dist. No._____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-000015632003	
FEIN Number 39-1523213	
TYPE OF LICENSE REQUESTED	**FEE**
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 450
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
Anderson	Judith	A	5737 Hodgson Rd., Mazomanie, WI 53560
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)

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)
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 All American Liquor Business Phone Number (608)798-2025
2. Address of Premises 2543 Main St. Post Office & Zip Code Cross Plains, WI 53528
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.)

Steel Building, One Floor All Used For Business - Liquor.

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

---

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.)	Title / Member	Date
ANDERSON, JUDITH A	OWNER	5-25-2020
Signature	**Phone Number**	**Email Address**
Judith A Anderson	608-798-2025	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 13

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ 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 _____

PDF 14

→ 100 SQUARE FEET

WALK IN COOLER

STORAGE

Beer & Liquor

50 SQ. FT.

EXIT

EXIT

LIQUOR BEER WINE DISPLAYS

ALL AMERICAN LIQUOR
~~VIDEO~~ & TAN SPA
2543 Main St.
Cross Plains, WI 53528
608-798-2025

STORAGE

N

STORAGE

COUNTER

CASH REGISTER

CASH REGISTER

LIQUOR & WINE DISPLAYS

SINK ROOM

ENTRANCE OR EXIT

EXIT

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2020 *(mm dd yyyy)* ending: 06/30/2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☐ Village of Cross Plains Village of ☐ City of

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number	
456-0000287614-03	
FEIN Number	
39-1036365	
TYPE OF LICENSE REQUESTED	**FEE**
■ Class A beer	100.00
☐ Class B beer	$
☐ Class C wine	$
■ Class A liquor	$ 450.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20.00
TOTAL FEE	$ 570.00

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)
Kwik Trip, Inc.	P.O. Box 2107, La Crosse, WI 54602

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)
Kraus	Nicholas	Ray	109 Ridge Dr Cross Plains WI 53572

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)
Zietlow	Donald	Paul	2802 Bergamot Pl., Onalaska, WI 54650
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)
Wrobel	Jeffrey	James	3633 Bentwood Pl., La Crosse, WI 54601
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zietlow	Donald	Paul	2802 Bergamot Pl., Onalaska, WI 54650
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name KWIK TRIP 833 Business Phone Number 608-798-2988
2. Address of Premises 2508 Main St Post Office & Zip Code Cross Plains 53528
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? . . . . . Yes ■ No ☐
4. Premise 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 frame construction with storage in walk-in cooler, on sales floor, behind sales counter

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.)	Title / Member	Date
Zietlow, Donald P.	President	4-30-20
Signature: Donald P Zietlow	Phone Number: 608-791-7385	Email Address: LicensingDept@kwiktrip.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☑ Village ☐ City of Cross Plains County of Dane

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Kwik Trip 833
(Trade Name)

located at 2508 Main St., Cross Plains, WI 53528

appoints Nicholas R. Kraus
(Name of Appointed Agent)

109 Ridge Dr., Mount Horeb, WI 53572
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☑ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? All my life

Place of residence last year 109 Ridge Dr., Mount Horeb, WI 53572

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: Ronald G. [illegible]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Nicholas R. Kraus, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 04-29-20 Agent's age [redacted]
(Signature of Agent) *(Date)*

109 Ridge Dr., Mount Horeb, WI 53572 Date of birth [redacted]
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #K620-1015-9752-08

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Kraus	Nicholas	Ray		
Home Address *(street/route)*	Post Office	City	State	Zip Code
109 Ridge Dr.		Mount Horeb	WI	53572
Home Phone Number	Age	Date of Birth	Place of Birth	
[redacted]	[redacted]	[redacted]	Mansfield, OH	

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.

☒ Agent *(Officer / Director / Member / Manager / Agent)* of Kwik Trip, Inc. *(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:

1. How long have you continuously resided in Wisconsin prior to this date? All my life

2. 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.)*

3. 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.

4. 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. *(Name, Location and Type of License/Permit)*

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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)*

6. Named individual must list in chronological order last two employers.

Employer's Name		Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	7/2010	Present
Subway	New Glarus, WI	Employed From 2006	To 5/2010

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)

Nicholas R. Kraus

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #Z340-1953-4444-01

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Zietlow	Donald	Paul

Home Address *(street/route)*	Post Office	City	State	Zip Code
2802 Bergamot Pl.	Onalaska		WI	54650

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[redacted]	Chaseburg, 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.

☒ President *(Officer / Director / Member / Manager / Agent)* of Kwik Trip, Inc. *(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:

1. How long have you continuously resided in Wisconsin prior to this date? All my life.
2. 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.)*
   Please see reverse.
3. 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.
4. 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. *(Name, Location and Type of License/Permit)*
5. 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)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	9/1/1989	Present
Gateway Foods	La Crosse, WI	1963	1989

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)

Donald P. Zietlow

Donald P. Zietlow Violations Disclosure:

12/5/04 - 34.23(s)(a) Transfer Tobacco to Minor, Dane County, Wisconsin retail store violation, ticket issued to Donald Zietlow as President, no contest, paid $212.00 penalty;

7/30/06 - 134.66(2)(a) Sales of Tobacco to Minor, Cross Plains, WI. Wisconsin retail store violation, ticket issued to Donald Zietlow as agent, no contest, paid $217.50 penalty.

6/29/10 - 23.385 2A Sale of Tobacco to Minor, Dane County, Wisconsin retail store violation, ticket issued to Donald Zietlow as agent, no contest, paid $63.60 penalty.

La Crosse County, WI. Speeding Ticket.

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #W614-4306-0256-09

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Wrobel	Jeffrey	James

Home Address *(street/route)*	Post Office	City	State	Zip Code
3633 Bentwood Pl.	La Crosse		WI	54601

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[redacted]	La Crosse, 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.

☒ Treasurer *(Officer / Director / Member / Manager / Agent)* of Kwik Trip, Inc. *(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:

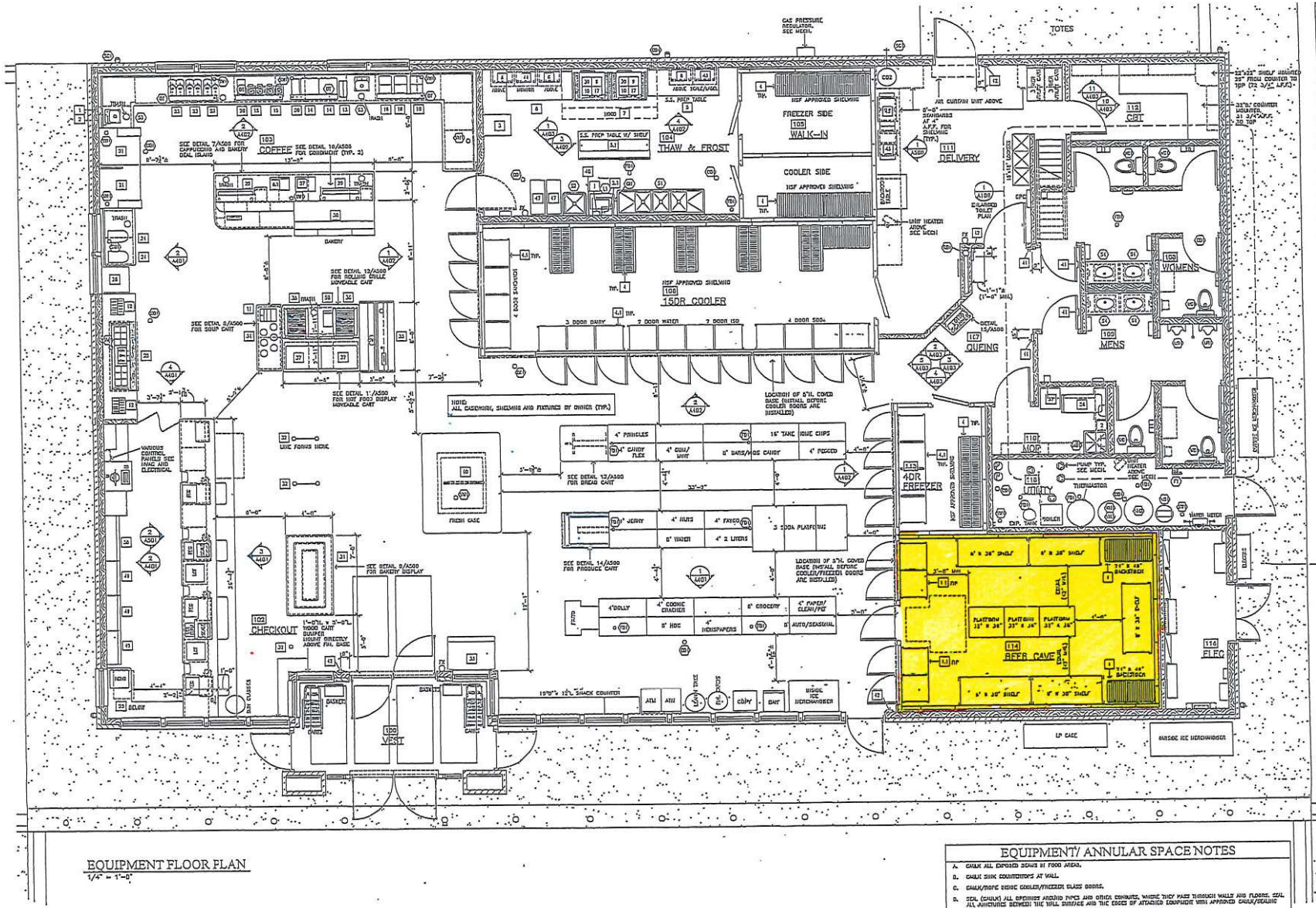
1. How long have you continuously resided in Wisconsin prior to this date? All my life.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or 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.)*
3. 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.
4. 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	6/1/88	Present
Rau Corporation	600 Sumner St., La Crosse, WI 54603	1983	1988

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)

Jeffrey J. Wrobel



EQUIPMENT FLOOR PLAN
1/4" = 1'-0"

EQUIPMENT/ ANNULAR SPACE NOTES

A. CAULK ALL EXPOSED SEAMS IN FOOD AREAS.

B. CAULK SINK CONTENTORS AT WALL.

C. CAULK/ROPE BRIDGE COOLER/FREEZER GLASS DOORS.

D. SEAL (CAULK) ALL OPENINGS AROUND PIPES AND OTHER CONDUITS, WHERE THEY PASS THROUGH WALLS AND FLOORS. SEAL ALL JUNCTURES BETWEEN THE WALL SURFACE AND THE EDGES OF ATTACHED EQUIPMENT WITH APPROVED CAULK/SEALING COMPOUND.

E. EXTEND CONDUIT PIPES FOR BEVERAGE LINES AT LEAST FOUR INCHES ABOVE THE FINISHED FLOOR ELEVATION AT BOTH ENDS. THE SPACE BETWEEN THE BEVERAGE LINES AND THE CONDUIT PIPE MUST BE SEALED WITH A HARD MATERIAL AND PROVIDE A CLEANABLE FINISH.

EQUIP. SCHED.

EQUIPMENT NAME	
SOAP DISPENSER	1
PAPER TOWEL DISPENSER	2
PAPER TOWEL DISPENSER – ARCHER	2.1
BAKERY RACK WITH COVER	3
SHELVES – COOLING/FREEZING	4
SHELVES – COOLING/FREEZING	4.1
SHELVES – WOMEN	4.2
6'-0" STAINLESS TABLE	5
6'-0" STAINLESS TABLE W/ COVER SHELF ABOVE	5.1
MERCHANDISE – WOMEN	6
MERCHANDISE – BRACK	6.1
CAPTIVE AIRE HOOD	7
REFRIGERATED PREP TABLE	8
CART (STAINLESS STEEL)	9
TURBOCHEF OVEN	10
CRACKER & SILVERWARE BASKET	11
FOOTS CONTAINER HOLDER	12
COFFEE CRANER	13
COFFEE CRANER	14
3 SOFT HEAT STAND (FOR WARMER)	15
–	16
TURBOCHEF 13 OVEN	17
–	18
BARS-3 MACHINE	19
SUBSCRIBE FLAVORSHOT 2	20
FOUNTAIN WALL	21
BAKERY TABLE	22
SLAUSHIE MACHINE	23
MALT BLENDER W/ SCREEN	24
UTILITY CART	25
LAPTOPS FREEZER	26
CREAMER	27
MARTINELLA BENCHMAN CREAMER	28
COFFEE CONDIMENT DISPLAY	29
BAKERY CASE	30
BAKERY DISPLAY	31
LINE STANDMIXER	32
DOUBLE STACKED ICE CREAM HOWLEY CAST	33
SOUP WELL	34
PIZZA CASE	35
HOT DOGGER / BUN WARMER	36
HOT FOOD DISPLAY	37
PIZZA COOLER	38
TURBOCHEF 13 OVEN RACK	39
FRESH CASE	40
ADA 4'-6" HDI/MOLDED DISPLAY WITH GRAZZLE SEE SHEET A403 FOR TYP. LOCATIONS	41
ADA 3'-6" EXP DISPLAY WITH GRAZZLE SEE SHEETS A101 & A403 FOR TYP. LOCATIONS	42
SCALE/LABEL MACHINE	43
MONITOR	44
BAG-IN-A-BOX RACK	45
SCREEN	46
BIN PADS	47
3'-6" METAL LIGHTED MERCHANDISER	48
3'-6" METAL LIGHTED CIGARETTE MERCHANDISER	49
4'-6" METAL LIGHTED CIGARETTE MERCHANDISER	50
4'-6" OVERHEAD PACK MERCHANDISER	51
HOT HOLDING CABINET	52
LAGERCONTROL FREEZER	53
PERFECT FRY –	54
HEAT 'N SERVE RETHERMALIZER	55
CLEANING CART	56
FLOOR SCRUBBER	57
HOT CHOCOLATE DISPENSER	58
WATER HEATER	WH1
THERMA-STOR 5-6	WH2

LARSON ARCHITECT
200 Mason Street #3
Onalaska, WI 54650
(608) 784 - 6808
info@larsonarchitect.com

AWIK TRIP STORE
AWIK STAR STORE

STORE #833
2508 MAIN STREET
CROSS PLAINS, WI

96' x 58' LH W/
BACK DEL. ENTRY

Revised:
Issued for: APPROVAL
Date: AUG 30, 13
Checked: TPL
Drawn:

A102

PDF 23

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8946
MADISON, WI 53708-8946

Contact Information:
2135 RIMROCK RD PO BOX 8946
MADISON, WI 53708-8946
ph: 608-266-2776 fax: 608-264-6884
email: dorbusinesstax@revenue.wi.gov
website: revenue.wi.gov

Letter ID L0480515616

ATTN: DEANNA HAFNER
KWIK TRIP, INC.
PO BOX 2107
LA CROSSE WI 54602-2107

Wisconsin Department of Revenue Seller's Permit

Legal/real name: KWIK TRIP, INC.

Business name: KWIK TRIP 833
2508 MAIN ST
CROSS PLAINS WI 53528-9691

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000287614-03

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

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

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

Applicant's Wisconsin Seller's Permit Number 456-000007581503	
FEIN Number 39-1623587	
TYPE OF LICENSE REQUESTED	**FEE**
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 450
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
Lancaster's of Cross Plains, Inc.	23 Glaciers Edge Sq., Cross Plains, WI 53528

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)
Lancaster	Thomas	James	1300 Main St., Apt. 304, Cross Plains 53528

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)
Lancaster	Terry	Joseph	9297 Union Valley Rd., Black Earth, 53515
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Lancaster	Thomas	James	1300 Main St., Apt. 304, Cross Plains 53528
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Lancaster	Judy	Ann	9297 Union Valley Rd., Black Earth, 53515
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 Lancaster's Piggly Wiggly Business Phone Number (608)798-3701
2. Address of Premises 28 Glacier's Edge Sq. Post Office & Zip Code Cross Plains, WI 53528
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.)

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? [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? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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.)	Title / Member	Date
Lancaster Thomas J	Executive VP	5/26/20
Signature	Phone Number	Email Address
	(608) 798-3701	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 26

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

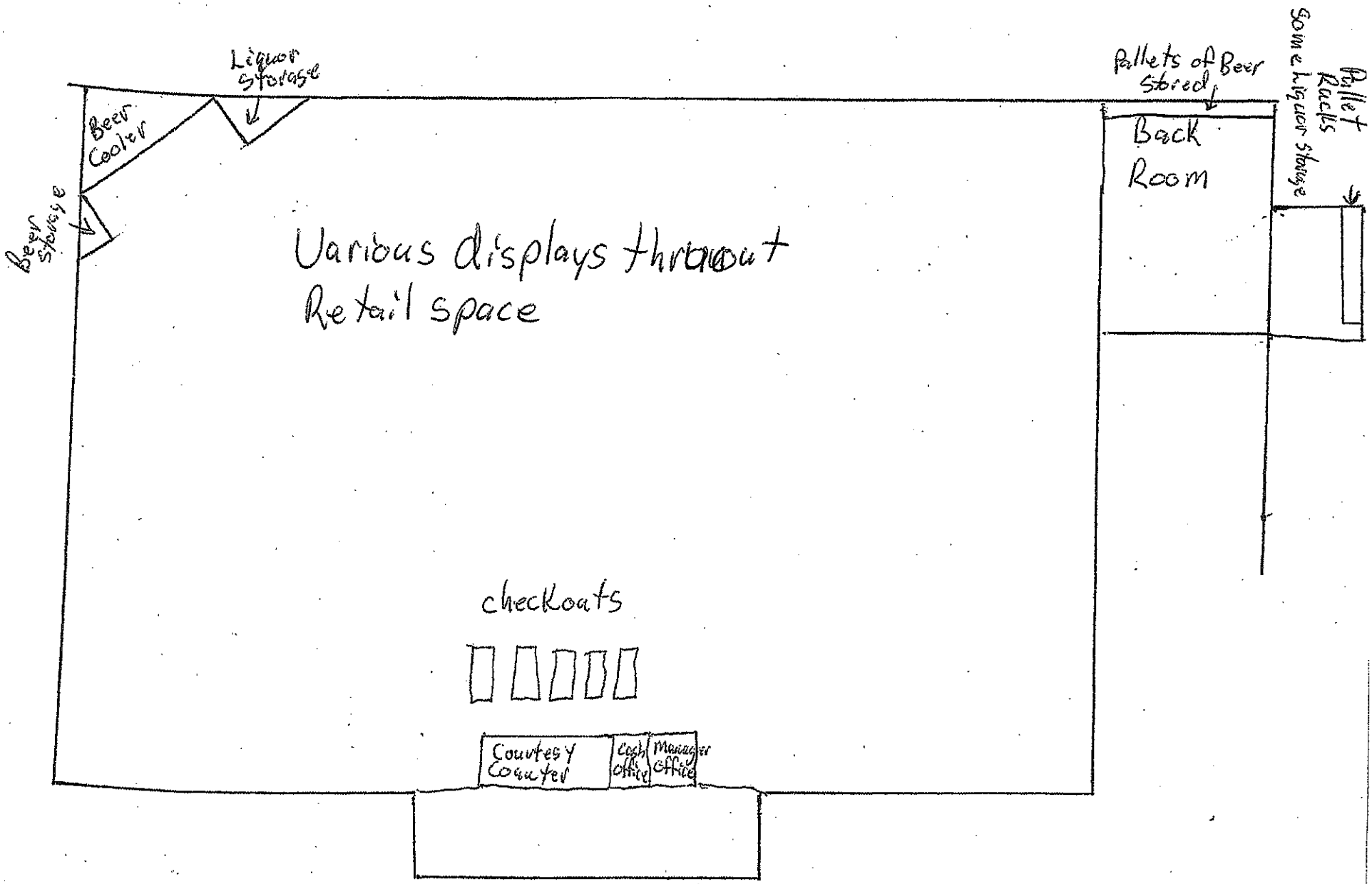
   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

PDF 27


Liquor storage
Beer Cooler
Beer storage
Various displays throughout Retail space
Pallets of Beer Stored
Some liquor storage
Pallet Racks
Back Room
checkouts
Courtesy Counter
Cash office
Manager office

Terry's Piggly Wiggly
28 Glacier's Edge Sq.
Cross Plains, Wi. 53528

Alchol will be stored on premise in the following places. The two closets adjacent to the Liquor Dept. and the Grocery Warehouse.
Displays for sale will be in the Retail sales space.

MGL Sales and storage behind the
6/7/13 Courtesy Counter.

All sales take place at cash registers.

Pd.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07/01/2020 (MM DD YYYY) ending: 06/30/2021 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ■ Village of ☐ City of Cross Plains

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ■ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

LICENSE REQUESTED ▶

TYPE	FEE
■ Class A beer	$ 100.00
☐ Class B beer	$
☐ Class C wine	$
■ Class A liquor	$ 450.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20.00
TOTAL FEE	$ 570.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Walgreen Co.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901, Deerfield, IL 60015

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	RICHARD ASHWORTH	15 TWIN EAGLES CT	HAWTHORN WOODS, IL 60047
Vice President/Member	LISA BADGLEY	5 PLYMOUTH CT	LINCOLNSHIRE, IL 60069
Secretary/Member			
Treasurer/Member			
Agent ▶	MELISSA WELCH, Store Manager	201 Midnight Pass	Verona, WI 53593
Directors/Managers			

C. 1. Trade Name ▶ Walgreens #12603 Business Phone Number 608-7498-4003

2. Address of Premises ▶ 2575 Main Street Post Office & Zip Code ▶ Cross Plains, WI 53528

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.) drug store with sundries in a one-story building of

5. Legal description (omit if street address is given above): 13,650 sq ft

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 ____

_____
(Clerk/Notary Public)

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

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. Each 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:

The Officer(s) 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:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. 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 reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ 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 _____

PDF 31

Walgreens main office sent us their Alcohol renewal application which was a form that was used in the past and required notarization. They signed that form and sent it back without a notarized signature. The new forms which we sent out do not require a notary signature. We are accepting the application they sent us which was signed by an officer of the company but not notarized.

- overstock

- selling space

- cash register

Store Number: 12603

Selling areas - alcohol is mainly merchandised in aisle 8 and the cooler. There is a top shelf of wine on a front table and a rolling wine rack in aisle 1.

Storage areas - overstock is kept either in the stockroom (wine, liquor) or in the cooler.

PDF 33

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Ashworth	Richard	Mark		
Home Address *(street/route)*	Post Office	City	State	Zip Code
70 Tournament Drive North		Hawthorn Woods	IL	60047
Home Phone Number	Age	Date of Birth	Place of Birth	
[redacted]	[redacted]	[redacted]	Tampa, FL	

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.

■ Officer *(Officer/Director/Member/Manager/Agent)* of Walgreen Co. *(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:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. 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.)*
3. 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.
4. 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. Walgreen Co. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide. *(Name, Location and Type of License/Permit)*
5. 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)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Walgreen Co.	108 Wilmot Road, Deerfield, IL 60015	1992	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 13 day of March, 20 20

[signature] *(Clerk/Notary Public)*

My commission expires 3-18-22

[signature] *(Signature of Named Individual)*

OFFICIAL SEAL
MICHELLE MAZZENGA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/18/2022

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Badgley	Lisa			
Home Address *(street/route)*	Post Office	City	State	Zip Code
5 Plymouth Court		Lincolnshire	IL	60069
Home Phone Number [redacted]	Age [redacted]	Date of Birth [redacted]	Place of Birth	
			Pinckneyville, IL	

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.

