

1. Village Board Special Meeting Agenda

Documents:

[06.30.2020 VB AGENDA.PDF](#)  
[06.30.2020 FINAL VB AGENDA PACKET.PDF](#)

1.1. Meeting Process And Instructions

Documents:

[VILLAGE OF CROSS PLAINS MEETING INSTRUCTIONS AND TIPS FINAL  
2.PDF](#)

## 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](mailto: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](mailto:bchang@cross-plains.wi.us).

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V. Report of Village Officers

1. Village President

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  - 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

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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

<i>Business Name:</i>	<i>License Type Request</i>	<i>Agent:</i>
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

<i>Business Name:</i>	<i>License Type Request</i>	<i>Agent:</i>
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

<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	<b>Organization</b>
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

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
 456-000015632003

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) 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 <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone (608) 798-2025
Municipality CROSS PLAINS	State WI	Zip Code 53528
Mailing Address (if different than Business Address)	Municipality of: DANE	County DANE
	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/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes       No      3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes       No      4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes       No      5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes       No      6. Does the applicant understand that they may not sell single cigarettes?
- Yes       No      7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes       No      8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://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.

*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.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

12 \$25.00

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) Kwik Trip, Inc.			Federal Employer Identification No. (FEIN) 39-1036365		
Trade or Business Name (if different than Legal Name) KWIK TRIP 833			Telephone Number 608-791-7385		
Business Address (License Location) 2508 Main St		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Cross Plains Village of		Business Telephone 608-798-2988	
Municipality Cross Plains	State WI	Zip Code 53528	County Dane		
Mailing Address (if different than Business Address) P.O. Box 2107		Municipality La Crosse		State WI	Zip Code 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
- 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?
  - 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](http://revenue.wi.gov/forms/ctp-129.pdf).)
  - Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
  - Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
  - 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)?
  - Does the applicant understand that they may not sell single cigarettes?
  - 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?
  - 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](http://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)

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# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-0000075815-03**

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Lancaster's of Cross Plains Inc.</b>		Federal Employer Identification No. (FEIN) <b>39-1623587</b>
Trade or Business Name (if different than Legal Name) <b>Lancaster's Piggly Wiggly</b>		Telephone Number ( )
Business Address (License Location) <b>28 Glacier Edge SE</b>		Business Telephone <b>(608) 798-3701</b>
Municipality <b>Cross Plains</b>	State <b>WI</b>	Zip Code <b>53528</b>
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: <b>Cross Plains</b>		County <b>Dane</b>
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](http://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](http://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.

  
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# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

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.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Eberle Entertainment LLC</b>			Federal Employer Identification No. (FEIN) <b>82-4497723</b>		
Trade or Business Name (if different than Legal Name) <b>Main Street Lanes</b>			Telephone Number <b>[REDACTED]</b>		
Business Address (License Location) <b>1721 Main St.</b>			Business Telephone <b>(608) 798-4900</b>		
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town			Business Telephone		
Municipality <b>Cross Plains</b>			County <b>Dave</b>		
State <b>WI</b>			Zip Code <b>53528</b>		
Mailing Address (if different than Business Address) <b>PO Box 297 Cross Plains WI 53528</b>			Municipality <b>Cross Plains</b>		
State <b>WI</b>			Zip Code <b>53528</b>		

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?
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PJ

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

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](https://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](http://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 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Anderson	Judith	A	5737 Hodgson Rd., Mazomanie, WI 53560

## 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.

Applicant's Wisconsin Seller's Permit Number 456-000015632003	
FEIN Number 39-1523213	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 450
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>ANDERSON, JUDITH A</i>	Title / Member <i>OWNER</i>	Date <i>5-25-2020</i>
Signature <i>Judith A Anderson</i>	Phone Number <i>608-798-2025</i>	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

# 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 \_\_\_\_\_

→ 100 SQUAR... --

WALK IN COOLER

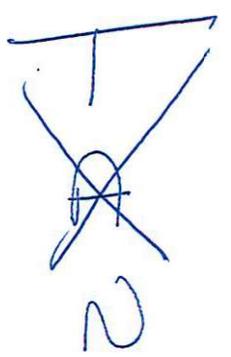
STORAGE  
Beer & liquor

50  
sq ft  
EXIT

LIQUOR BEER WINE  
DISPLAYS

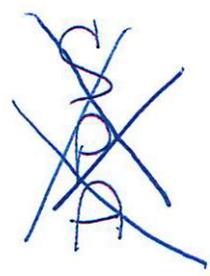
EXIT

STORAGE



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

STORAGE



COUNTER

CASH REGISTER

CASH REGISTER

LIQUOR & WINE DISPLAYS

ENTRANCE OR EXIT

SINK ROOM

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2020 ending: 06/30/2021  
(mm dd yyyy) (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  Limited Liability Company  
 Partnership  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
<input checked="" type="checkbox"/> Class A beer	100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 450.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20.00
<b>TOTAL FEE</b>	<b>\$ 570.00</b>