■ Officer (Officer/Director/Member/Manager/Agent) of Walgreen Co. (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:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. 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.)*
3. 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.
4. 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. Walgreen Co. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide. (Name, Location and Type of License/Permit)
5. 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)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Walgreen Co.	108 Wilmot Rd, Deerfield, IL 60015	2020	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 17 day of March, 2022

(Clerk/Notary Public)

My commission expires 3-18-22

(Signature of Named Individual)

OFFICIAL SEAL
MICHELLE MAZZENGA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 03/18/2022

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane

Aldermanic Dist. No._____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456102701338703	
FEIN Number 27-0833247	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
1200 Main Street LLC, DBA Coach's Club	

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)
Romine	Jennifer		7794 County Hwy. K, Cross Plains, WI 53528

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)
Nonn	Jim	P	7813 County Rd. K, Cross Plains, WI 53528
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Romine	David	S	7794 County Hwy. K, Cross Plains, WI 53528
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Romine	Jennifer	R	7794 County Hwy. K, Cross Plains, WI 53528
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 Coach's Club Business Phone Number (608)798-0400
2. Address of Premises 1200 Main St. Post Office & Zip Code Cross Plains, WI 53258
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.)

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.)	Title / Member	Date
Romine, David S	President	5/26/20
Signature	**Phone Number**	**Email Address**
David Romine	[redacted]	[redacted]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

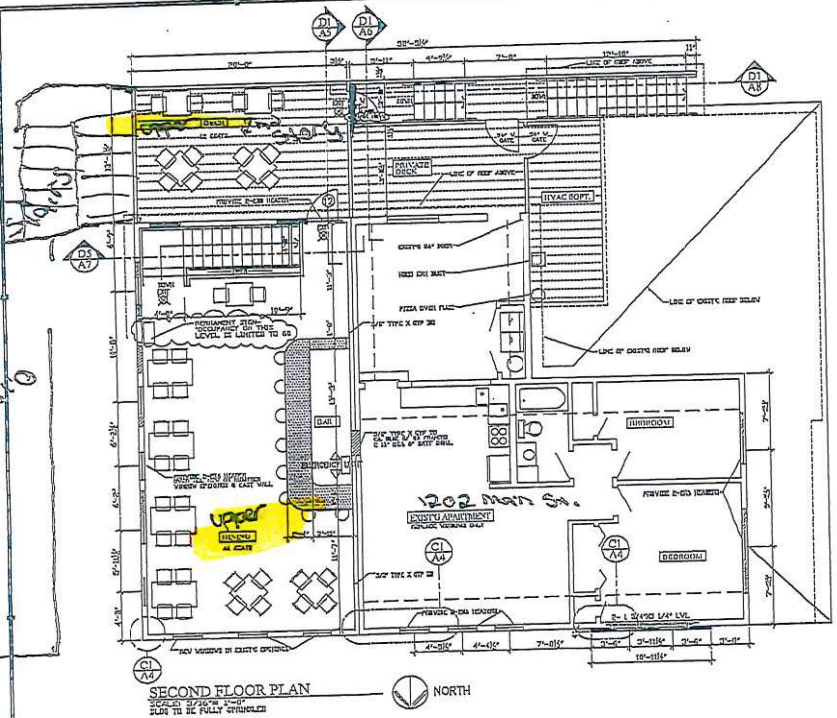
1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

PDF 38

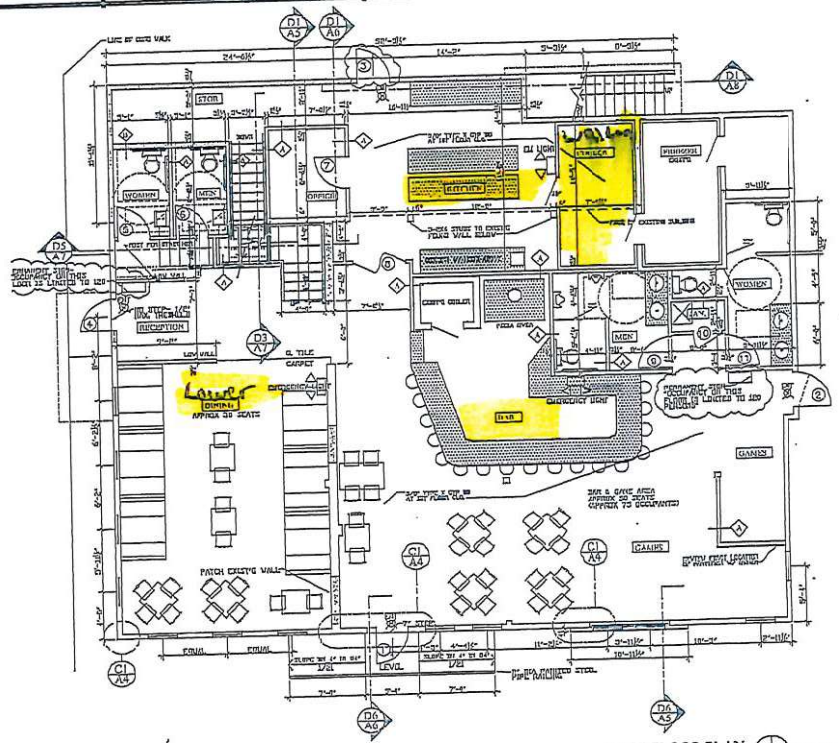
C. 4. All premise including bar, lower dining room, upper dining room, 2nd story deck, outdoor patio, kitchen, walk-in cooler in kitchen, basement, basement walk-in cooler, basement liquor storage room, basement storage room at bottom of stairs, basement storage room on west side of building. Excludes apartment with deck with the address of 1202 Main Street, Cross Plains.

Coach's Club



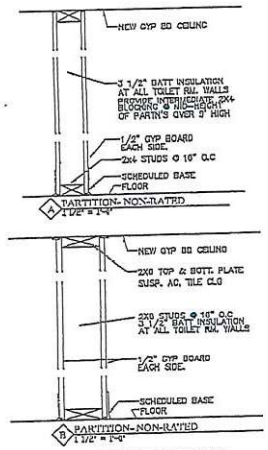
SECOND FLOOR PLAN
SCALE: 3/16"= 1'-0"
BLDG TO BE FULLY SPRINKLED

NORTH



FIRST FLOOR PLAN
SCALE: 3/16"= 1'-0"
BLDG TO BE FULLY SPRINKLED

NORTH



PARTITION TYPES

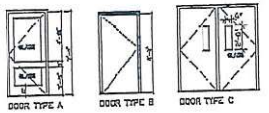
ROOM FINISH SCHEDULE

ROOM NAME	FLOOR	BASE	WALLS	CEILING	CLG. HT.	FLOOR MAT'L	WALL MAT'L	CLG. MAT'L
RECEPTION	CER. TILE	CER. TILE	PAINT	PAINT	APPROX. 10'-0"	WOOD	DRYWALL	DRYWALL
MEN'S TOILET RM'S	CER. TILE	CER. TILE	CT/PAINT	PAINT	VARIES- 7'-9" MINIMUM	CONC/SD	DRYWALL	DRYWALL
WOMEN'S TOILET RM'S	CER. TILE	CER. TILE	CT/PAINT	PAINT	VARIES- 7'-9" MINIMUM	CONC/SD	DRYWALL	DRYWALL
1ST FLOOR STORAGE	QUARRY TILE	Q. TILE	PAINT	PAINT	10'-0"/ VARIES	CONC. SLAB	DRYWALL	DRYWALL
OFFICE	VINYL TILE	VINYL	PAINT	SUSP. AC. TILE	9'-0"	CONC. SLAB	DRYWALL	DRYWALL
KITCHEN	QUARRY TILE	Q. TILE	FRP PNL'G	EPOXY PAINT	VARIES- 7'-9"	CONC/ SD	DRYWALL	DRYWALL
GAME AREA	CER. TILE	CER. TILE	PAINT	SUSP. AC. TILE	9'-3"	CONC/ SD	DRYWALL	DRYWALL
1ST FLOOR DINING	CARPET	WOOD	PAINT	SUSP. AC. TILE	10'-0"	WOOD	DRYWALL	—
BAR	CER. TILE	CER. TILE	PAINT	PAINT	9'-3"	CONC/ SD	DRYWALL	DRYWALL
2ND FLOOR DINING	HARDWOOD	WOOD	PAINT	PAINT	SEE SECTION	WOOD	DRYWALL	DRYWALL
2ND FLOOR BAR AREA	HARDWOOD	WOOD	PAINT	PAINT	SEE SECTION	WOOD	DRYWALL	DRYWALL

DOOR & HARDWARE SCHEDULE

MARK	TYPE	SIZE	MATERIAL	FRAME	HARDWARE	LABEL	REMARKS
1	A	3'-0" X 7'-0"	ALUM.	ALUM.	1	—	INSULATED
2	B	3'-0" X 8'-0"	H. MTL.	H. MTL.	2	—	INSULATED
3	B	3'-0" X 8'-0"	H. MTL.	H. MTL.	3	—	INSULATED
4	A	3'-0" X 7'-0"	ALUM.	ALUM.	1	—	INSULATED
5	B	3'-0" X 8'-0"	S.C. OAK	OAK	4	—	H.C. ACCESSIBLE SIGN
6	B	3'-0" X 8'-0"	S.C. OAK	OAK	4	—	H.C. ACCESSIBLE SIGN
7	B	3'-0" X 8'-0"	S.C. OAK	OAK	5	—	
8	C	PAIR 2'-8" X 8'-0"	SELF CLOSING DOUBLE ACTING KITCHEN DOORS				
9	B	3'-0" X 8'-0"	S.C. OAK	OAK	6	—	H.C. ACCESSIBLE SIGN
10	B	3'-0" X 8'-0"	S.C. OAK	OAK	5	—	
11	B	3'-0" X 8'-0"	S.C. OAK	OAK	6	—	H.C. ACCESSIBLE SIGN
12	A	3'-0" X 7'-0"	ALUM.	ALUM.	1	—	INSULATED

HARDWARE SET 1: 1.5 PAIR BB HINGES, ADA RIM PANIC HOUSE WITH KEYED LOCK, WEATHERSTRIPPING & THRESHOLD & CLOSER.
HARDWARE SET 2: 1.5 PAIR BB HINGES, ADA RIM PANIC HOUSE W/ BLANK COVER @ EXTERIOR, CLOSER, WEATHERSTRIPPING & STOP. EXIT ALARM
HARDWARE SET 3: 2 PAIR BB HINGES, ADA KEYED RIM PANIC EXIT HOUSE, CLOSER, THRESHOLD, WEATHERSTRIPPING & STOP.
HARDWARE SET 4: 1.5 PAIR BB HINGES, ADA PRIVACY-LEVER/CLOSER, "ACCESSIBLE" SIGN, STOP.
HARDWARE SET 5: 1.5 PAIR BB HINGES, ADA LEVER, KEYED LOCK, STOP
HARDWARE SET 6: 1.5 PAIR BB HINGES, ADA PUSH/ PULL HOVE, "ACCESSIBLE" SIGN & CLOSER.



BILL MONTELBANO ARCHITECT AIA
ARCHITECTURE INTERIORS PLANNING ENGINEERING

Restaurant Remodeling & Addition

1200 Main Street, Cross Plains, Wisconsin

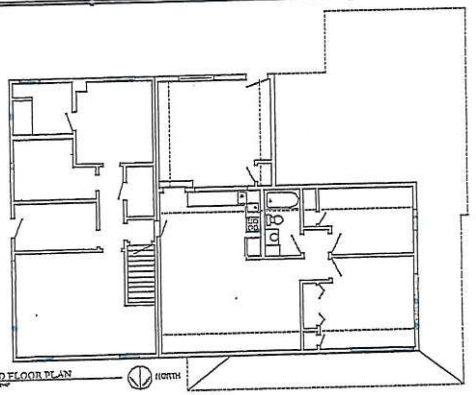
COMM. NO.	2913
ISSUED FOR	DATE
PRELIM	6/12/09
PERMIT	8/31/09

A3

PDF 40

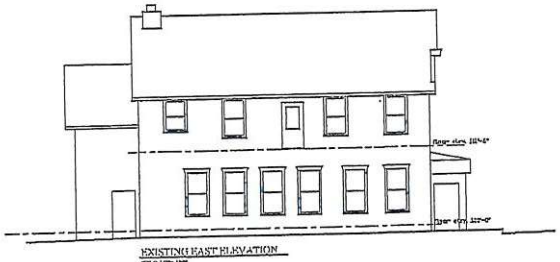
Coach's club

EXISTING SOUTH ELEVATION

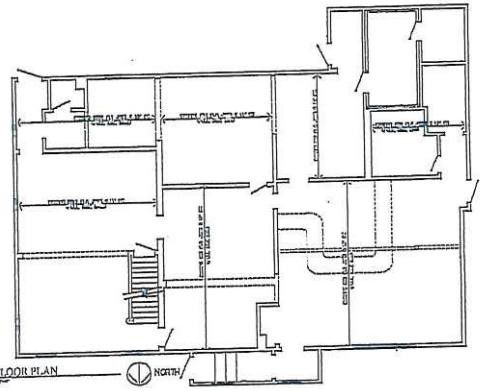


SECOND FLOOR PLAN

NORTH



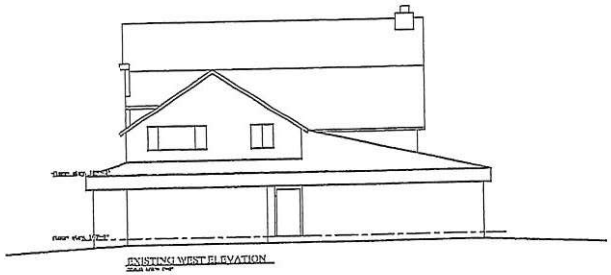
EXISTING EAST ELEVATION



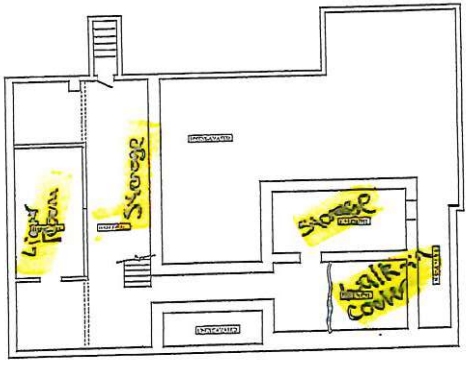
FIRST FLOOR PLAN

NORTH

MAIN STREET



EXISTING WEST ELEVATION



BASEMENT PLAN

NORTH

EXISTING SOUTH ELEVATION

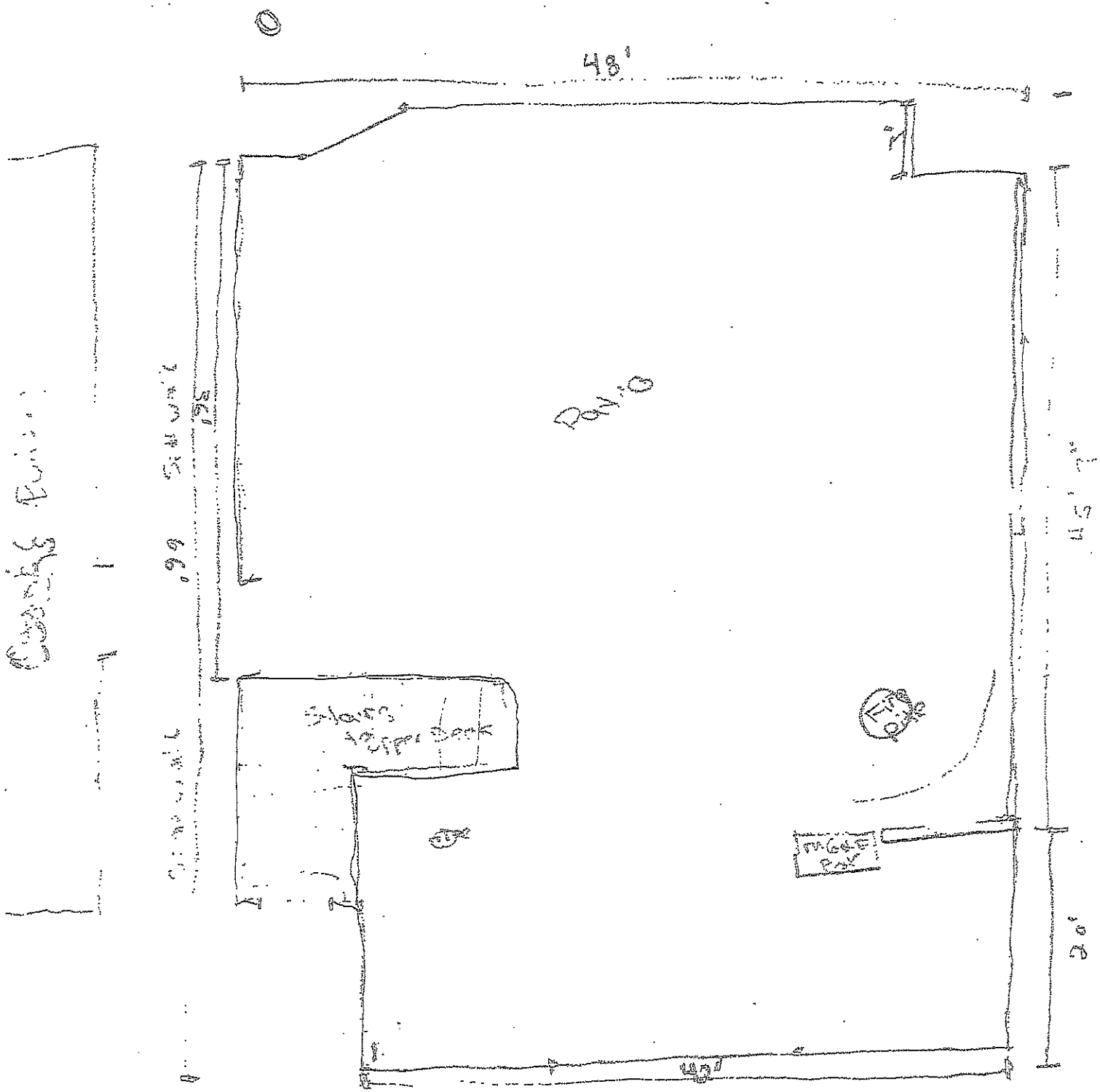
BILL MONTELBANO ARCHITECT AIA
ARCHITECTURE INTERIORS PLANNING ENGINEERING

Cross Plains, Wisconsin

CONTR. NO.	2913
ISSUED FOR	DATE
PRELIM	6/5/09
PERMIT	8/31/09

A1

PDF 41


48'
Patio
Stairs
Upper Deck
Fire Pit
Magic Bar
20'
45'

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane

Aldermanic Dist. No._____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1029990367-02	
FEIN Number 82-4497723	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
Eberle Entertainment LLC	

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)
Maas	Marti	Ann	N6367 Lakeshore Dr., Hilbert, WI 54129

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 Main Street Lanes Business Phone Number (608)798-4900
2. Address of Premises 1721 Main St. Post Office & Zip Code Cross Plains, WI 53528
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.)

Bar, Bowling Alley, Front Deck, Side Room, Back Room, Basement, Seating & Dining Room

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.)	Title / Member	Date
Eberle Eric	Owner	5-20-2020
Signature	Phone Number	Email Address
	[redacted]	[redacted]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 44

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

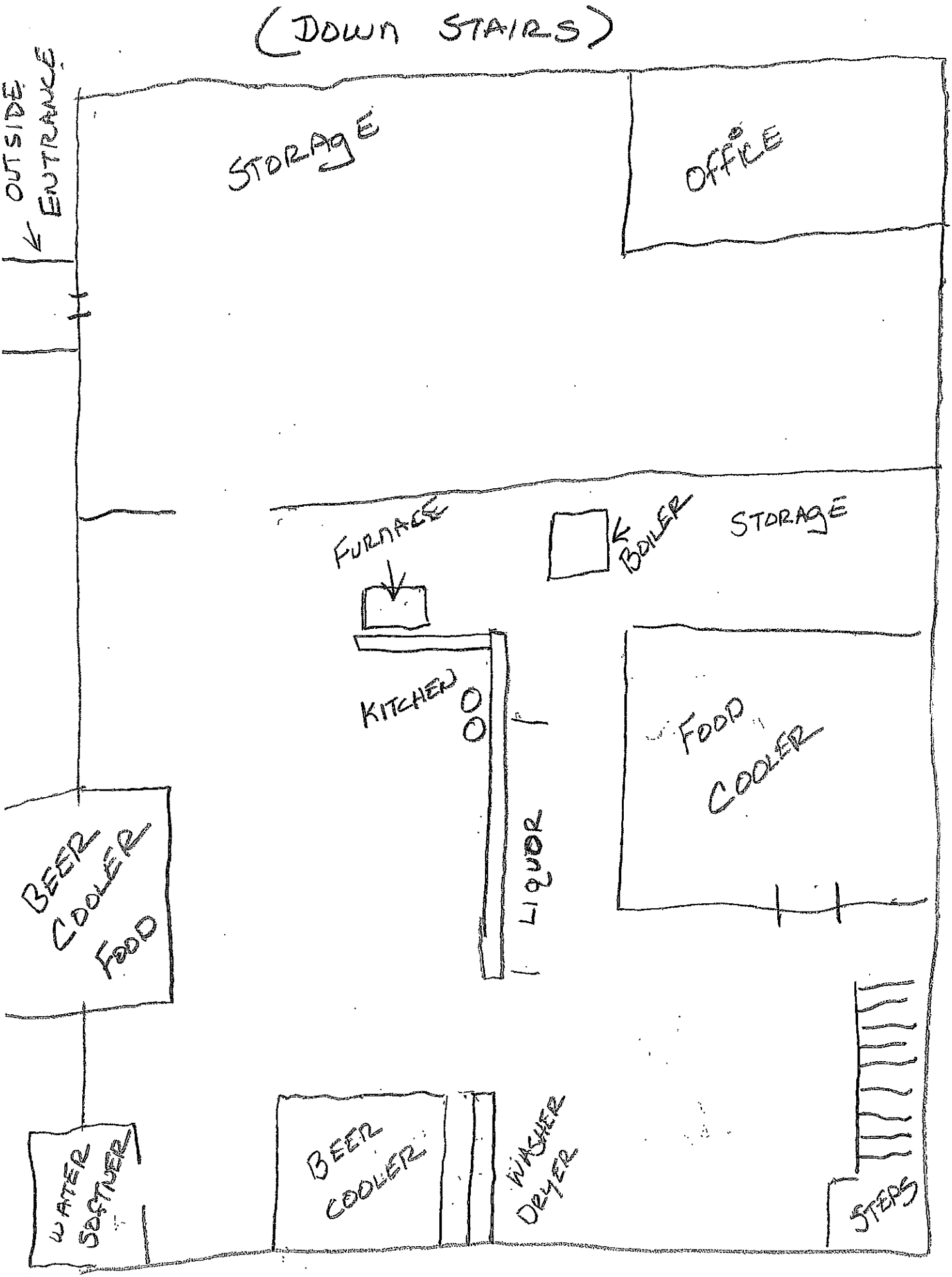
   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

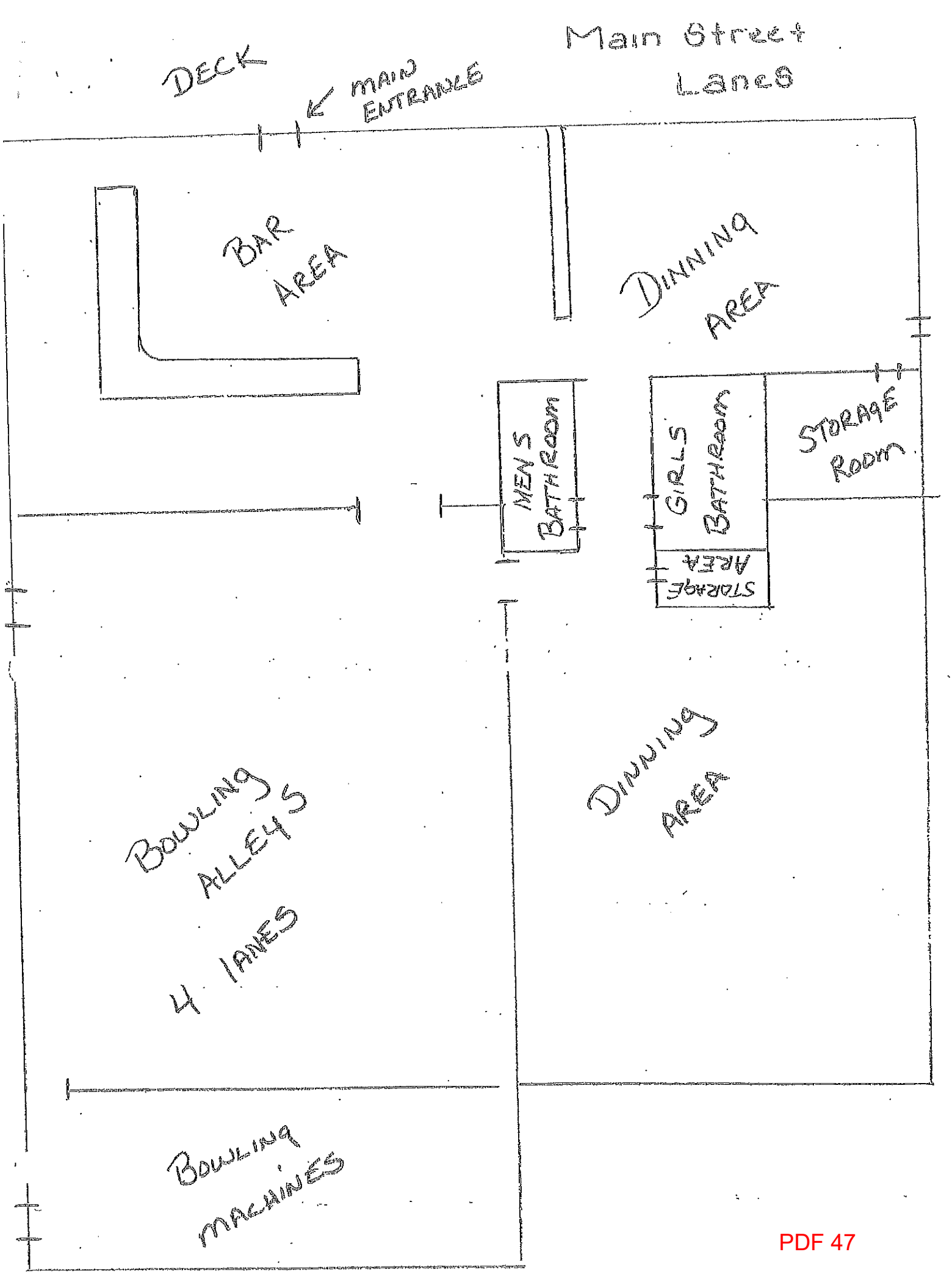
PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

PDF 45


(DOWN STAIRS)
OUTSIDE ENTRANCE
STORAGE
OFFICE
FURNACE
BOILER
STORAGE
KITCHEN
LIQUOR
FOOD COOLER
BEER COOLER FOOD
WATER SOFTNER
BEER COOLER
WASHER DRYER
STEPS


Main Street
Lane
DECK
MAIN ENTRANCE
BAR AREA
DINNING AREA
MENS BATHROOM
GIRLS BATHROOM
STORAGE AREA
STORAGE ROOM
BOWLING ALLEYS
4 LANES
DINNING AREA
BOWLING MACHINES

Pd.

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane Aldermanic Dist. No.____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number: 456-1028243397-02

FEIN Number: 464137691

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
Kuester	Darla	J	1821 Main St., Cross Plains, WI 53528
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)
Jodi's Saloon and Eatery LLC	

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)
Kuester	Darla	J	1821 Main St., Cross Plains, WI 52528

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)
Kuester	Darla	J	1821 Main St., Cross Plains, WI 53258
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kuester	Thomas	B	1821 Main St., Cross Plains, WI 53528
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kuester	Tama	F	404 Hill St., Rock Springs, WI 53961
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Kuester	Tama	F	404 Hill St., Rock Springs, WI 53961
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 Hooty's Sports Bar & Grill Business Phone Number (608)798-0700
2. Address of Premises 1821 Main St. Post Office & Zip Code Cross Plains, WI 53528
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.)

Wood Frame 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? [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? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

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.)	Title / Member	Date
Kuester DARLA J	Owner	4-30-2020
Signature: Kuester, Darla J	Phone Number: [redacted]	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 49

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ 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 _____

PDF 50

BUILDING

Rooms where alcohol is served or stored:
Bar Room ✓
Game Room
Basement Cooler
Kitchen
Liquor Room ✓
Walk-In Cooler ✓

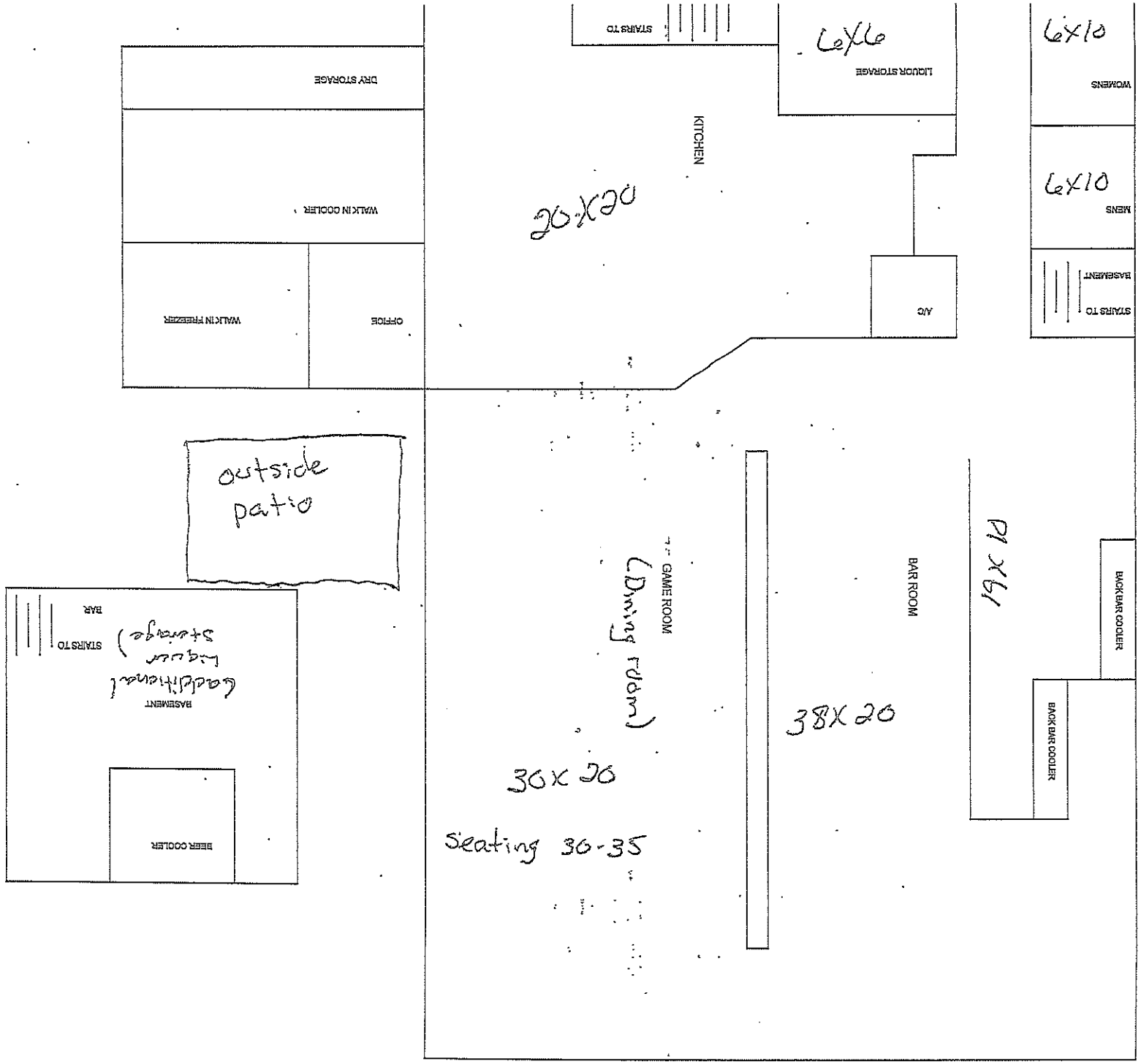
Rooms where alcohol is NOT served or stored:
Dwelling on 2nd Level

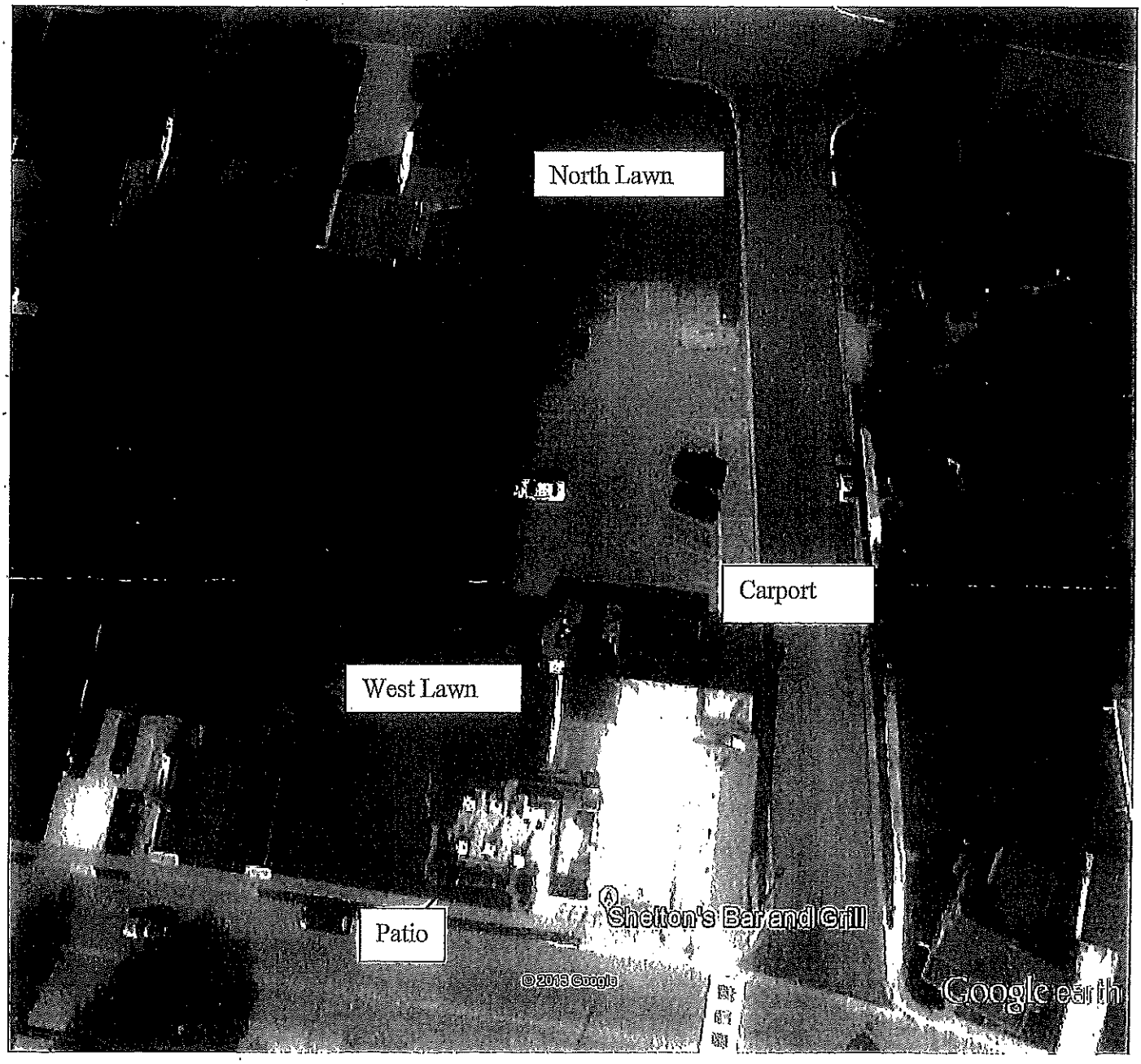
Living Quarters

OUTDOOR PROPERTY

Area where alcohol may be served:
Concrete patio area west of building
Lawn area west of building and ~~blacked top parking lot to property line~~ (fences)
Grassed area north of blacked top parking lot area of roughly 3,000 square feet
Carport (future winter smoking)

Area where alcohol may NOT be served:
Blacked top parking lot


STAIRS TO
6X6
LIQUOR STORAGE
6X10
WOMENS
DRY STORAGE
KITCHEN
WALK IN COOLER
20X20
6X10
MENS
WALK IN FREEZER
OFFICE
A/C
STAIRS TO BASEMENT
outside patio
GAME ROOM
(Dining room)
BAR ROOM
19X61
BACK BAR COOLER
STAIRS TO BAR
BASEMENT
(additional liquor storage)
38X20
BACK BAR COOLER
30X20
BEER COOLER
Seating 30-35


North Lawn
Carport
West Lawn
Patio
Shelton's Bar and Grill
© 2013 Google
Google earth

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)* O.K.

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

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

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

Applicant's Wisconsin Seller's Permit Number 456-000037415803	
FEIN Number 391137701	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
Kerl, Endres, Brannon Post #245	

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)
Andreoni	James	Patrick	3041 Creek side Way, Cross Plains WI. 53528

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)
Commander Polowski	Ed	J.	2503 Woodside Dr. CP 53528
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Statz	Bill		3750 Martinsville Rd. CP 53528
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Heibiser	Dennis		3045 Acker, CP 53528
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Myrack	Lee		2713 Westview Ct. CP 53528
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 Kerl, Endres, Brannon Post #245 Business Phone Number (608) 798-3291
2. Address of Premises 2217 American Legion Dr. Post Office & Zip Code Cross Plains, WI 53528
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.)

Total Kerl, Endres, Brannon 1st Floor, Basement and Clubhouse.

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

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.)	Title / Member	Date
Anderson, S. Patrick	Chaplin	06/03/20
Signature	Phone Number	Email Address
S. Patrick Anderson	[redacted]	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 55

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

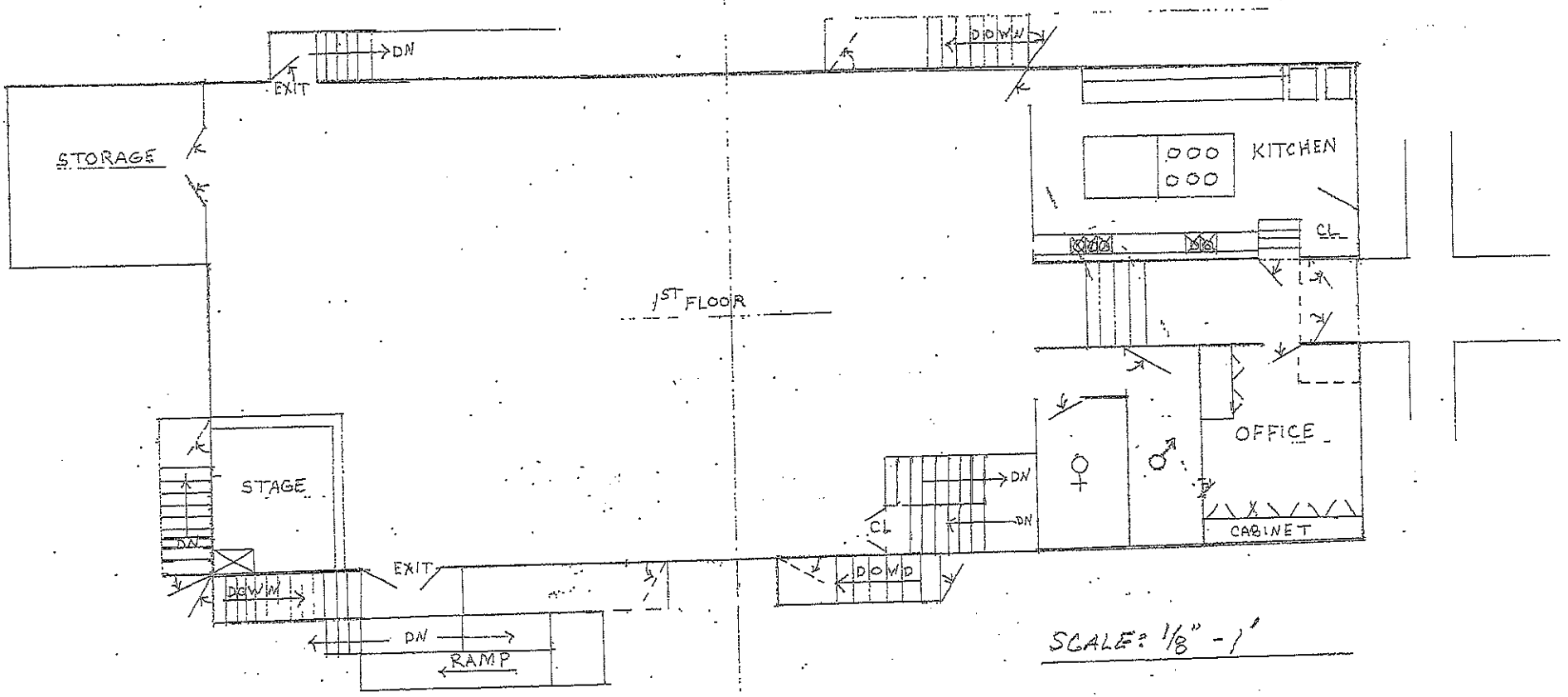
PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

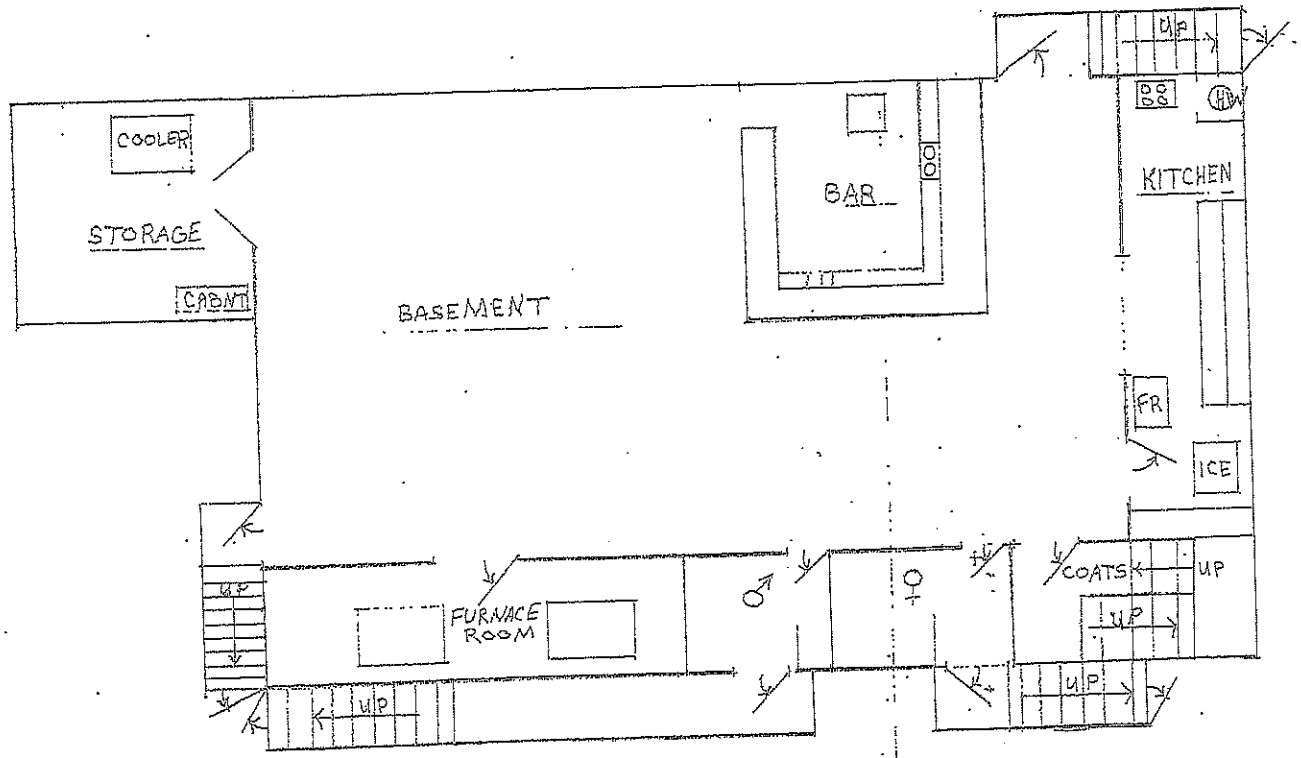
PDF 56

AMERICAN LEGION POST 245

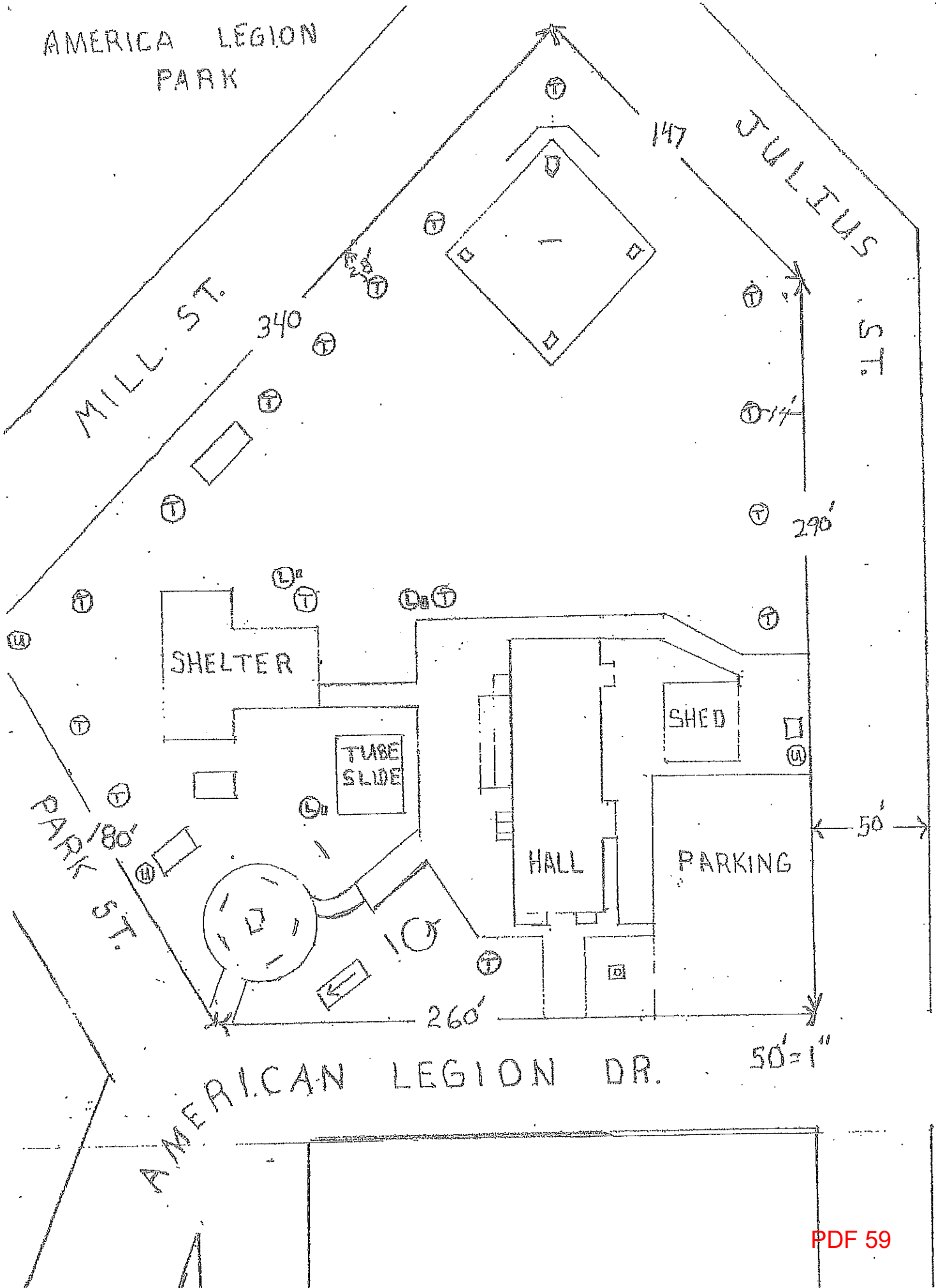


SCALE: 1/8" - 1'

American Legion Post 245



SCALE: 1/8" = 1'


AMERICA LEGION PARK
MILL ST.
340
147
JULIUS ST.
290'
SHELTER
TUBE SLIDE
SHED
HALL
PARKING
50'
PARK ST.
180'
10'
260'
50'=1"
AMERICAN LEGION DR.