## 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 Kwik Trip, Inc.	Address of Corporation / Limited Liability Company (if different from licensed premises) 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 Kraus	(First) Nicholas	(Middle Name) Ray	Home Address (Street, City or Post Office, & Zip Code) 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 Zietlow	(First) Donald	(Middle Name) Paul	Home Address (Street, City or Post Office, & Zip Code) 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 Wrobel	(First) Jeffrey	(Middle Name) James	Home Address (Street, City or Post Office, & Zip Code) 3633 Bentwood Pl., La Crosse, WI 54601
Directors / Managers Last Name Zietlow	(First) Donald	(Middle Name) Paul	Home Address (Street, City or Post Office, & Zip Code) 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

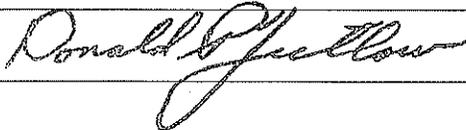
2. Address of Premises 2508 Main St Post Office & Zip Code Cross Plains 53528

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.) Zietlow, Donald P.	Title / Member President	Date 4-30-20
Signature 	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 of Cross Plains County of Dane  
 City

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?

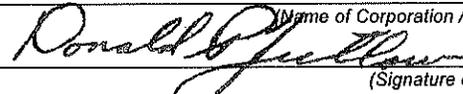
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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)

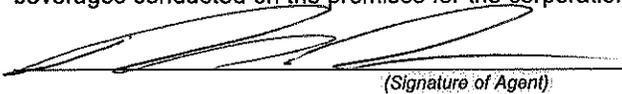
By:   
(Signature of Officer / Member / Manager)

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.

 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** \_\_\_\_\_ of **Kwik Trip, Inc.**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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.	7/2010	Present
Subway	2006	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** of Kwik Trip, Inc.  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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	8/1/1989	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 of Kwik Trip, Inc.  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

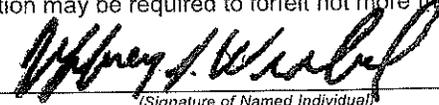
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin.  
(Name, Location and Type of License/Permit)
- 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
Employer's Name	Employer's Address	Employed From	To
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.



Jeffrey J. Wrobel





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: dorbusinessstax@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.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
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 ending: 06 30 2021  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-000007581503	
FEIN Number 39-1623587	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 450
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

## A. Individual or Partnership:

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

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Lancaster's of Cross Plains, Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>23 Glaciers Edge Sq., Cross Plains, WI 53528</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Lancaster</u>	(First) <u>Thomas</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1300 Main St., Apt. 304, Cross Plains 53528</u>
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## All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

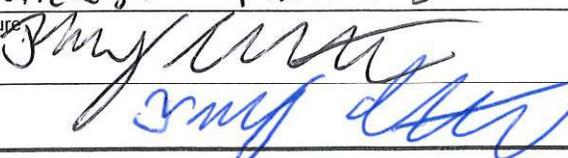
President / Member Last Name <u>Lancaster</u>	(First) <u>Terry</u>	(Middle Name) <u>Joseph</u>	Home Address (Street, City or Post Office, & Zip Code) <u>9297 Union Valley Rd., Black Earth, 53515</u>
Vice President / Member Last Name <u>Lancaster</u>	(First) <u>Thomas</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1300 Main St., Apt. 304, Cross Plains 53528</u>
Secretary / Member Last Name <u>Lancaster</u>	(First) <u>Judy</u>	(Middle Name) <u>Ann</u>	Home Address (Street, City or Post Office, & Zip Code) <u>9297 Union Valley Rd., Black Earth, 53515</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## C. Business Information

- Trade Name Lancaster's Piggly Wiggly Business Phone Number (608) 798-3701
- Address of Premises 28 Glacier's Edge Sq. Post Office & Zip Code Cross Plains, WI 53528
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
See Attached.

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

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

Contact Person's Name (Last, First, M.I.) Lancaster Thomas J	Title / Member Executive VP	Date 5/26/20
Signature 	Phone Number (608) 798-3701	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