PDF 59

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane Aldermanic Dist. No.____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1030177626-02	
FEIN Number 3836220	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 570

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)
Nineteen09 LLC	

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)
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 Nineteen09 On Main Business Phone Number (608)669-8958
2. Address of Premises 1909 Main St. Post Office & Zip Code Cross Plains, WI 53528
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.)

See Attached.

PDF 60

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.)	Title / Member	Date
Kathryn Ripp	owner	4/1/20
Signature	Phone Number	[redacted]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

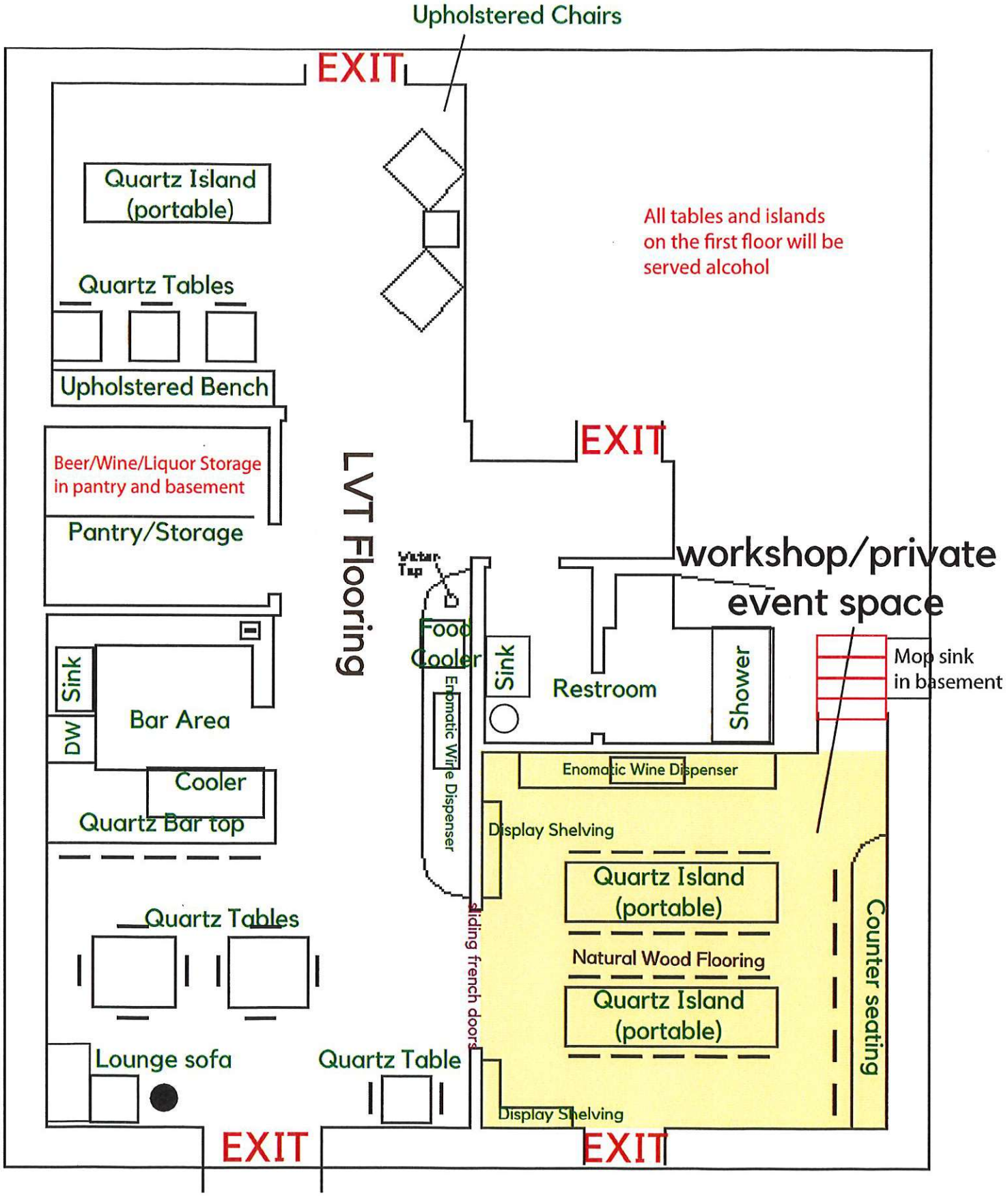
   CHARGE _____ WHERE CONVICTED _____

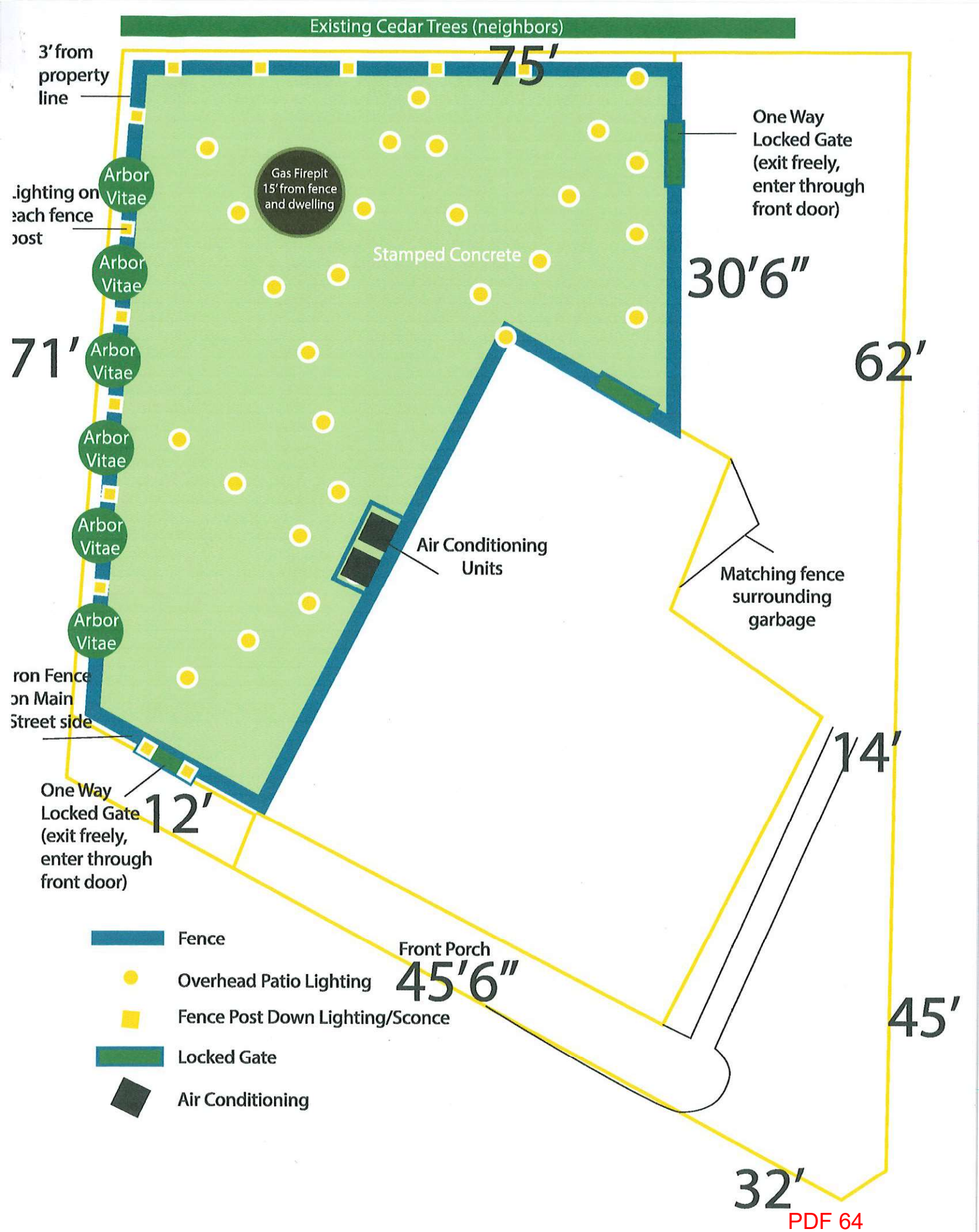
   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____


Upholstered Chairs
EXIT
Quartz Island (portable)
All tables and islands on the first floor will be served alcohol
Quartz Tables
Upholstered Bench
EXIT
Beer/Wine/Liquor Storage in pantry and basement
Pantry/Storage
LVT Flooring
workshop/private event space
Water Tap
Food Cooler
Sink
Restroom
Shower
Mop sink in basement
Sink
DW
Bar Area
Enomatic Wine Dispenser
Cooler
Quartz Bar top
Enomatic Wine Dispenser
Display Shelving
Quartz Island (portable)
Quartz Tables
Sliding french doors
Natural Wood Flooring
Quartz Island (portable)
Counter seating
Lounge sofa
Quartz Table
Display Shelving
EXIT
EXIT


Existing Cedar Trees (neighbors)
3' from property line
75'
One Way Locked Gate (exit freely, enter through front door)
Gas Firepit 15' from fence and dwelling
Arbor Vitae
Arbor Vitae
Arbor Vitae
Arbor Vitae
Arbor Vitae
Stamped Concrete
30'6"
71'
62'
Air Conditioning Units
Matching fence surrounding garbage
14'
One Way Locked Gate (exit freely, enter through front door)
12'
Front Porch
45'6"
45'
32'
Fence
Overhead Patio Lighting
Fence Post Down Lighting/Sconce
Locked Gate
Air Conditioning

Renee Bratton

From: Katy RIp[redacted]
Sent: Tuesday, April 30, 2019 10:59 AM
To: Renee Bratton
Subject: Re: nineteen09 Indoor Layout

Hi Renee,

Thank you! See below:

All wine, beer and spirits will be stored in the secured basement of the building and in storage closet next to the bar. Some unopened wine bottles will be stored behind the bar and on a wine rack for display and shelving within 10 feet of the bar. Beer and other chilled bottles will be stored in under-counter coolers behind the bar.

Alcohol will be served throughout the first floor ~~only~~, second floor and outdoor patio.

Is that what you need?

Thanks,
Katy

On Apr 30, 2019, at 10:55 AM, Renee Bratton <renee@cross-plains.wi.us> wrote:

Katy, can you please type up a paragraph stating where all liquor will be stored and served also? I will need to type that on the license when I do them and want to make sure all areas are covered on it. Thanks. Renee

From: Katy RIpp[redacted]>
Sent: Tuesday, April 16, 2019 11:09 AM
To: Renee Bratton <renee@cross-plains.wi.us>
Subject: nineteen09 Indoor Layout

Hi Renee,

Attached is the layout. Please let me know if you need anything else!

PDF 65

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane

Aldermanic Dist. No._____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1029662888-04	
FEIN Number 83-4086038	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 550

Complete A or B. All must complete C.

A. Individual or Partnership:

53528

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
REYES	ELOY		3052 ACKERST CROSS PLAINS WI
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)
Reyes, Eloy (Reyes E & N)	

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)
Reyes	Eloy	M	3052 Acker St., Cross Plains, WI 53528
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 Reyes E & N Business Phone Number (608)413-0505
2. Address of Premises 23 Glacier Edge Sq. Post Office & Zip Code Cross Plains, WI 53528
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.)

23 Glacier Edge Sq., Cross Plains, WI

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.)	Title / Member	Date
Eloy Reyes	Owner	6/4/20
Signature	Phone Number [redacted]	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 67

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

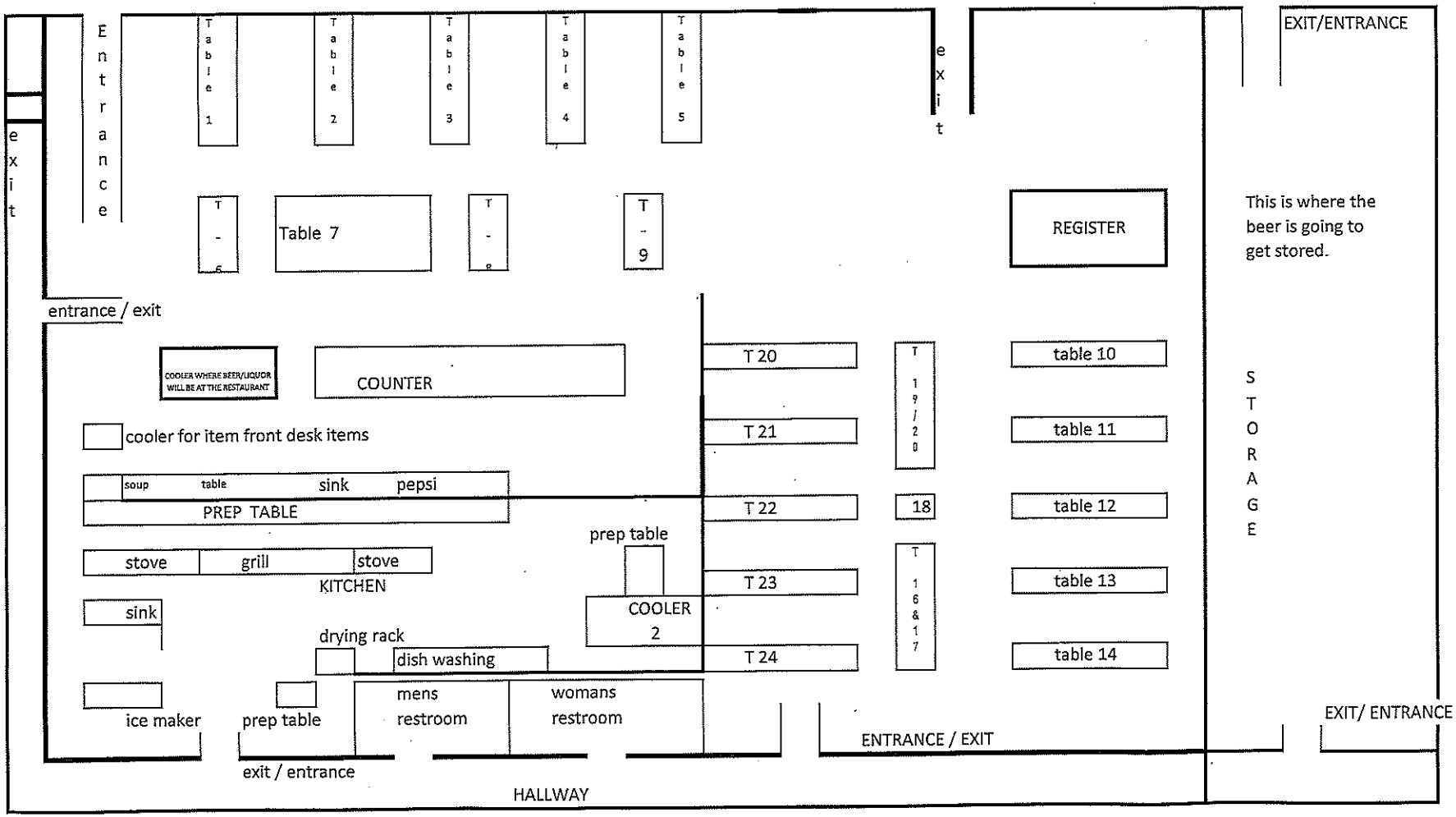
   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____


exit
Entrance
Table 1
Table 2
Table 3
Table 4
Table 5
exit
EXIT/ENTRANCE
T-6
Table 7
T-8
T-9
REGISTER
This is where the beer is going to get stored.
entrance / exit
COOLER WHERE BEER/LIQUOR WILL BE AT THE RESTAURANT
COUNTER
T 20
T 19/20
table 10
cooler for item front desk items
T 21
table 11
STORAGE
soup
table
sink
pepsi
PREP TABLE
T 22
18
table 12
prep table
stove
grill
stove
KITCHEN
T 23
table 13
COOLER 2
sink
drying rack
dish washing
T 24
T 16&17
table 14
ice maker
prep table
mens restroom
womans restroom
ENTRANCE / EXIT
EXIT/ ENTRANCE
exit / entrance
HALLWAY

PDF 69

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 *(mm dd yyyy)* ending: 06 30 2021 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Cross Plains

County of Dane Aldermanic Dist. No.____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456000307065802	
FEIN Number 20-5625141	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☒ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ ~~450~~
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ ~~570~~

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)
Devitt	Mary	M.	4437 Dahmen Pass, Cross Plains 53528
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)
Crossroads Coffeehouse, LLC	

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)
Devitt	Mary		4437 Dahmen Pass, Cross Plains, WI 53528

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 Crossroads Coffeehouse Business Phone Number (608) 798-2080
2. Address of Premises 2020 Main St. Post Office & Zip Code Cross Plains, WI 53528
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.)

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.)	Title / Member	Date
Mary M. Devitt	OWNER	6-2-2020
Signature	**Phone Number**	**Email Address**
Mary M. Devitt	[redacted]	[redacted]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PDF 71

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 _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

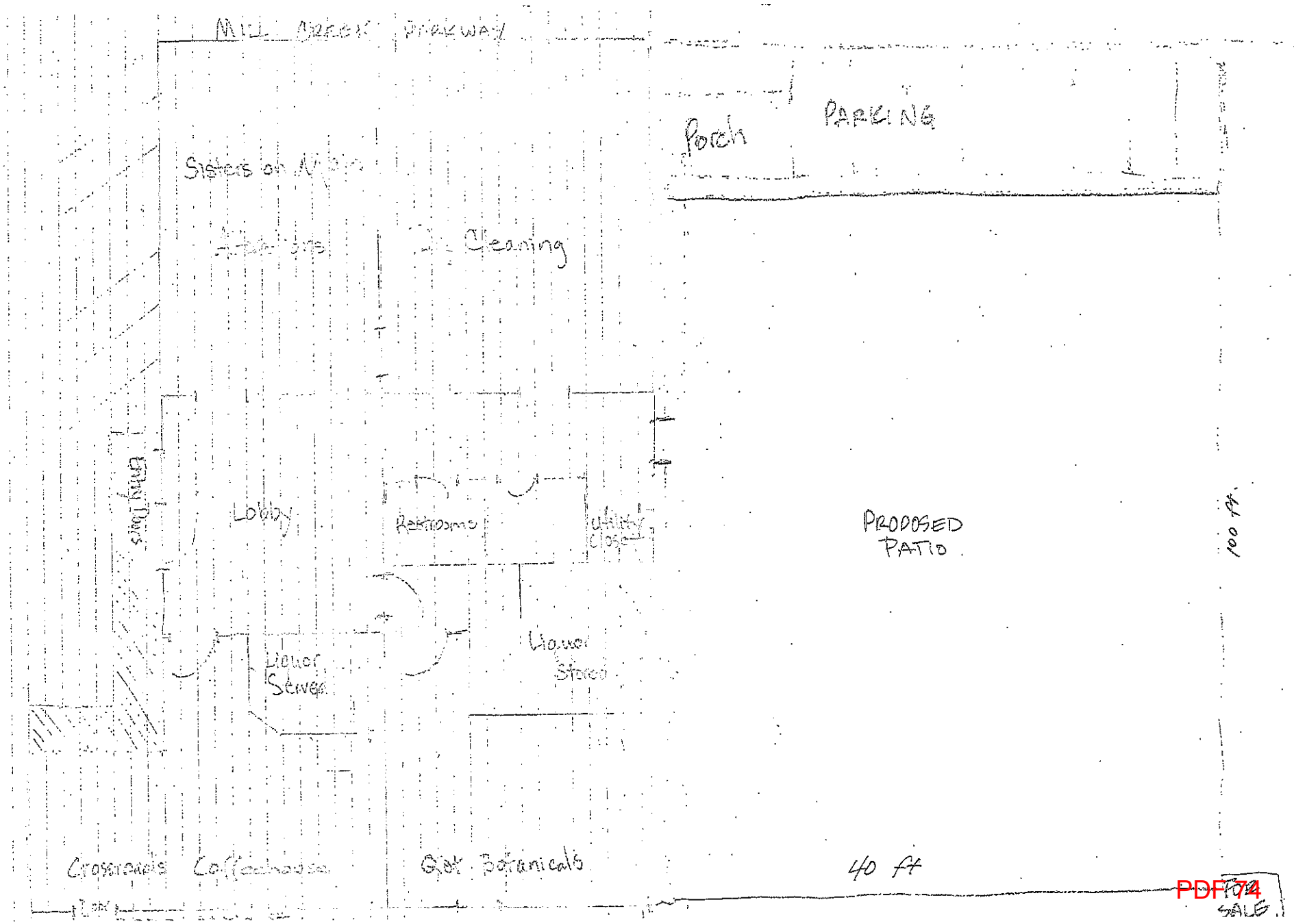
   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

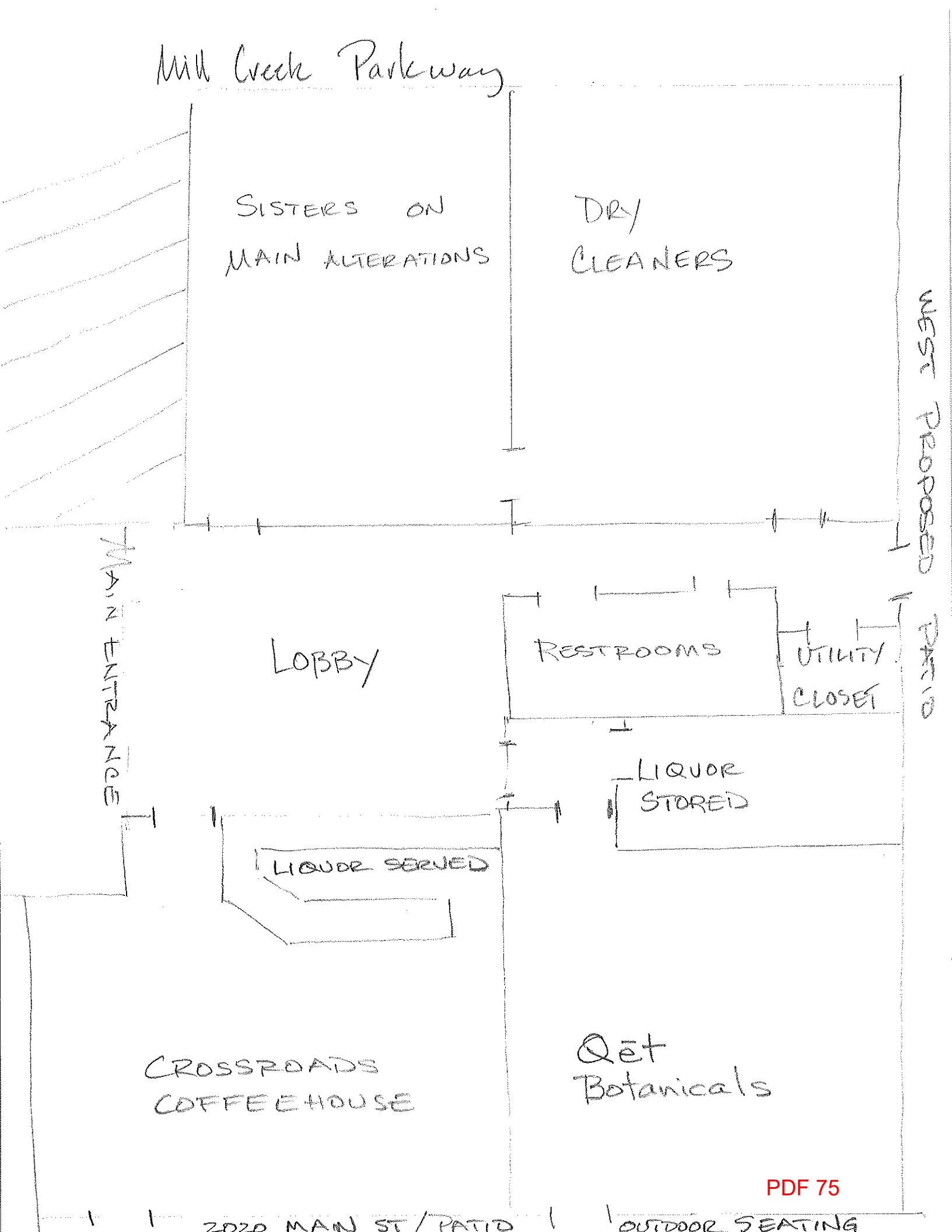
1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

The Liquor for sale will be served and stored from the espresso bar located in the South west Corner of the main coffee shop. Consumption will take place in the main seating area of the coffee shop and/or the outdoor seating located adjacent to the north entrance and the proposed patio located adjacent to the west entrance. Additionally, liquor will be stored securely in a seperate room accessed to the west of the lobby defined as "Liquor Storage" on the site Map.


MILL CREEK PARKWAY
Porch
PARKING
Sisters on Main
Cleaning
Lobby
Restrooms
Utility Closet
PROPOSED PATIO
100 ft.
Liquor Server
Liquor Stored
Crossroads Coffeehouse
Qst Botanicals
40 ft
SALE

PDF 74


Mill Creek Parkway
SISTERS ON MAIN ALTERATIONS
DRY CLEANERS
EAST PROPERTY LINE
MAIN ENTRANCE
LOBBY
RESTROOMS
UTILITY CLOSET
PATIO
LIQUOR STORED
LIQUOR SERVED
CROSSROADS COFFEEHOUSE
Qet Botanicals
2020 MAIN ST / PATIO
OUTDOOR SEATING

Cross Plains Police Department
2417 Brewery Rd.
P.O. Box 97
Cross Plains, WI 53528
PH: (608) 798-4100 Fax: (608) 798-4001
Honor Excellence Adaptability Respect Teamwork

Tony Ruesga Jr., Chief of Police

Date: Friday, June 12, 2020

To: Village Administrator Bill Chang

Ref: Operator's License Approval

On Tuesday, June 9, 2020, I received an Application for an Operator's License from the following individuals:

Vivian Hayes
Tena Green
Melissa Welch
Deborah Johnson
Colin Onken
Cary Savage
Maree Barsness
Nicholas Gilbertson
Barry Meinholz
Carrie Houghton
Shara Dahlk
Ronald Adler
Makayla Grady
Travis Haack
Terry Lancaster
Thomas Lancaster
Jenna Houghton
Renee Ernst
Aaron Roth

Susan Brunner
Judith Anderson
David Romine
Jennifer Romine
Andrea Fullerton
Jennifer Esser
Jennifer Bratton
William Statz
Daniel Cady
Edward Pelowsky
Penny Dischler
Nicholas Kraus
Jodi Green
Leslie Kemp
Darla Kuester
Thomas Kuester
Kathryn Ripp
Meredith Eckhardt
Mary Devitt

Eric Eberle
Karen Foye
Jaye Capel
Donald Cowles
Gerald Currie
David Vidlock
Macy Ziegler
Nidia Trevino
Dale Ripp
Lauren McGuire
Dylan Hormig
Jeremy Brunner
Karla Oliver
Kathryn Glynn
Antoine Dossa
Jeremy Smith
Wendy Grabanski
Katrina Noles-Krantz
Paul Zach
Rachal Peters
Madeline Gallo
Spencer Goth
Pat Androeni
Kaitlyn Rettenmund
Tara Karls
Melody Hasse
Michelle Niesen
Jennifer Erickson
Courtney VanSchoonhoven
Ash Segalini
Eloy Reyes
Katarena Ketelboeter
Gabrielle Carlson
Melanie Lideikis
Nicholas Kraus
Judy Butson

A review of each listed person's arrest and conviction record was completed in accordance with Village Ordinance 41.09 (b). The results of that review showed there were no arrests or convictions in conflict of Village Ordinance 41.09(c).

I therefore recommend the individuals be approved for an Operator's License based on the criteria set forth under Village Ordinance 41.09 (c).

Tony Ruesga Jr.
Chief of Police

Application for an "Operator's" License Dane WI 4-28-2020

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] All American Liquor (Name of Establishment)

Answer the following questions fully and completely:

Name: Susan (First) D (MI) Brunner (Last) Is application new or a renewal? Renewal

Address of Applicant: 2818 Stumpf St. (Street Address) Cross Plains (City) WI (ZIP Code) 53528 [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Village

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

If so, where? [redacted] on line

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: —

STATE OF WISCONSIN
DANE COUNTY

Susan Brunner, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Susan Brunner
Applicant sign here

X 4-29-2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 29 Day of April, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 78

Application for an "Operator's" License

Dane WI _____, _____
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] All American Liquor
Name of Establishment

Answer the following questions fully and completely:

Name: Jeremy S Brunner Is application new or a renewal? Renewal
First MI Last

Address of Applicant: N 1681 State Rd 80-82 Wonewoc, WI 53968 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Village

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

If so, where? on line

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: —

STATE OF WISCONSIN
DANE COUNTY

Jeremy Brunner, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jeremy S. Brunner
Applicant sign here

X 5-13-2020
Date of Application

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 13 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Rebecca Ward
My Commission Expires: 07.29.23

PDF 79

Application for an "Operator's" License Cross Plains WI 5-27 , 2020
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Coachs Club
Name of Establishment

Answer the following questions fully and completely:

Name: Jennifer (First) R (MI) Romine (Last) Is application new or a renewal? Renewal

Address of Applicant: 7794 County Road K (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Village of Cross Plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Jennifer Romine, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jennifer Romine
Applicant sign here

X 5-28-2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 28
Day of May , 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 80

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 5/26, 2020
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Coach's
Name of Establishment

Answer the following questions fully and completely:

Name: David S Romine Is application new or a renewal? renewal
First MI Last

Address of Applicant: 7794 County Rd K Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Learn2 Serve

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

David Romine, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X David Romine
Applicant sign here

X 5/26/20
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 81

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Coach's Club
Name of Establishment

Answer the following questions fully and completely:

Name: Shara L Dahlk Is application new or a renewal? renewal
First MI Last

Address of Applicant: 2546 Valley St Cross Plains [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village V Cross Plains

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

If so, where? yes - serve safe

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Shara L Dahlk, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Shara Dahlk
Applicant sign here

X 5/20/2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 20
Day of May, 2020
Dane County, Wis.

NOTARY PUBLIC BOBBI ZAUNER STATE OF WISCONSIN

Notary Public: Bobbi Zauner
My Commission Expires: 7/17/2020

PDF 82

Application for an "Operator's" License

WI 5/21, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] coach's club
Name of Establishment

Answer the following questions fully and completely:

Name: Karla M Oliver Is application new or a renewal? _____
First MI Last

Address of Applicant: 2531 church st. cross plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village cross plains

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

If so, where? learn 2 serve

Have you ever had a criminal conviction? If yes, what and where? yes, OVI, cincinnati, Oh april - 2013

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Karla Oliver, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 5/21/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 21
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 83

Application for an "Operator's" License _____ WI _____, _____

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Coaches Club
Name of Establishment

Answer the following questions fully and completely:

Name: Deborah Debbie D Johnson (First / MI / Last) Is application new or a renewal? _____

Address of Applicant: 7857 Cobblestone Ct Verona 53593
Street Address / City / ZIP Code / Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (~~Town~~) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Deborah D. Johnson, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Deborah D Johnson
Applicant sign here

x 5/21/20
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 21 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 84

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 5/22, 20
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Coach's Club
Name of Establishment

Answer the following questions fully and completely:

Name: Cary L Savage (First / MI / Last) Is application new or a renewal? Renewal

Address of Applicant: 1424 MadisonSt. BlackEarth WI 53515 [redacted]
Street Address / City / ZIP Code / Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village CrossPlains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Cary L Savage, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Cary Savage
Applicant sign here

x 5/22/20
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 22

Day of May, 2020

Dane County, Wis.

Notary Public: Bobbi Zauner

My Commission Expires: 7/17/2020

NOTARY PUBLIC BOBBI ZAUNER STATE OF WISCONSIN

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

Cross Plains WI 5/26 (Date), 2020 (Year)

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Coach's Club (Name of Establishment)

Answer the following questions fully and completely:

Name: Andrea (First) M (MI) Fullerton (Last) Is application new or a renewal? renewal

Address of Applicant: 1400 Bourbon #303 (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? Nope

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? Nope

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Andrea Fullerton, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Andrea M Fullerton
Applicant sign here

x 05/26/20
Date of Application

Date of Board Approval _____

NOTARY PUBLIC ☆ RENEE D. BRATTON ☆ STATE OF WISCONSIN

Subscribed and sworn to before me this 26

Day of May, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 86

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Coaches Club
Name of Establishment

Answer the following questions fully and completely:

Name: Jennifer R Esser (First / MI / Last) Is application new or a renewal? Yes

Address of Applicant: 3035 Melody Pkwy (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village of Cross Plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Jennifer Esser, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X _____
Applicant sign here

X 5/27/2020
Date of Application

Subscribed and sworn to before me this 27
Day of May, 2020
Dane County, Wis.

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Date of Board Approval _____

Notary Public: Renee Bratton
My Commission Expires: 4/25/21

PDF 87

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

Cross Plains WI 6/01 (Date), 2020 (Year)

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Coachs Club & Main Street Lanes (Name of Establishment)

Answer the following questions fully and completely:

Name: Courtney (First) Kay (MI) Van Schoonhoven (Last) Is application new or a renewal? new

Address of Applicant: 2520 Valley street apt 2. (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

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

If so, where? Learn to Serve

Have you ever had a criminal conviction? If yes, what and where? Public intoxication. Walking back from a bar in college (Menomonie, WI) 3 years ago

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? _____

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Courtney Van Schoonhoven, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Courtney Van Schoonhoven
Applicant sign here

x 6-01-2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 1 day of June, 2020

Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 88

WISCONSIN
SELLER / SERVER CERTIFICATION

Trainee Name: Courtney VanSchoonhoven

School Name: Learn2Serve

Date of Completion: 05/29/2020

Certification #: WI-111530

I, _____

Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

learn2serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
P: 877.881.2235

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Crossroads Coffeehouse
Name of Establishment

Answer the following questions fully and completely:

Name: Leslie S Kemp (First / MI / Last) Is application new or a renewal? _____

Address of Applicant: 2217 Mill St (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Leslie S. Kemp, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Leslie S Kemp
Applicant sign here

X 6-2-2020
Date of Application

SHERRI A. SARBACKER NOTARY PUBLIC STATE OF WISCONSIN

Subscribed and sworn to before me this 2nd Day of June, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Sherri A Sarbacker
My Commission Expires: 6-25-2021

PDF 90

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] HOOTY'S BAR AND GRILL
Name of Establishment

Answer the following questions fully and completely:

Name: ASH FRANCESCO SEGALINI Is application new or a renewal? NEW
First MI Last

Address of Applicant: S5743 COLEMAN ROAD 53913 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

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

If so, where? ONLINE AT 360TRAINING.COM

Have you ever had a criminal conviction? If yes, what and where? _____

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Ash Francesco Segalini, being first duly sworn on oath says that (s/he) is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X _____
Applicant sign here

X 6-1-2020
Date of Application

Date of Board Approval _____

KIMBERLY K. KAHL NOTARY PUBLIC STATE OF WISCONSIN

Subscribed and sworn to before me this 1st
Day of June, 2020
Dane County, Wis.

Notary Public Kimberly K Kahl
My Commission Expires: 9-26-2021
Dane County, Wis

PDF 91

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Ash Segalini

School Name: Learn2Serve

Date of Completion: 05/27/2020

Certification #: WI-111408

I, _____

Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

learn2serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
P: 877.881.2235

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Hoopy's
Name of Establishment

Answer the following questions fully and completely:

Name: Penny A Dischler Is application new or a renewal? RENEWAL
First MI Last

Address of Applicant: 4965 Sunrise Ridge Trail Middleton, WI 53562
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Madison Matc, WI

Have you ever had a criminal conviction? If yes, what and where? Yes Cross Plains OWI

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

PENNY DISCHLER

X Penny A Dischler
Applicant sign here

X 6-4-2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 4

Day of June, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 93

Application for an "Operator's" License _____ WI _____, _____

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Cross Plains American Legion
Name of Establishment

Answer the following questions fully and completely:

Name: David W Vidlock — Is application new or a renewal? _____
First MI Last

Address of Applicant: 3027 Marvin Court Cross Plains, WI 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

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

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

David W. Vidlock, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X David W. Vidlock
Applicant sign here

X May 5, 2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 5 day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 5/25/21

STATE OF WISCONSIN ☆ RENEE D. BRATTON ☆ NOTARY PUBLIC

PDF 94

Application for an "Operator's" License Cross Plains WI _____, _____
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Cross Plains American Legion
Name of Establishment

Answer the following questions fully and completely:

Name: Daniel D Cady (First / MI / Last) Is application new or a renewal? renewal

Address of Applicant: 2210 Hickory St (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) / (Village) Cross Plains

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? NO

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Daniel D Cady, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Daniel D Cady
Applicant sign here

X 5/7/20
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 7
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 95

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] American Legion Post 245
Name of Establishment

Answer the following questions fully and completely:

Name: Edward Joseph Pulowsky Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 2503 Woodside Dr Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village CROSS Plains

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

If so, where? Renewal Grand Fathered

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Edward Joseph Pulowsky, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Edward J Pulowsky
Applicant sign here

X 5/27/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC ☆ RENEE D. BRATTON ☆ STATE OF WISCONSIN

Subscribed and sworn to before me this 27
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 96

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, 2020-2021
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] American Legion Post 245 Mirror Lakes
Name of Establishment

Answer the following questions fully and completely:

Name: Jennifer E. Bratton (First / MI / Last) Is application new or a renewal? Renewal

Address of Applicant: 2422 Hickory Hill St. CP (Street Address / City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) / (Village) Cross Plains

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

If so, where? Learn2serve.com

Have you ever had a criminal conviction? If yes, what and where? DWI Cross Plains 2008?

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Jennifer Bratton, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jennifer Bratton
Applicant sign here

X 5-20-2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 20
Day of May, 2020
Dane County, Wis.

NOTARY PUBLIC BOBBI ZAUNER STATE OF WISCONSIN

Notary Public: Bobbi Zauner
My Commission Expires: 07/17/2020

PDF 97

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] American Legion Post 245
Name of Establishment

Answer the following questions fully and completely:

Name: James Patrick Andrews Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 3091 Creekside Way, Cross Plains, 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

J. Patrick Andrews, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X J. Patrick Andrews
Applicant sign here

X 06/03/20
Date of Application

Date of Board Approval _____

STATE OF WISCONSIN NOTARY PUBLIC RENEE D. BRATTON

Subscribed and sworn to before me this 3

Day of June, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 98

Application for an "Operator's" License

Cross Plains WI June 4, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] American Legion Cross Plains
Name of Establishment

Answer the following questions fully and completely:

Name: William A. Statz — Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 7780 Martinsville Rd Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? No

If so, where? —

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: —

STATE OF WISCONSIN
DANE COUNTY

William Statz, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X William A Statz
Applicant sign here

X 6/4/2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 4th
Day of June, 2020
Dane County, Wis.

DIANAH FAYAS NOTARY PUBLIC STATE OF WISCONSIN

Notary Public: Dianah
My Commission Expires: 7-25-2021

PDF 99

Application for an "Operator's" License _____ WI _____,_____
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Judy (First) A (MI) Butson (Last) Is application new or a renewal? renewal [redacted]

Address of Applicant: 2508 main St. (Street Address) Spring Green, WI Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? (City) (Town) Village Cross Plains

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

If so, where? Learn to Serve at the Store

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Judy Butson, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Judy Butson
Applicant sign here

X 6-2-2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 2ND Day of JUNE, 2020

Dane County, Wis.

Notary Public: Rebecca Ward
My Commission Expires: 07/29/23

PDF 100

Application for an "Operator's" License _____ WI _____, _____

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] _____ Name of Establishment

Answer the following questions fully and completely:

Name: Katrina (First) M (MI) Noles-Krantz (Last) Is application new or a renewal? _____

Address of Applicant: 36676 County Highway P (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? KwikTrip.

Have you ever had a criminal conviction? If yes, what and where? N/A

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Katrina Noles-Krantz, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x [signature]
Applicant sign here

x 06/05/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 5th Day of June, 2020

Dane County, Wis.

Notary Public: Rebecca Ward
My Commission Expires: 07-29-23

PDF 101

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI ____ ____, ____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted]

Name of Establishment
Answer the following questions fully and completely: Kwik Trip Inc.

Name: Wendy S. Grabanski (First / MI / Last) Is application new or a renewal? Renewal

Address of Applicant: 2310 Brewery Rd. #6 (Street Address) Cross Plains (City) WI (ZIP Code) 53528 (Phone Number) [redacted]

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains, WI

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

If so, where? Kwik trip Inc.

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Wendy S Grabanski, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Wendy Grabanski
Applicant sign here

X 6-11-20
Date of Application

Subscribed and sworn to before me this 11
Day of June, 2020
Dane County, Wis.
Notary Public: Bobbi Zauner
My Commission Expires: 7/17/2023

NOTARY PUBLIC ☆ BOBBI ZAUNER ☆ STATE OF WISCONSIN

Date of Board Approval _____

PDF 102

Application for an "Operator's" License _____ WI _____,_____
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Kathryn (First) M (MI) Glynn (Last) Is application new or a renewal? renewal

Address of Applicant: 2530 Church St (Street Address) Cross Plains (City) WI (ZIP Code) 53528 [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village of Cross Plains

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

If so, where? Kwik Trip

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Kathryn Glynn, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Kathryn Glynn
Applicant sign here

X 5/27/2020
Date of Application

Subscribed and sworn to before me this 27
Day of May, 2020
Dane County, Wis.

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 103

Application for an "Operator's" License _____ WI _____, _____
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 09/01/1978 KWIK TRIP
Name of Establishment

Answer the following questions fully and completely:

Name: JODI (First) L. (MI) GREEN (Last) Is application new or a renewal? renewal

Address of Applicant: 2914 Brewery Road (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) / (Village) CROSS PLAINS

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

If so, where? Learn to Serve

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

JODI GREEN, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jodi Green
Applicant sign here

X 06/02/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 2
Day of June, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 104

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI ____ ____, ____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Nicholas R. Kraus
First MI Last

Is application new or a renewal? renewal

Address of Applicant: 109 Ridge Drive Cross Plains WI [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains, WI

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

If so, where? Kwik Trip Inc

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: n/a

STATE OF WISCONSIN
DANE COUNTY

Nicholas R. Kraus, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X _____
Applicant sign here

X 6/16/20
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 16

Day of June, 2020

Dane County, Wis.

NOTARY PUBLIC BOBBI ZAUNER STATE OF WISCONSIN

Notary Public: Bobbi Zauner

My Commission Expires: 7/6/2020

PDF 105

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI ____ ____, ____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: ANTOINE K. DOSSA — Is application new or a renewal? N
First MI Last

Address of Applicant: 2611 Twin Pine St Cross Plains WI 53528
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: ____

STATE OF WISCONSIN
DANE COUNTY

ANTOINE K. DOSSA, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x [signature]
Applicant sign here

x 06/15/2020
Date of Application

Date of Board Approval ____

Subscribed and sworn to before me this 15

Day of June, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

PDF 106

Application for an "Operator's" License _____ WI 6/2, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Mary M Ziegler Is application new or a renewal? New
First MI Last

Address of Applicant: 6880 N Dunlap Hollow Road, Mazomanie WI 53560 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? No

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? No

_____

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Mary Ziegler, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Mary Ziegler
Applicant sign here 6/2/2020

X _____.
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 2
Day of June, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 107

WISCONSIN
SELLER / SERVER CERTIFICATION

Trainee Name: Macy M Ziegler

School Name: 360training.com, Inc.

Date of Completion: 02/29/2020

Certification #: WI-188608

I, _____

Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

learn2serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
P: 877.881.2235

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

Cross Plains WI 5-22 (Date), 2020 (Year)

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Kwik Trip (Name of Establishment)

Answer the following questions fully and completely:

Name: Paul (First) G (MI) Zach (Last) Is application new or a renewal? New

Address of Applicant: 2515 Twin Pine St (Street Address) Cross Plains (City) WI (ZIP Code) 53528 [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

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

If so, where? Kwik Trip - Cross Plains

Have you ever had a criminal conviction? If yes, what and where? Yes Drunk Driving about 25-30 years ago. Nothing since.

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: —

STATE OF WISCONSIN
DANE COUNTY

Paul Zach, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature] **Applicant sign here**

X 6-4-2020 Date of Application

Date of Board Approval 1

STATE OF WISCONSIN · RENEE D. BRATTON · NOTARY PUBLIC

Subscribed and sworn to before me this 4

Day of June, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 109

SERVERlicense.com

Wisconsin Responsible Beverage Seller Training

Paul Zach

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL106775

Date of Completion: 04/21/2020

Kelly Bailey

Authorized Signature

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

PDF 110

Application for an "Operator's" License

Cross Plains WI 6/4, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Kaitlyn E Rettenmund (Owens) Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 10301 Fosenfeld Rd Black Earth 53515 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Kwik Trip, Cross Plains

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Kaitlyn Rettenmund, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Kaitlyn Rettenmund
Applicant sign here

X 6-4-2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 4
Day of June, 2020
Dane County, Wis.

STATE OF WISCONSIN ☆ NOTARY PUBLIC ☆ RENEE D. BRATTON

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 111

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 6/15/2020
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] KwikTrip
Name of Establishment

Answer the following questions fully and completely:

Name: Gabrielle Grace Carlson (First / MI / Last) Is application new or a renewal? New

Address of Applicant: 3113 County P Rd. (Street Address) Mount Horeb (City) WI 53572 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Tryon, NC

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

If so, where? KwikTrip Cross Plains (#883)

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: No

STATE OF WISCONSIN
DANE COUNTY

Gabrielle Carlson, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 6/15/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 15
Day of June, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 112

KWIK TRIP™

Certificate of Completion

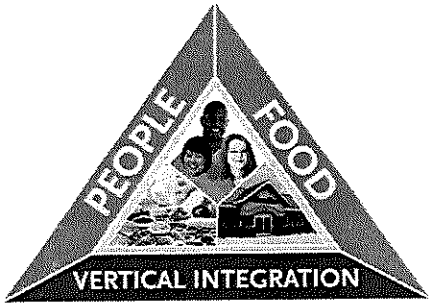
This certifies that

Gabrielle Carlson

Has successfully completed

Server License Training - Wisconsin

Completed on 3/24/2020 01:42 PM America/Chicago



KWIK TRIP™ INCORPORATED

Kwik Trip, Inc. - P.O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107 608-781-8988 www.kwiktrip.com

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI June 11, 2020
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Melanie R Lidiikis Is application new or a renewal? New
First MI Last

Address of Applicant: 1420 Riverview Dr Black Earth 53515 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village City of Middleton

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

If so, where? Kwik Trip

Have you ever had a criminal conviction? If yes, what and where? Yes
OWI Middleton, WI

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Melanie Lidiikis, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Melanie Lidiikis
Applicant sign here

X 6/11/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 11th
Day of JUNE, 2020
Dane County, Wis.
Notary Public: Rebecca Ward
My Commission Expires: 7/29/23

PDF 114

SERVERlicense.com

Wisconsin Responsible Beverage Seller Training

Melanie Lideikis

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL105429

Date of Completion: 03/06/2020

Kelly Bailey

Authorized Signature

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

PDF 115

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Kwik Trip
Name of Establishment

Answer the following questions fully and completely:

Name: Jeremy (First) M (MI) South (Last) Is application new or a renewal? Renewal

Address of Applicant: 2007 Park St. (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Kwik Trip, Cross Plains

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Jeremy South, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jay South
Applicant sign here

X 6-15-2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 15

Day of June, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 116

Application for an "Operator's" License

Cross Plains WI May 29, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Lancasters Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Makayla L Grady Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 10331 US Hwy 14 Mazomanie 53560 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Online Serverlicense.com

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Makayla Grady, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Makayla Grady
Applicant sign here

X 5-29-20
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 29 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 117

Application for an "Operator's" License Dane WI 5-29, 20
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Ronald J Adler Is application new or a renewal? renewal
First MI Last

Address of Applicant: 2412 Valley St. Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? (City) (Town) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: N/A

STATE OF WISCONSIN
DANE COUNTY

Ronald J. Adler, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 5-29-20
Date of Application

Date of Board Approval _____

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 29
Day of May, 2020
Dane County, Wis.

Notary Public: Rebecca Ward
My Commission Expires: 07/29/23

PDF 118

Application for an "Operator's" License _____ WI _____, _____
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Lancaster's Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Thomas (First) J (MI) Lancaster (Last) Is application new or a renewal? Renewel

Address of Applicant: 1300 main street Apt 304 (Street Address) Cross Plains (City) WI (ZIP Code) 53528 [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village online

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

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Thomas Lancaster, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 5/26/20
Date of Application

NOTARY PUBLIC ★ RENEE D. BRATTON ★ STATE OF WISCONSIN

Subscribed and sworn to before me this 26

Day of May, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

Date of Board Approval _____

PDF 119

Application for an "Operator's" License

Cross Plains WI 5-26, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Lancasters Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Barry J Meinholz Is application new or a renewal? renewal
First MI Last

Address of Applicant: 4429 Garfoot Rd. Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Barry Meinholz, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 5-26-2020
Date of Application

Subscribed and sworn to before me this 26 Day of May, 2020

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Dane County, Wis.

Date of Board Approval _____

Notary Public: Rebecca Ward
My Commission Expires: 7/29/23

PDF 120

Application for an "Operator's" License

Cross Plains WI 5/26, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] ~~Jack~~ Lancaster's Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Aaron (First) P (MI) Roth (Last) Is application new or a renewal? Renewal

Address of Applicant: 1345 Thorson ct. (Street Address) Black Earth (City) 53515 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Aaron Roth, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Aaron Roth
Applicant sign here

X 5/26/2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26
Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 121

Application for an "Operator's" License

Cross Plains WI 05/26, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 21, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Lancaster's Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Jenna M Houghton Is application new or a renewal? renewal
First MI Last

Address of Applicant: 2501 Martin St Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Jenna Houghton, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jenna Houghton
Applicant sign here

X 05/26/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 122

Application for an "Operator's" License Cross Plains WI 5/26, 2020

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date, Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Lancaster's Piggly Wiggly

Name of Establishment

Answer the following questions fully and completely:

Name: Carrie (First) A. (MI) Houghton (Last) Is application new or a renewal? renewal

Address of Applicant: 2501 Martin St. (Street Address) Cross Plains, WI (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? MATC

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Carrie Ann Houghton, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Carrie Ann Houghton
Applicant sign here

X 5/26/2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 123

Application for an "Operator's" License

Cross Plains WI 5-27, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted]

Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Nicholas (First) C (MI) Gilbertson (Last) Is application new or a renewal? renewal

Address of Applicant: 306 S. 8th St (Street Address) Mt. Horeb (City) 53572 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Nick Gilbertson, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 5-27-20
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 27

Day of May, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 124

Application for an "Operator's" License Cross Plains WI 6/1, 20
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date, Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Piggly Wiggly
Name of Establishment

Answer the following questions fully and completely:

Name: Travis (First) W (MI) Haack (Last) Is application new or a renewal? Renewal

Address of Applicant: 1908 Pat's Place (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Madison

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:_____

STATE OF WISCONSIN
DANE COUNTY

Travis Haack, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 6/1/20
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 1st Day of June, 2020
Dane County, Wis.

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Notary Public: Rebecca Ward
My Commission Expires: 7/29/23

PDF 125

Application for an "Operator's" License _____ WI _____,_____
To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Main Street Lanes
Name of Establishment

Answer the following questions fully and completely:

Name: Eric (First) A (MI) Eberle (Last) Is application new or a renewal? Renewal

Address of Applicant: 1721 Main St. (Street Address) Cross Plains (City) WI (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City / (Town) / Village Cross Plains

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

If so, where? Learn to serve

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X _____
Applicant sign here

X 5-20-2020
Date of Application

Date of Board Approval _____

STATE OF WISCONSIN · RENEE D. BRATTON · NOTARY PUBLIC

Subscribed and sworn to before me this 20
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 126

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 01 / 13 / 62 Main Street Lanes
Name of Establishment

Answer the following questions fully and completely:

Name: Karen (First) A (MI) Foye (Last) Is application new or a renewal? renewal

Address of Applicant: 2602 Elmwood Dr E (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Village

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Karen A Foye, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Karen Foye
Applicant sign here

X 5/11/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 11
Day of May, 2020
Dane County, Wis.
Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 127

Application for an "Operator's" License _____ WI _____,_____
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Reyes E & N, LLC
Name of Establishment

Answer the following questions fully and completely:

Name: Nidia Y Trevino Is application new or a renewal? renewal [redacted]
First MI Last

Address of Applicant: 3052 Acker St Cross Plains 53528
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village CROSS PLAINS

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

If so, where? On-line

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Nidia Trevino, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Nidia Trevino
Applicant sign here

X 6-4-2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 4
day of June, 2020
Dane County, Wis.

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 128

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Reyes EFN, LLC
Name of Establishment

Answer the following questions fully and completely:

Name: Eloy (First) _____ Reyes (Last) Is application new or a renewal? Renewal

Address of Applicant: 3052 Ackert (Street Address) Cross Plains (City) 53528 (ZIP Code) _____ (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? On-line

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Eloy Reyes, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Eloy Reyes
Applicant sign here

X 6/4/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 4
Day of June, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 129

Application for an "Operator's" License Cross Plains WI May 26, 2020

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Nineteen 09

Name of Establishment

Answer the following questions fully and completely:

Name: Katarena (First) A (MI) Ketelbaeter (Last) Is application new or a renewal? Renewal

Address of Applicant: 2611 Church St. (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Katarena Ketelbaeter, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Katarena Ketelbaeter
Applicant sign here

X 5/26/2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26 Day of May, 2020

Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 130

Application for an "Operator's" License

Cross Plains WI 6/1/20
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 20, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted]

Nineteen09
Name of Establishment

Answer the following questions fully and completely:

Name: Kathryn Kathryn Ripp Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 1909 Main Street Cross Plains [redacted]
Street Address City ZIP Code Phone

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village of Cross Plains

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

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Kathryn Ripp, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 6/1/20
Date of Application

Subscribed and sworn to before me this 1st Day of June, 2020

JUDY F KELTER-KETELBOETER NOTARY PUBLIC STATE OF WISCONSIN

Dane County, Wis.

Date of Board Approval _____

Notary Public: [signature]
My Commission Expires: 5-6-22

PDF 131

Application for an "Operator's" License

Cross Plains WI 06/01, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Nineteen09
Name of Establishment

Answer the following questions fully and completely:

Name: Tara L Karls (First / MI / Last) Is application new or a renewal? Renewal

Address of Applicant: 7915 County Rd K, Cross Plains, WI, 53528 [redacted]
Street Address / City / ZIP Code / Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village of Cross Plains

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

If so, where? online

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: n/a

STATE OF WISCONSIN
DANE COUNTY

Tara Karls, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x [signature]
Applicant sign here

x June 1, 2020
Date of Application

Date of Board Approval _____

JUDY F KELTER-KETELHUT NOTARY PUBLIC STATE OF WISCONSIN

Subscribed and sworn to before me this 1 Day of June, 2020
Dane County, Wis.

Notary Public: [signature]
My Commission Expires: 5-6-22

PDF 132

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

Cross Plains WI 6 , 20
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of [redacted] beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted]

Nineteen09
Name of Establishment

Answer the following questions fully and completely:

Name: Dale D. Ripp (First / MI / Last) Is application new or a renewal? Renewal

Address of Applicant: 5700 Otto Ken Rd Cross Plains
(Street Address / City / ZIP Code / Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Dale Ripp, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X _____
Applicant sign here

X 6.1.22
Date of Application

Subscribed and sworn to before me this 1
Day of June , 2022
Dane County, Wis.

JUDY F KELTER-KETELBOETER NOTARY PUBLIC STATE OF WISCONSIN

Date of Board Approval _____

Notary Public: Judy Kelter
My Commission Expires: 5-6-22

PDF 133

Application for an "Operator's" License

Cross Plains WI June 1, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Nineteen 09
Name of Establishment

Answer the following questions fully and completely:

Name: Rachel L. Peters Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 3024 Allies Ln. Cross Plains 53528 [redacted]
Street Address City ZIP Code

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Online

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Rachel L Peters
Applicant sign here

X June 1, 2020
Date of Application

Date of Board Approval _____

JUDY F KELTER-KETELBOETER NOTARY PUBLIC STATE OF WISCONSIN

Subscribed and sworn to before me this 1 Day of June, 2020 Dane County, Wis.

Notary Public: Judy F Kelter

My Commission Expires: 5-6-22

PDF 134

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Meredith (First) A (MI) Eckhardt (Last) Is application new or a renewal? renewal

Address of Applicant: 1437 Starr Grass Dr (Street Address) Madison (City) 53719 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Meredith Eckhardt, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Meredith Eckhardt
Applicant sign here

X 6-1-2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 1st Day of June, 2020
Dane County, Wis.

Notary Public: Rebecca Ward
My Commission Expires: 07/29/23

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI May 19, 2020
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Melody (First) J (MI) Hasse (Last) Is application new or a renewal? renewal

Address of Applicant: 2813 Esser St (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Melody J Hasse, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Melody J Hasse
Applicant sign here

x 5/19/2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 19 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 136

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 5/19, 2020
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 21, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Colin G Orken Is application new or a renewal? Renewal
First MI Last

Address of Applicant: 6000 Lauferberg Blvd Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Colin Orken, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Colin Orken
Applicant sign here

X 5/19/20
Date of Application

Date of Board Approval

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 19
Day of May, 2020
Dane County, Wis.
Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 137

Application for an "Operator's" License

Cross Plains WI 5/19, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Tena M. Green (First / MI / Last) Is application new or a renewal? Renewal

Address of Applicant: 508 Brian St (Street Address) Mt. Horeb (City) 53572 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Village of Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Tena M. Green, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Tena M. Green
Applicant sign here

X May 19, 2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 19 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 138

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Jaye R. Capel (First / MI / Last) Is application new or a renewal? renewal

Address of Applicant: 1817 Cross St. (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Village

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? no

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Jaye R. Capel, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jaye R. Capel
Applicant sign here

X 5-19-2020
Date of Application

Date of Board Approval _____

STATE OF WISCONSIN · RENEE D. BRATTON · NOTARY PUBLIC

Subscribed and sworn to before me this 19

Day of May, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 139

Application for an "Operator's" License

Cross Plains WI 5/19, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Vivian L Hayes Is application new or a renewal? renewal
First MI Last

Address of Applicant: 2130 Hillebrand Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: ✓

STATE OF WISCONSIN
DANE COUNTY

VIVIAN HAYES, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Vivian Hayes
Applicant sign here

X 5/19/20
Date of Application

Date of Board Approval _____

STATE OF WISCONSIN · RENEE D. BRATTON · NOTARY PUBLIC

Subscribed and sworn to before me this 19

Day of May, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 140

Application for an "Operator's" License

Cross Plains WI 5/21/2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 03/04/1994 Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Dylan J Hornig Is application new or a renewal? renewal
First MI Last

Address of Applicant: 2046 continental lane cross plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village cross plains

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

If so, where? walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Dylan Hornig Dylan Hornig
Applicant sign here

X 05/21/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 21
Day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 141

Application for an "Operator's" License Cross Plains WI 5/21, 20
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Melissa M Welch Is application new or a renewal? renewal
First MI Last

Address of Applicant: 1325 Tompkins Dr #5 Madison 53716 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Melissa Welch, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

x Melissa Welch
Applicant sign here

x 5/21/20
Date of Application

NOTARY PUBLIC ☆ RENEE D. BRATTON ☆ STATE OF WISCONSIN

Subscribed and sworn to before me this 21
Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 142

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

Cross Plains WI 21 , 20
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Maree M. Barsness Is application new or a renewal? renewal
First MI Last

Address of Applicant: 2037 Stephanie Ct. Black Earth 53515 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Cross Plains

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Maree M. Barsness, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Maree M. Barsness
Applicant sign here

X May 21, 2020
Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this 21 day of May, 2020

NOTARY PUBLIC BOBBI ZAUNER STATE OF WISCONSIN

Dane County, Wis.

Notary Public: Bobbi Zauner

My Commission Expires: 7/27/2020

PDF 143

Application for an "Operator's" License

WI 5/19/2020 (Date / Year)

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: [redacted] Walgreens (Name of Establishment)

Answer the following questions fully and completely:

Name: Lauren (First) E (MI) McGuire (Last) Is application new or a renewal? Renewal

Address of Applicant: 2615 Amherst Rd #18 (Street Address) Middleton (City) 53562 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Lauren McGuire, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 5/21/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 21 day of May, 2020

Dane County, Wis.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

PDF 144

Application for an "Operator's" License

WI 5/26/ 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 21, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 09/19/1995 Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Madeline F Gallo Is application new or a renewal? ~~Renewal~~ New
First MI Last

Address of Applicant: 2308 University Ave #27 Madison 53726 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Madeline Gallo, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X [signature]
Applicant sign here

X 05/26/2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26
Day of May, 2020
Dane County, Wis.

Date of Board Approval

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 145

Walgreens Boots Alliance | Walgreens | Boots | Alliance Healthcare

This certifies that

MADELINE GALLO

has completed

Beer and Wine Online Training Center: Wisconsin

by Diversys Learning, Inc.

Date: 10/11/2017

Application for an "Operator's" License

Cross Plains WI 5/26 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 01/01/1978 Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Michelle D. Niesen Is application new or a renewal? NEW
First MI Last

Address of Applicant: 3012 Niesen St. Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

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

If so, where? _____

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Michelle D. Niesen, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Michelle D Niesen
Applicant sign here

X _____
Date of Application

Date of Board Approval _____

NOTARY PUBLIC REBECCA WARD STATE OF WISCONSIN

Subscribed and sworn to before me this 26 Day of May, 2020
Dane County, Wis.

Notary Public: Rebecca Ward
My Commission Expires: 7/29/23

PDF 147

Walgreens Boots Alliance | Walgreens Boots Alliance Alliance Healthcare

This certifies that

MICHELLE NIESEN

has completed

Beer and Wine Online Training Center: Wisconsin

by Diversys Learning, Inc.

Date: 4/7/2020

Application for an "Operator's" License Mount Horeb WI 05-26, 2020

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date — Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20 21, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 11/07/1995 Walgreens (Name of Establishment)

Answer the following questions fully and completely:

Name: Donald (First) K (MI) Cowles (Last) Is application new or a renewal? New

Address of Applicant: 805 Brookview Trl (Street Address) Mount Horeb (City) 53572 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Dodgeville

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: N/A

STATE OF WISCONSIN
DANE COUNTY

Donald Cowles, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Donald Cowles
Applicant sign here

X 05-26-20
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 26 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 149

Walgreens Boots Alliance | Walgreens | Boots | Alliance Healthcare

This certifies that

DONALD COWLES

has completed

Sale of Alcoholic Beverages Policy: Wisconsin / Venta de Bebidas Alcohólicas: Reconocimiento de la Política de Wisconsin

by Walgreens

Date: 7/2/2017

PDF 150

Application for an "Operator's" License _____ WI 5-21, 2020

To Serve Fermented Malt Beverages and Intoxicating Liquors — Date, Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Renne S. Ernst (First, MI, Last) Is application new or a renewal? New

Address of Applicant: 2717 Westview Ct #B (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village _____

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Renne S Ernst, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Renne S. Ernst
Applicant sign here

X 5/21/2020
Date of Application

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 21 Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 151

Walgreens Boots Alliance | Walgreens | Boots | Alliance Healthcare

This certifies that

RENNE ERNST

has completed

Beer and Wine Online Training Center: Wisconsin

by Diversys Learning, Inc.

Date: 2/4/2019

Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

_____ WI _____, _____
Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth: 01/04/2002 Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Spencer M Goth Is application new or a renewal? New
First MI Last

Address of Applicant: 2117 Lewis St. Cross Plains 53528 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village N/A

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: _____

STATE OF WISCONSIN
DANE COUNTY

Spencer Goth, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Spencer Goth
Applicant sign here

X 05/21/2020
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 21
day of May, 2020
Dane County, Wis.

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 153

Walgreens Boots Alliance | Walgreens | Boots | Alliance Healthcare

This certifies that

SPENCER GOTH

has completed

Beer and Wine Online Training Center: Wisconsin

by Diversys Learning, Inc.

Date: 3/4/2020

Application for an "Operator's" License

WI 5/19, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Jennifer J Erickson Is application new or a renewal? New
First MI Last

Address of Applicant: 8351 CtyRd G Verona 53593 [redacted]
Street Address City ZIP Code Phone Number

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Walgreens

Have you ever had a criminal conviction? If yes, what and where? NO

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court:

STATE OF WISCONSIN
DANE COUNTY

Jennifer Erickson, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Jennifer Erickson
Applicant sign here

X 5/20/2020
Date of Application

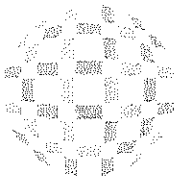
NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 20
Day of May, 2020
Dane County, Wis.

Date of Board Approval _____

Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 155



Walgreens Boots Alliance

Walgreens

Alliance Healthcare

This certifies that

JENNIFER ERICKSON

has completed

Beer and Wine Online Training Center: Wisconsin

by Diversys Learning, Inc.

Date: 11/21/2017

Application for an "Operator's" License

Cross Plains WI 5-8, 2020
Date Year

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cross Plains, County of Dane, Wisconsin for a License to serve, from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am [redacted] years of age. Date of Birth [redacted] Walgreens
Name of Establishment

Answer the following questions fully and completely:

Name: Gerald M Currie (First / MI / Last) Is application new or a renewal? New

Address of Applicant: 2207 Valley St. #3 (Street Address) Cross Plains (City) 53528 (ZIP Code) [redacted] (Phone Number)

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained? City (Town) Village Cross Plains

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

If so, where? Cross Plains

Have you ever had a criminal conviction? If yes, what and where? No

Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? No

If so, name of court: N/A

STATE OF WISCONSIN
DANE COUNTY

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X Gerald M. Currie
Applicant sign here

X 5/7/20
Date of Application

Date of Board Approval _____

NOTARY PUBLIC RENEE D. BRATTON STATE OF WISCONSIN

Subscribed and sworn to before me this 7
Day of May, 2020
Dane County, Wis.
Notary Public: Renee D. Bratton
My Commission Expires: 4/25/21

PDF 157

SERVERlicense.com

Wisconsin Responsible Beverage Seller/Server Training

Gerald Currie

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL107274

Date of Completion: 05/05/2020

Kelly Bailey

Authorized Signature

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

PDF 158

MEMORANDUM

Date: Wednesday May 20th, 2020

To: Village of Cross Plains Board

From: Ben Heidemann, P.E. – Vice President, Town & Country Engineering
Evan Chambers, P.E. – Project Engineer, Town & Country Engineering

Subject: Scope of Work Summary – SCADA and Water Sites

The Village has indicated numerous concerns related to the age and condition of various assets that make up the water utility, sanitary collection system, and wastewater treatment facility. Within the Village there are two existing wells, two reservoirs, a sanitary sewer lift station, the utility building, and the wastewater treatment facility that all utilize Supervisory Control and Data Acquisition (SCADA) equipment to communicate with Village staff related to operations and conditions of the infrastructure. The sites communicate with and through one another via fiber and radio antennas. The two existing wells in the Village have been identified by the Wisconsin DNR as needing space to isolate chemicals. This is also a desire of Village Staff to ensure worker safety and equipment longevity. An additional well and lift station are anticipated to be installed in the near future. On May 4th, 2020, each of the sites were visited and reviewed to assess condition, age, and compatibility with proposed new infrastructure construction.

- Well #1: This well is located at the northernmost end of East Street, on the western side of the Village. The well and well house was originally constructed in the 1950s, with communications equipment being installed in 2006. Chemicals, electrical equipment, pumping equipment, and general storage are all present in the 18'x24' space. Noted deficiencies at Well #1 include:
  - Isolated chemical storage and containment space
  - General building and components condition due to age (windows, doors, HVAC)
  - Aging motor controls
  - Aging/obsolete process controls
  - Aging communications equipment
  - Aging backup power equipment
- Well #2: This well is located at Baer Park, within the concessions/restroom building at the park on the east side of the Village. The well and well house was originally constructed in 1973 with communications also being installed in 2006. Chemicals, electrical equipment, pumping equipment, and general storage are all present in the 12'x18' space. Noted deficiencies at Well #2 include:
  - Lack of isolated chemical storage and containment space
  - Non-code compliant clearances related to electrical equipment
  - Aging motor controls
  - Aging/obsolete process controls
  - Aging communications equipment
- Large Reservoir: The large water reservoir for the Village is located on the southern end of the Village between Ludden Drive and Tilda Trial.
- Small Reservoir: The small water reservoir for the village is located on the northern end of the Village off of Hillside Trail.
- St. Francis Lift Station: The sanitary lift station is located off of St. Francis Street, in the Laufenberg neighborhood, near Raspberry Park. The lift station, electrical equipment, and controls were installed in 2002.
- Utility Building: The Public Works building was constructed in 2005 and includes a SCADA workstation and the main Programmable Logic Controller (PLC) within the master panel.
- Wastewater Treatment Facility: As a part of the 2005 treatment facility upgrades, PLCs were located in 3 structures to control the various processes required for treatment.

- Future Well #3: The proposed Well #3 is planned for being located in Hollfelder Park, on Gil's Way, in the southwest portion of the Village.
- Future Scenic Valley Lift Station: A new sanitary lift station will be constructed as a part of the Scenic Valley development, on the southwest end of the Village.

Upon review of the sites and the need to incorporate future infrastructure into the communications system, it is anticipated that various SCADA upgrades will be required Village-wide. This includes replacement of obsolete PLCs, replacement of radios and communications hardware, and replacement of undersized or deteriorating control panels. Additional process control enhancements include installation of new drawdown sensors at the wells, replacing pressure transducers at the reservoirs, and installing level transducer with backup float control at the lift station. A preliminary estimate of the costs associated with replacement and upgrades of SCADA equipment to existing infrastructure in the Village is $400,000.

In addition, due to safety considerations and to isolate corrosive chemicals from new electrical components, chemical room construction at each well house is desired. At Well #1, a building addition to the west would afford the space required to construct individual chemical storage spaces for chlorination and fluorination chemicals. Due to the age of the well house and the structural expansion, it is anticipated that enhancements will be required to update the facility to current energy codes. Additional work would include window and door replacements, insulating walls and ceilings, construction of a new roof, and subsequent installation of new HVAC equipment. Utilizing the existing structure and completing the upgrades as outlined, a preliminary estimate of the costs at Well #1 is $515,000.

Due to the adjoining park shelter at Well #2, chemical room construction is limited to expansion into the existing park restroom facilities. By expanding within the footprint of the existing shelter, a building addition would not be required, however new restroom facilities would be needed at the park. Removing chemical storage from the well pump room space could also allow for a revised electrical layout to ensure sufficient clearances are provided in front of electrical panels in the space. To repurpose the current restrooms into chemical storage spaces and construct a new restroom at the park, a preliminary estimate of the costs at Well #2 is $395,000.

SCOPE OF SERVICES
MEMORANDUM

Date: June 15, 2020

To: Board of Trustees
Village of Cross Plains

From: Brian Berquist, P.E. – President
Town and Country Engineering

Subject: Water System Improvements Study – Phase 2

The Village of Cross Plains has completed a Well Site Investigation report and begun preliminary design of a proposed new Well No. 3. The Well Site Investigation report has been approved by DNR, but the approval requested construction of a test well at the site of the new well to confirm aquifer assumptions for the final well construction and rule out the possibility of contaminants. As a part of the preliminary design, each of the Village's water well sites was visited and reviewed to identify potential improvements that may be necessary. This was also to follow up on needs identified in the Village's last sanitary survey completed by the Wisconsin DNR, which identified chemical containment as an issue. This review identified multiple areas needing improvement to bring these sites up to today's codes and standards. This scope of services will serve as a stepping stone for the Village to identify necessary future projects, the scope of improvements necessary, the cost of those improvements, and a potential timeline for those improvements.

The Scope of Services is anticipated to be broken up into 4 areas of consideration as follows, and summarized in a following table:

1. Test Well Coordination
   A test well approximately the same depth as the proposed final well will be constructed. Samples will be collected as drilling occurs to confirm geological formation assumptions. The well will be test pumped to confirm anticipated volume of water and aquifer characteristics. Water samples will be collected and analyzed for potential contaminants. The engineering scope of services will include:
   - Coordination with DNR as necessary for test well approvals.
   - Preparation of a simple specification for test well scope of construction.
   - Obtain quote(s) for test well construction services for Village approval.
   - Coordination with well driller throughout the course of test well construction, pumping, and testing.

2. Water System Master Plan
   Based upon the needs identified in reviewing the Village's water system sites, a water system master plan is recommended. This plan will identify a long term approach for the Villages existing and future water system components. The engineering scope of services will include:
   - Formalize current and future water needs.
   - Identify capacity restrictions in supply and storage.
   - Identify a range of potential approaches to current and future water system supply and storage.
   - Prepare capital cost estimates and a qualitative evaluation for each alternative.
   - Prepare a recommended approach.
   - Submit a report to the Village and DNR.

3. Impact Fee
    - Work with the Village's Accountant to prepare an impact fee assessment. This work has already begun under the previous scope and will continue as necessary based upon the findings of the Water System Master Plan.

4. Preliminary Design Services
   It is anticipated that the Water System Master Plan will recommend improvements to some or all of the Village's existing water system components. Preliminary designs will be prepared to expand upon the approach established in the water system master plan. Preliminary design will include:
    - Preparation of preliminary site and building improvement plans
    - Preliminary equipment sizing
    - Updated cost estimates
    - Development of a preliminary specification.

The estimated engineering cost for the above scope will be billed on an hourly basis and **will not exceed $80,000.** It is anticipated these costs will occur through December, 2020, after which time final design will be pursued. Costs for future phases can only be estimated at this time until the scope is better defined and a final project is determined by the Village.

Work Element	Estimated Engineering Costs	Estimated Construction Costs
Well 3 Site Study and Begin Preliminary Design	$42,000	N/A
Test Well, Water System Plan, Impact Fee Study, Complete Well 3 Preliminary Design	$80,000	$50K - $60K
Well 3 Final Design and Construction	$140K - $160K	$1.8M - $2.0M
Wells 1 & 2 Improvements	$75K - $85K	$900K - $1.0M

The scope of services outlined above does not include the items listed below. It is anticipated that many of these items will be necessary for completion of the projects identified in this approach. Proposals can be developed for these items as necessary.

- Final design of water system facilities
- Soil borings, environmental reviews, wetland delineations, etc.
- Construction services

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

Village of Cross Plains
Water System Needs Assessment
Engineering and Planning Cost Summaries
6/25/2020

There are several decisions for the Village to make regarding the immediate and long-term water supply and storage system, as well as the most advantageous funding mechanisms. The need for a new Well #3 is due primarily to "firm well" capacity - the ability to maintain service with your largest well removed. The Village's population has grown while the reservoir capcity is constant (limiting the ability to store water) and production has fallen at Well 1 due to sand formations.

To make the most informed decisions about how to scope out the Well 3 project, and determine what (if any) improvements at the existing wells and reservoirs would be included (to maximize grant/loan opportunities), we recommend that the 4 work tasks in our June 20 memo be prioritized in light of the limited budget available.

We understand that the remaining 2020 budget for Well 3 preparations will be sufficient for some of the task items in the 6/15/20 memo to begin, but not to be completed. The chart below shows a potential priority order for Village consideration, focusing the remaining 2020 effort on providing detailed alternative scenarios to the Board and associated cost implications to allow for Board decisions to be made to best maximize access to funding programs and to fully take advantage of the impact fees available from pending developments. The remaining work would only proceed if included in the 2021 budget.

Item	June 15, 2020 Proposal	2020 Budget Remaining	Revised Scope
Town and Country 2020 Scope			
Test Well Coordination	$15,000		$9,000
Water System Master Plan	$30,000		$20,000
Impact Fee	$10,000		$4,900
Preliminary Design Services	$25,000		$0
Total Town and Country 2020 Scope	**$80,000**		**$33,900**
Well 3 Renderings (Vandewalle)			$3,100
Total		**$37,000**	**$37,000**

Agenda Memorandum

Staff/Department: Bill Chang, Village Administrator
Subject Matter: Ordinance 05-2020; Chapter 2 Meetings
Meeting Date: June 30, 2020
Referral History: VB-6/22/2020

Executive Summary:

This draft was created to replace Chapter 2 of the Village Municipal Code regarding Village meetings. The new version addresses a several items for clarification.

Project Background:

It was brought to the Village Board's attention that the current Chapter 2 of the Village Municipal Code was not being followed. Upon further review, the current practice and code were not in sync. A draft of the ordinance was brought to the Village Board for discussion and it was referred to a future meeting so that more homework could be done conducted regrading "Puts the question" and procedure.

Code/Policy Review:

Chapter 2 of the Village Municipal Code regulates meetings.

Fiscal Impact:

None

Recommendation:

Staff recommends adoption of the Ordinance to Repealing and recreating Chapter 2 regarding Meetings.

Appendices:

Ordinance No. 05-2020

VILLAGE OF CROSS PLAINS

ORDINANCE NO. _____

AN ORDINANCE TO REPEAL AND RECREATE CHAPTER 2 OF THE VILLAGE CODE OF ORDINANCES CONCERNING MEETINGS

The Village Board of the Village of Cross Plains, Dane County, Wisconsin does hereby ordain as follows:

1. Chapter 2 of the Village Code of Ordinances is repealed and recreated to now read as follows:

SECTION 2.01 Regular Meetings.

Regular meetings of the Village Board shall be held the ~~third~~ fourth Monday of each month, unless otherwise directed by the Village Board.

SECTION 2.02 Special Meetings.

Special meetings of the Village Board may be called by the Administrator/Clerk or by any two Trustees in writing, filed with the Administrator/Clerk at least 24 hours prior to the time specified for such meeting. The Administrator/Clerk shall immediately notify each Trustee of the time and purpose of such meeting by causing written notice thereof, at least 24 hours prior to the time specified, to be delivered to each Trustee personally if he/she can be found, and if he/she cannot be found, then by leaving a copy of such notice at the home of such Trustee in the presence of an adult member of the family. Public notice of such meeting shall also be given at least 24 hours in advance of the meeting as set forth in Section 2.07 of this chapter. Emergency special meetings may be noticed as set forth in Section 2.07(b) of this Chapter. All special meetings of the Board shall be open to the public. Unless all Trustees are in attendance, no business shall be transacted at a special meeting except for the purpose stated in the notice.

SECTION 2.03 Location.

All meetings of the Village Board, including special and adjourned meetings, shall be held at the Village Municipal Building, unless due to some emergency a meeting cannot be held there or unless all Trustees and the public are reasonably notified of a change in place of meeting. A notice shall be posted prior to said meeting on the Village Municipal Building posting board and on the Village's website informing the public as to when and where the meeting is being held.

SECTION 2.04 Quorum.

One-half or more of the members of the Village Board, shall constitute a quorum for doing business. A lesser number may adjourn a Board meeting to a time certain.

SECTION 2.05 Open Meetings.

All regular and special meetings of the Village Board and its boards, commissions and committees shall be open to the public and shall be held in reasonably accessible places.

SECTION 2.06 Agenda.

All Village Board, commissions and committee meetings shall have an agenda. The Village Administrator and Village President will develop the Village Board agenda. There will be a standing item on the Board agenda for Trustees to request future agenda items. In addition, if a member of the Board requests an item to be added separate from "future agenda items", they should give written notice, along with any supporting documents to the President and clerk at least ten days before the meeting for which the agenda item is being requested. The Village President shall have the authority to refer the item to a committee, commission, or a future board meeting. The agenda for commissions and committees will be the responsibility of the respected chair

SECTION 2.07 Public Notice.

Public notice of all meetings shall be given by the Village President or her/his designee to all news media which have filed a written request for such notice and to the Village official newspaper, if one exists, or to another medium likely to give notice in the area.

(a) **Contents of Notice.** Each notice of a public meeting shall set forth the time, place and subject matter of the meeting, including the subject matter intended for any contemplated closed session.

(b) **Time for Notice.** Public notice of every meeting shall be given at least 24 hours prior to the commencement of such meeting unless for good cause such notice is impossible or impractical, in which case shorter notice may be given, but in no case may the notice be provided less than two hours in advance of the meeting.

(c) **Separate Notices.** Separate public notice must be given for each meeting, even if regularly scheduled, at a time reasonably proximate to the date and time of the meeting.

(d) **Notice Exceptions.** Notwithstanding the requirements of Section 19.83, Wis. Stats., and the requirements of this section, a governmental body which is a

formally constituted subunit of the Village Board may conduct a meeting without public notice as required by this section during a lawful meeting of the parent governmental body, during a recess in such meeting or immediately after such meeting for the purpose of discussing or acting upon a matter which was the subject of that meeting of the parent governmental body. The Village President or her/his designee shall publicly announce the time, place and subject matter of the meeting of the subunit in advance at the meeting of the Board.

SECTION 2.08 Exemptions to Open Meetings.

(a) **Conditions Necessary.** Any meeting of the Village Board, upon motion duly made and carried by a majority vote in such manner that the vote of each member is ascertained and recorded in the minutes, may be convened in closed session under the circumstances set forth in Subsection (3) below.

(1) No motion to close meetings may be adopted unless the Village President announces to those present at the meeting at which such motion is made the nature of the business to be considered at such closed session and the specific exemption or exemptions under this chapter and Section 19.85, Wis. Stats., by which such closed session is claimed to be authorized. Such announcement shall become part of the record of the meeting.

(2) No business may be taken up at any closed session except that which relates to matters contained in the President's announcement of the closed session.

(3) A closed session may be held for any purposes set forth in Section 19.85 of the Wisconsin Statutes (as amended from time to time).

(b) **Open Sessions Following Closed Sessions.** The Village Board may not commence a meeting, subsequently convene in closed session and thereafter reconvene again in open session within 12 hours after completion of the closed session, unless public notice of such subsequent open session was given at the same time and in the same manner as the public notice of the meeting convened prior to the closed session.

SECTION 2.09 Procedure.

(a) **Presiding Officer.** The Village President shall act as the Presiding Officer of each meeting of the Village Board. At its annual appointment meeting of each year, the Village Board shall elect a first and second alternate Presiding Officer to act in the capacity of Presiding Officer if the Village President is absent, or unable to participate in any part of a meeting for any reason.

(b) **No Exclusion.** No duly elected or appointed member of the Village Board or its commissions or committees or subunits may be excluded from any meeting of such body.

(c) **Order of Business.**

(1) Call to Order
(2) Roll Call
(3) Pledge of Allegiance
(4) Presentations, Ceremonies, and Proclamations
(5) Public Comment of items on and not on the agenda
(6) Consent Agenda
(7) Report of Village Officers and Staff
(8) General Business
(9) Future Agenda Items
(10) Closed Session
(11) Adjournment

(d) **Public Comment.** Except for informational and public hearings, speakers shall be limited to three-minute addresses unless shortened or waived by the Presiding Officer.

(e) **Handling of a Motion.**

(1) **Presentation of materials.** Staff and/or the presenter shall make a presentation of the materials that is on the agenda for discussion or request for action.

(2) **Making a motion.** Any Village Board members may make a motion by stating "I move that … (announcing what she/he proposes in a wording intended to become the official statement of the action taken.) The presiding officer acknowledges the motion by repeating the motion. No discussion shall be made on the motion until the motion has been seconded by any other board member. The discussion shall be held only amongst the Village Board members unless the Village President calls upon discussion from a separate person.

(3) **Seconding a motion.** Any Board member, other than the Board member that made the motion, may second a motion by stating "I second the motion"

(4) **Stating the Question.** The presiding officer states the motion and indicates that it is open to discussion.

(5) **Consideration of motion.**

(i) members discuss motion per policy
(ii) presiding officer "puts the question" (puts it to a vote), and
(iii) presiding officer announces the results.

(6) **Amend the motion.** Motion to amend is a motion to modify the wording of pending motion. Adoption of a motion to Amend does **not** adopt the motion thereby amended; that motion remains pending

in its modified form. Amending a motion follows steps 2-5 above and there are no "friendly amendments."

(f) **Motions to Reconsider.** Motions to reconsider may be made by any member of the Village Board, regardless of how the member voted originally, and may be made during the current meeting or at the next meeting of the Village Board duly called and held.

(g) **Conduct.** No person shall address the Village Board until he has been recognized by the presiding officer. He/she shall thereupon address himself/herself to the Board and confine his/her remarks to the question under discussion and avoid all personalities.

(h) **Voting.**

(1) Votes may be taken by voice vote, except for an election of officers of the Village Board. Upon demand of any Trustee, a roll call vote shall be taken in such manner that the vote of each member is ascertained and recorded. Absentee votes shall not be allowed.

(2) No secret ballot may be utilized to determine any election or other decision of the Village Board, except the election or removal of Trustees or officers of the Village Board.

(i) **Robert's Rules of Order Recognized.** Except as otherwise provided in this Code, the deliberations of the Village Board shall be conducted in accordance with the parliamentary rules contained in Robert's Rules of Order, the most recent edition. The Village President may announce a suspension of Robert's Rules for any meeting or portion of any meeting.

(j) **Ordinances.** Ordinances shall be adopted by majority vote of a quorum at an open meeting of the Village Board.

(1) **Publication of Ordinances.** All ordinances and bylaws shall be signed by the President and countersigned by the Administrator/Clerk and, if any penalty or forfeiture is thereby imposed, shall be published as a Class 1 notice under Ch. 985, Wis. Stats., and shall take effect on the day after their publication or a later date if expressly prescribed. If there is no newspaper published in the Village, the Village Board may in lieu of newspaper publication have copies of said ordinances and bylaws posted in at least 3 public places within the Village or must be posted at Village Hall and placed electronically on the Village's website and proof thereof filed and recorded by the Administrator/Clerk, and the same shall take effect the day after the proof of posting has been filed and recorded or at a later date if expressly provided in the ordinance or bylaw.

(2) **Indeterminate Publication.** When any Village ordinance is required by law to be published without express designation therein as to class of notice, it shall be published as a Class 1 notice under Ch. 985, Wis. Stats.

(3) **Title of Ordinance.** All ordinances shall be suitably titled and in this style: "The Village Board of Cross Plains does ordain as follows." All authorized ordinances and bylaws shall have the force of law and remain in force until repealed.

(k) **Records.** The Administrator/Clerk shall record, preserve and make open to public inspection all motions and roll call votes of each meeting of the Village Board and its standing committees, boards and commissions.

(l) **Execution of Official Documents.** Every contract, conveyance, commission, license or other written instrument shall be executed on the part of the Village by the President and Administrator/Clerk and sealed with the Corporate Seal.

2. **Severability.** If any portion of this Ordinance or its application on any person or circumstances is held invalid, the validity of this Ordinance as a whole or any other provision herein or its application shall not be affected.

3. **Effective Date.** This Ordinance shall take effect immediately upon its passage and publication.

Adopted this ___ day of _____, 2020.

VILLAGE OF CROSS PLAINS

By: _____
Jay Lengfeld, President

By: _____
Bill Chang, Administrator/Clerk

Agenda Memorandum

Staff/Department: **Bill Chang, Chief Tony Ruesga – Police Department**
Subject Matter: **School Resource Officer Agreement**
Meeting Date: **June 30, 2020**
Referral History: **N/A**

Executive Summary:

The Village has a standing agreement with the Middleton-Cross Plains Area School District to provide a School Resource Officer at Glacier Creek Middle School and Park Elementary. This agreement extends that service for the next school year.

Project Background:

The current agreement ends June 30, 2020. MCPASD approved the agreement at its meeting on June 22, 2020. There are no changes in the agreement from this school year to next school year.

Code/Policy Review:

Fiscal Impact:

The Village budgets approximately $42,000 in reimbursement from MCPASD for this position. Costs are based on a proration of actual costs.

Recommendation:

Staff recommends approval of the Agreement.

Appendices:

SRO agreement 2020-2021

SCHOOL RESOURCE OFFICER PROGRAM AGREEMENT BY AND BETWEEN THE VILLAGE OF CROSS PLAINS AND THE MIDDLETON–CROSS PLAINS AREA SCHOOL DISTRICT

THIS AGREEMENT, by and between the Village of Cross Plains (the "Village") and the Middleton – Cross Plains Area School District (the "District") is entered into on this _____ day of _____, 2020.

WHEREAS, the SRO Program is intended to provide a proactive approach to problems and issues that youth in District schools experience and which can lead to involvement of law enforcement officers and to provide a safe educational environment, enhance communication, understanding and positive relationships between law enforcement, schools, and youth in the community; and

WHEREAS, the Village and District wish to start the SRO Program and wish to enter into this Agreement to more clearly outline the respective understandings and responsibilities of the parties under the SRO Program:

NOW, THEREFORE, in consideration of the foregoing recitals that are incorporated into and made a part of this Agreement, the promises, covenants and agreements contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Village and District agree as follows:

(1) **School Resource Officer.**

(a) The Village shall supply one SRO's which shall be assigned to Glacier Creek Middle School.

(b) All SRO's shall be sworn law enforcement officers who shall be selected to serve as SRO at the sole discretion of the Chief of Police.

(c) Notwithstanding any other provision of this Agreement, the SRO while working as an SRO pursuant to this Agreement are solely and exclusively employees of the Village of Cross Plains Police Department and shall not be considered an employee of the District or its schools. Unless otherwise expressly and unambiguously stated to the contrary, all duties and responsibilities attendant to the Village's status as the SRO's employer including payment of salary, worker's compensation insurance and provision of benefits shall be the Village's responsibility.

(2) **School Resource Officer Duties.**

(a) SRO duties shall encompass all duties of the Village of Cross Plains police officers subject to all policies, rules and regulations of the Village of Cross Plains and the Cross Plains Police Department.

(b) SRO shall report to Glacier Creek Middle School each day that school is in session.

(c) SRO shall respond and investigate any evidence or allegation relating to violations of the law or threats to the public health or safety in accordance with his or her training and Police

Department policy.

(d) SRO shall cooperate and coordinate with the School Principal and other relevant staff to determine the SRO's daily activities within Glacier Creek Middle School consistent with the purposes of this Agreement and the SRO's duties as a law enforcement officer. Any disagreement or conflict shall be resolved by the Chief of Police in consultation with the School Principal and District Superintendent provided that District policies shall control in the absence of a compelling law enforcement concern (including personnel management concerns) that is fundamentally incompatible with a District policy. Such activities may include:

1. Keeping regular office hours and providing opportunities for students to meet with the SRO.

2. Meeting with students, collaborating with administration and other school personnel and providing presentations to proactively address problems including those relating to alcohol, tobacco and other drug use, crime prevention and personal safety.

3. Maintaining a visible presence at the SRO's school.

(e) The Village through the Chief of Police and the District through the Superintendent, School Principal and other administrators agree to meet as needed to address any issues relating to the SRO program and to further define SRO duties.

(3) **Emergency Powers Unaffected**. Notwithstanding any provision in this Agreement to the contrary, the Chief of Police shall retain the authority to temporarily suspend the Village's participation in this program and reassign the police officer assigned to the program in the event that the Chief of Police determines that such suspension and reassignment are necessary for the health, welfare, safety and best interest of the community, or such is required by the Village Board, Village Ordinance, state law, or other exigent or compelling circumstances. In cases of absence under this Section longer than two consecutive workdays from the school, the District shall not be charged for wages and benefits for those days. This section does not affect the renewal provisions of this Agreement.

(4) **Program Costs.**

(a) The District shall pay the Village an amount equal to that paid to the Village of Cross Plains for SRO wages, fringe benefits, overtime, and related officer compensation incurred over a ten-month period, not to exceed actual costs incurred by the Village. MCPASD will make payment to the Village in two installments. The first installment, payable no later than January 31, will be 50% of the prior year's total payment. The second installment, payable no later than July 31, will be the amount needed to equal the amount paid to the Village of Cross Plains or actual costs incurred by the Village.

(b) The District shall contribute 50% of all unemployment compensation costs if an SRO position is eliminated due to action of the District causing the Village to eliminate an officer position.

(c) By June 30 of each year, the Village shall provide a statement of costs of the Program for the prior school year which shall be paid 30 days after invoicing.

(d) The SRO shall not be required to work hours that would result in overtime pay without prior Police Department approval in accordance with Police Department Policy.

(5) **Absences.** The SRO or Police Department shall promptly notify the School Principal in the event the SRO will be unavailable to his or her assigned school because of illness, required training or other reason.

(6) **Records.** All records in the possession, custody and control of the SRO shall be deemed law enforcement records and the SRO and Village shall be solely responsible for the custody, maintenance, retention and production of such records.

(7) **Confidentiality.** Participating parties shall maintain student information it may hold for and on behalf of the District only for the primary purpose of providing the services described in this agreement in accordance with state and federal law.

(8) **District Review of SRO Performance.**

(a) Each School Principal will provide to the Chief of Police, in December of each year, a performance evaluation report of the SRO. The evaluation shall be in a format mutually agreed upon by the School Principals and the Chief of Police.

(b) The District Superintendent, in his or her sole discretion, may direct the removal of any person serving as SRO from the District's property. The District shall immediately disclose any and all facts underlying such determination to enable the Village to determine whether such person may suitably continue to serve as SRO or be reassigned to other duties and to help evaluate the designation of an alternative candidate to serve as SRO. The removal of any person serving as SRO from the District's property by the District Superintendent shall not be considered as discipline of the officer. Discipline shall only be imposed where the Village determines that there is reasonable basis to conclude that such action is appropriate under the circumstances.

(9) **Term and Renewal.** This Agreement commences the date last executed by the parties and which is set forth above and expires on June 30, 2021.

(10) **Liability and Indemnity.**

(a) Each party hereto shall be solely responsible and liable for the act(s) and omission(s) of its own officers, employees, officials, agents, representatives and members.

(b) The Parties agree that, by virtue of entering into this Agreement, no participating party is assuming any liability associated with or any role in supervising or directing the activities, programs or operations of any of the other participating parties, and nothing in this Agreement is intended to create any relationship of third-party beneficiary, principal or agent, joint venture, partnership or similar association. At all times during the term of this Agreement, to the fullest extent allowed by the laws of Wisconsin, each participating party shall indemnify, hold harmless and defend the other party to this Agreement against any and all liability, loss, damages, costs or expenses, including court costs and attorneys' fees, which the party to the Agreement may

sustain, incur or be required to pay by reason of any acts or omissions of the indemnifying participating party or its employees, volunteers or agents, that are in any way related to this Agreement. This section shall not apply to liabilities, losses, charges, costs or expenses caused by or resulting from acts or omissions of the party seeking indemnification, its officers, employees, or representatives.

(c) Nothing contained within this Agreement is intended to be a waiver or estoppel of either party or their insurer to rely upon the limitations, defenses, and immunities afforded to the party by Wisconsin Law. To the extent that indemnification is available and enforceable, neither the party nor its insurer shall be liable in indemnity or contribution for an amount greater than the limits of liability for municipal and other governmental claims established by Wisconsin Law.

(11) **Good Faith**. Each of the parties hereto shall be subject to the duty of good faith and fair dealings in the implementation, execution and performance of the terms of this Agreement.

(12) **Severability.** Should any one or more of the provisions of this Agreement be determined to be invalid, unlawful or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions hereof shall not in any way be affected or impaired thereby unless as a result the purpose and intent of this Agreement shall thereby be substantially and essentially impaired. In the event that any provision is invalid or enforcement or compliance therewith has been restrained as above set forth, the parties shall enter into immediate negotiations for the purpose of arriving at a mutually satisfactory replacement for such article or part.

(13) **Entirety of Agreement**. The entire agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended in any fashion except in writing, executed by each party.

(14) **Draftsman.** This Agreement is the result of an arm's length negotiation and in resolving any ambiguity in this Agreement, none of the parties hereto shall be deemed to have been the draftsman hereof.

(15) **Headings.** Paragraph headings have been inserted for the convenience of reference only. If there shall be any conflict between any such heading and the text of this Agreement, the text shall have control.

(16) **Force Majeure.** The participating parties are excused from performance to the extent and for the period that required performance is prevented, delayed or hindered by a force majeure occurrence. A force majeure occurrence is defined herein as a situation in which the performance of any obligation under this Agreement by either party hereto is prevented due to acts of God, exchange controls, export or import controls, or any other government restriction, wars, hostilities, blockades, civil disturbances, revolutions, strikes, terrorist attacks, lockouts, or any other cause beyond the reasonable control of a party, each party shall not be responsible to the other party for failure or delay in performance of its obligations under this Agreement. Each party hereto shall promptly notify the other party of such force majeure condition. The terms of this paragraph shall not excuse, but merely suspend, any party from its duty to perform the obligations under this Agreement until as soon as practicable after a force majeure condition ceases to exist; provided, however, that in the event that

such condition extends past the expiration date set forth in this Agreement, and the District does not desire to continue with the engagement contemplated by this Agreement after such condition ceases to exist, it may terminate this Agreement by written notice in accordance with the terms and conditions of this Agreement.

(17) **Authority.** By signing below, each person hereby represents that he or she has the authority to sign this Agreement and bind the party to adhere to its terms.

Dated this _____day of _____, 2020

Village of Cross Plains
(Fiscal Agent)

_____
Jay Langfeld, Village President

_____
Bill Chang, Clerk

Dated this 23nd day of June, 2020

Middleton-Cross Plains Area School District

_____
Annette Ashley President

_____
Todd Smith, Clerk

Village of Cross Plains Meeting Instructions and Tips

Participation in Village Meetings

The public may participate in Village meetings in various ways.

Attending in Person

The Village Board currently hosts its Village Board and Plan Commission meetings in the Community Room at the Rosemary Garfoot Public Library. Due to space constraints the room is limited to the Board/Commission and an additional five (5) people. These spaces are reserved first for people with disabilities that may need accommodations in order to participate or monitor the meeting. Other participants are strongly encouraged to attend virtually or by phone. Comments made virtually or by phone will carry the same weight as those made in person. The Village Board may, from time to time, allow for participants who would like to speak in person to rotate in and out of the room depending on the spacing availability at that time.

All other committee meetings are currently only being held virtually.

Attending Virtually

Participants may observe and participate in Village meetings remotely.

Direct link – Web meeting

Participants may click on the **ZOOM Virtual Meeting Link** (see image below) at the top the Village Board Agenda or in the email sent by the Village Administrator. The meeting link on the agenda will take you to the Zoom website or it will open the Zoom Application. Participants may choose to download the Zoom Application or access Zoom through the web browser. Alternatively, participants may also type in the link into the URL address bar to bring the participant to the meeting. All participants should check their computer's capacity prior to the meeting.

NOTE THAT THE MEETING ID LINK WILL CHANGE FOR EACH TYPE OF MEETING. THEREFORE, THE MEETING LINK MAY CHANGE. PARTICIPANTS SHOULD MAKE SURE THAT THE THEY ARE USING THE LINK ON CURRENT AGENDA TO ACCESS THE CORRECT MEETING.

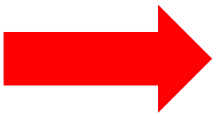
Village of Cross Plains Board of Trustee Meeting

Regular Meeting Notice and Agenda

Rosemary Garfoot Public Library Community Room
2107 Julius St
Cross Plains, WI 53528
(608) 798-3241

Tuesday, May 26, 2020
6:00 pm

Please note that due to current spacing requirements concerning COVID-19, the facility will have limited seating. The Village of Cross Plains will provide opportunities for, and encourage that the public participate virtually or by calling in. The log in information is as follows:



Zoom Virtual Meeting Link:
https://us02web.zoom.us/j/81392456725

Conference telephone line:
+1 312 626 6799

Meeting ID: 813 9245 6725

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Telephone

The public may also join by teleconference. To do so, participants should dial the **Conference Telephone Line** provided. Participants will then need to enter the specific **Meeting ID Number** (see image below). Follow the prompts to be let in the room. If you need accommodations for toll free access, please contact the Village Hall prior to the meeting.

Village of Cross Plains Board of Trustee Meeting

Regular Meeting Notice and Agenda

Rosemary Garfoot Public Library Community Room
2107 Julius St
Cross Plains, WI 53528
(608) 798-3241

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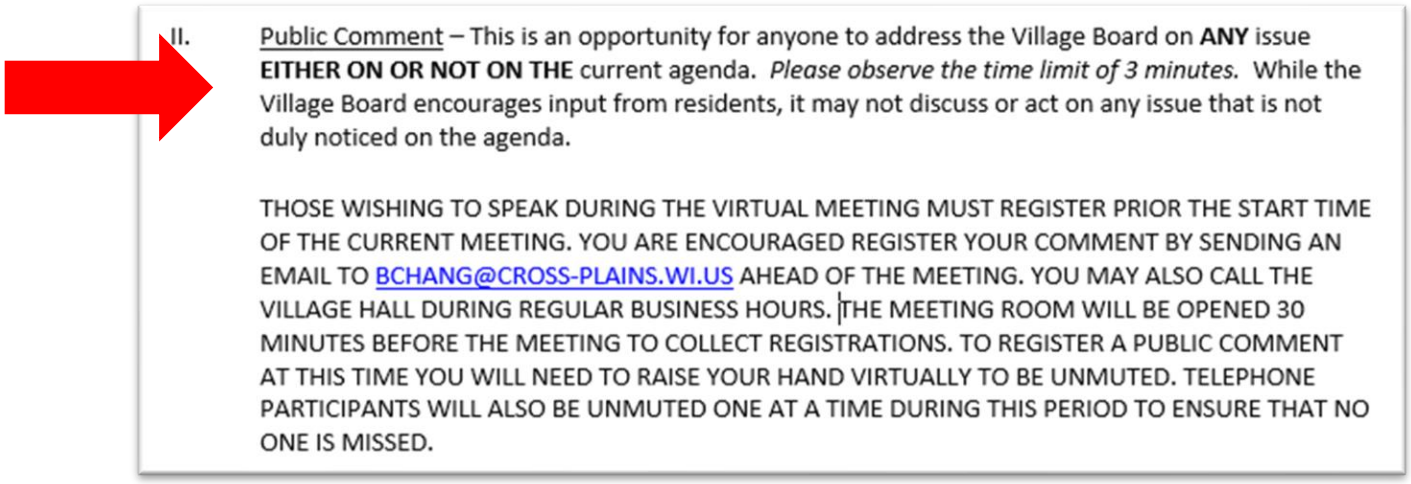
https://us02web.zoom.us/j/81392456725

Conference telephone line:
+1 312 626 6799

Meeting ID: 813 9245 6725

Public Participation Process

Generally, the agenda will have a public comment section (see below). Due to the logistical challenges for commenting during a virtual public meeting, the following process will be adopted to ensure that the public can participate in the meeting and that the governing body can run an effective and efficient meeting.



II. Public Comment – This is an opportunity for anyone to address the Village Board on **ANY** issue **EITHER ON OR NOT ON THE** current agenda. *Please observe the time limit of 3 minutes.* While the Village Board encourages input from residents, it may not discuss or act on any issue that is not duly noticed on the agenda.

THOSE WISHING TO SPEAK DURING THE VIRTUAL MEETING MUST REGISTER PRIOR THE START TIME OF THE CURRENT MEETING. YOU ARE ENCOURAGED REGISTER YOUR COMMENT BY SENDING AN EMAIL TO BCHANG@CROSS-PLAINS.WI.US AHEAD OF THE MEETING. YOU MAY ALSO CALL THE VILLAGE HALL DURING REGULAR BUSINESS HOURS. THE MEETING ROOM WILL BE OPENED 30 MINUTES BEFORE THE MEETING TO COLLECT REGISTRATIONS. TO REGISTER A PUBLIC COMMENT AT THIS TIME YOU WILL NEED TO RAISE YOUR HAND VIRTUALLY TO BE UNMUTED. TELEPHONE PARTICIPANTS WILL ALSO BE UNMUTED ONE AT A TIME DURING THIS PERIOD TO ENSURE THAT NO ONE IS MISSED.

Registration of Comments

The public comment section has been revised to allow public comment in any topic **ON OR NOT ON THE AGENDA.** Those wishing to speak must register before the meeting to do so. Participants can register to speak by notifying the Village Administrator ahead of the meeting. Please see the following methods:

Written Comments

At any time, anyone who is interested in submitting a written comment may do so by emailing the Village Administrator at bchang@cross-plains.wi.us or in writing to Village Board, P.O. Box 97, Cross Plains, WI 53528. The written comment will be read to the Village Board at the corresponding meeting.

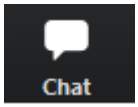
Public Comments

Anyone wishing to make a public comment at a particular meeting must register to do so prior to the start time of the meeting. Those wishing to speak are encouraged register their comment by sending an email to bchang@cross-plains.wi.us ahead of the meeting. Registration by phone may also be done during business hours prior to the meeting.

In addition, the meeting room will be opened 30 minutes before the meeting to collect registrations only. To register a public comment during this time, the participant will need to raise their hand virtually to be unmuted (see instructions below). Telephone participants will then be unmuted one at a time during this period to ensure that no one is missed. Those participating by phone will need to identify themselves and the issue for which they would like to speak on.

All lines will be muted at the start of the meeting. During the Public Comment Section, each registered participant will be called upon, unmuted, and shall have 3 minutes to speak. Once the Public Comment section of the meeting has concluded, all participants will be muted for the remainder of the meeting so that the governing body may continue with its meeting. The governing body may call on a presenter or participant for clarification at any time during the meeting.

"Chat" function

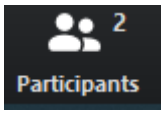


The "Chat" function will be monitored for technical and logistical issues. Discussion on the "Chat" function is public record. Comments made to the board through the "Chat" function may not be acknowledged or addressed by the board. Official comment shall be made through Public Comment.

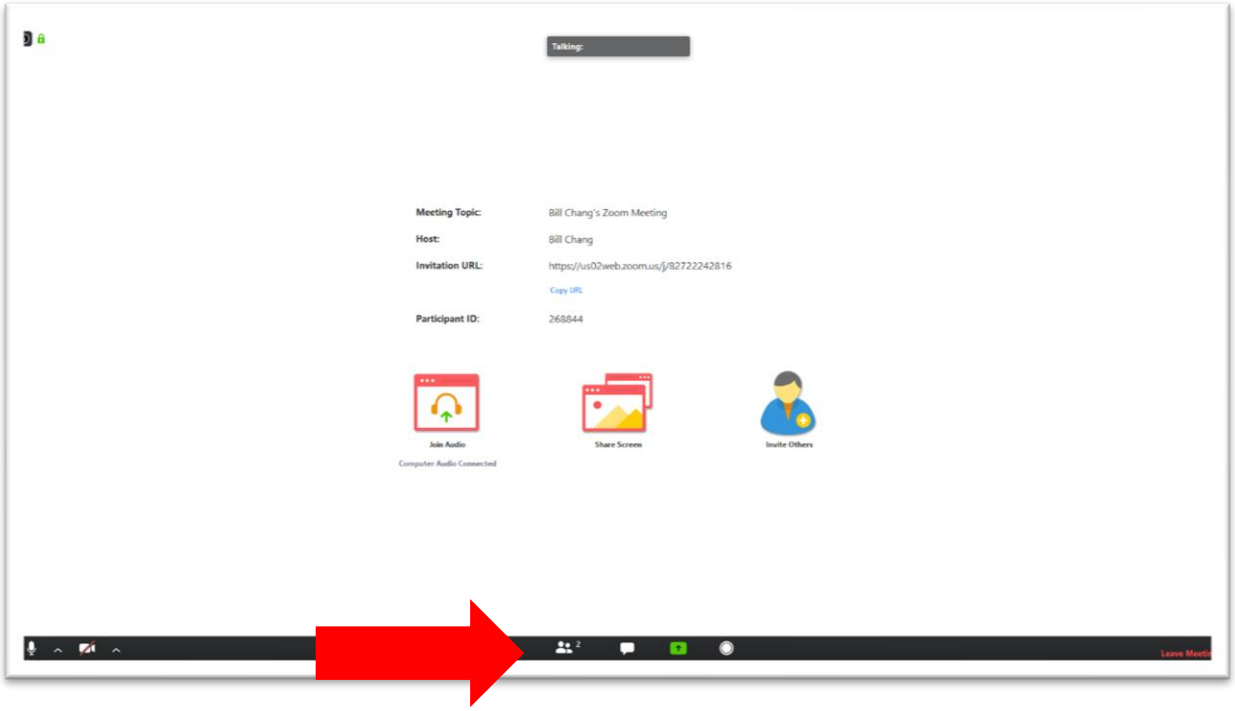
ZOOM Tips

Raising your hand

Zoom provides an option for participants to raise their hand to be called upon. To do so, please follow the instructions below.

1. Click on the “Participants” 

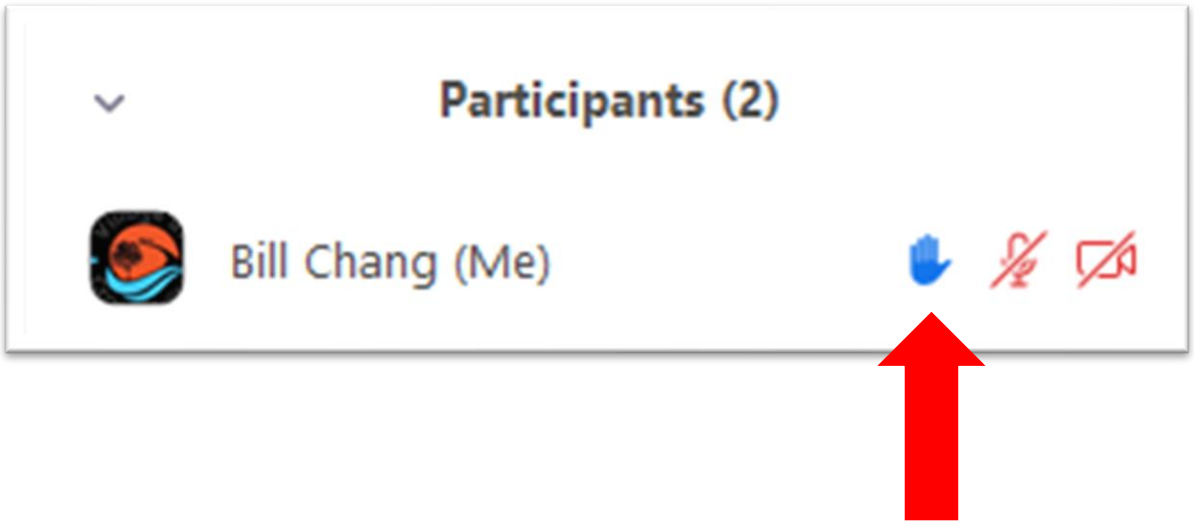
icon at the bottom of the screen.



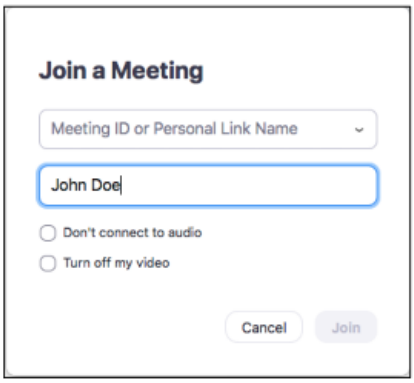
2. Click on “Raise Hand”.

3.

4. Confirm that your hand is raised.



How to Participate in a Zoom Meeting

Using computer: https://zoom.us *Depending on your browser, you may have to download the zoom application, once complete, it will open on your screen.* Using Smartphone or Tablet: Download zoom app	**Open Zoom Application** Open the zoom application on your electronic device. If you wish to speak during the meeting you will need to have a microphone otherwise you will need to call in with a phone.
	**Join a Meeting via Electronic Device** **Using computer:** https://zoom.us/join **Using Smartphone or Tablet:** Open app, Click **Join meeting** • Enter Meeting ID (nine digits) • Enter Meeting Password (six digits) • Click **Join** • Enter your name (not phone number) *If you do not want to join with audio or video, check those options before joining (you can add your video and audio again after you've joined the meeting).*
	Join a Meeting via Telephone • Call **1-312-626-6799** (long distance charges may apply) • Enter Meeting ID (nine digits) • Enter Meeting Password (six digits)
	Waiting Room After you have joined the meeting you are in the waiting room, waiting for the host to join and to provide you access. After being granted entry, make sure you **click the green "Join with Computer Audio"** to join the meeting with audio automatically (you can mute this once you're on the meeting).

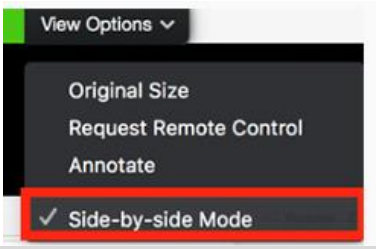
Zoom Menu Bar

- Mute/Unmute your audio
- Start/stop your video
- Invite others to join the meeting
- Participants- View list of participants, raise hand to speak or change your name.
- Share your screen (with meeting host permission)
- Chat with all/other participants
- Public meetings will be recorded and saved.
- Leave or end the meeting

Side by Side Mode

Allows you to view participants to the right of the shared screen (rather than above host's shared screen)

You can modify your view by choosing Gallery (everybody) or Speaker View at the top of the participatnt video panel (drag the gray vertical separator to enlarge or reduce the size of this panel)



Committee members are expected to participate in discussion freely.
Motions: When making or seconding a motion, Committee members are asked to state their name first so everybody will know who is speaking.
Votes: Unless votes are clearly unanimous, staff will take a roll call vote.

Technical difficulties? *If you experience difficulties while trying to connect to the meeting, please see the help center resources at zoom.us, or call or text the Zoom help line at: +1 (888) 799-9666 ext. 2.*