# 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.

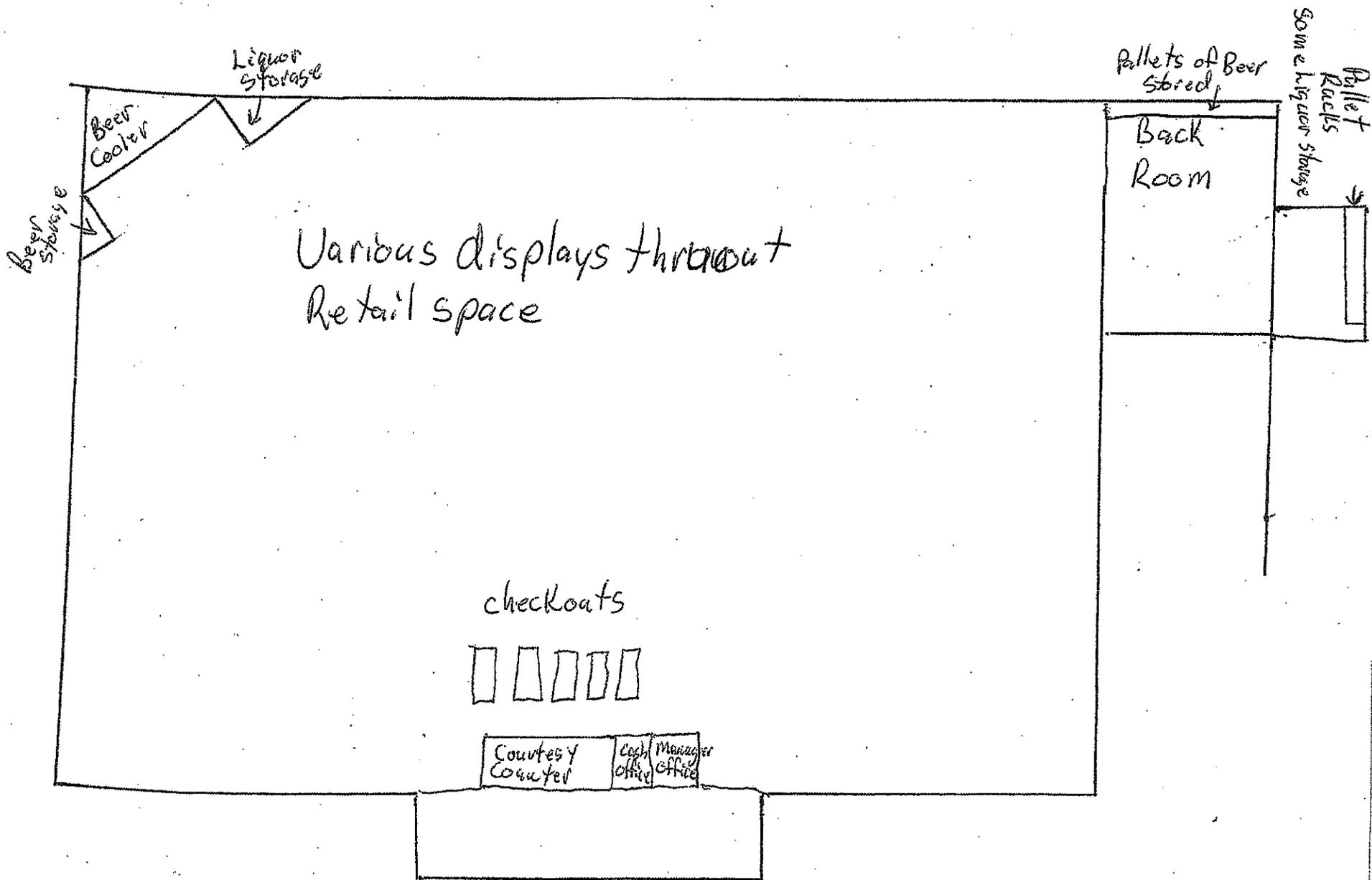
If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## 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 \_\_\_\_\_



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

Alcohol 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.

~~max~~ 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 ending: 06/30/2021  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town 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.

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 \_\_\_\_\_

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.



# 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** of **Walgreen Co.**  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

Employer's Name	Employer's Address	Employed From	To
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 17 day of March, 2020

\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires 3-18-22

\_\_\_\_\_  
(Signature of Named Individual)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Badgley		Lisa			
Home Address (street/route)		Post Office	City	State	Zip Code
5 Plymouth Court			Lincolnshire	IL	60069
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	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 of Walgreen Co.  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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 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
Walgreen Co.	108 Wilnot 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, 2020  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 3-18-22



# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456102701338703	
FEIN Number 27-0833247	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

## A. Individual or Partnership:

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

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>1200 Main Street LLC, DBA Coach's Club</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name <u>Romine</u>	(First) <u>Jennifer</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>7794 County Hwy. K, Cross Plains, WI 53528</u>
----------------------------------	----------------------------	---------------	---

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

President / Member Last Name <u>Nonn</u>	(First) <u>Jim</u>	(Middle Name) <u>P</u>	Home Address (Street, City or Post Office, & Zip Code) <u>7813 County Rd. K, Cross Plains, WI 53528</u>
Vice President / Member Last Name <u>Romine</u>	(First) <u>David</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>7794 County Hwy. K, Cross Plains, WI 53528</u>
Secretary / Member Last Name <u>Romine</u>	(First) <u>Jennifer</u>	(Middle Name) <u>R</u>	Home Address (Street, City or Post Office, & Zip Code) <u>7794 County Hwy. K, Cross Plains, WI 53528</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## C. Business Information

- Trade Name Coach's Club Business Phone Number (608) 798-0400
- Address of Premises 1200 Main St. Post Office & Zip Code Cross Plains, WI 53258
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
See Attached.

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

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

Contact Person's Name (Last, First, M.I.) <b>Romine, David S</b>	Title / Member <b>President</b>	Date <b>5/26/20</b>
Signature <b>David Romine</b>	Phone Number [REDACTED]	Email Address [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

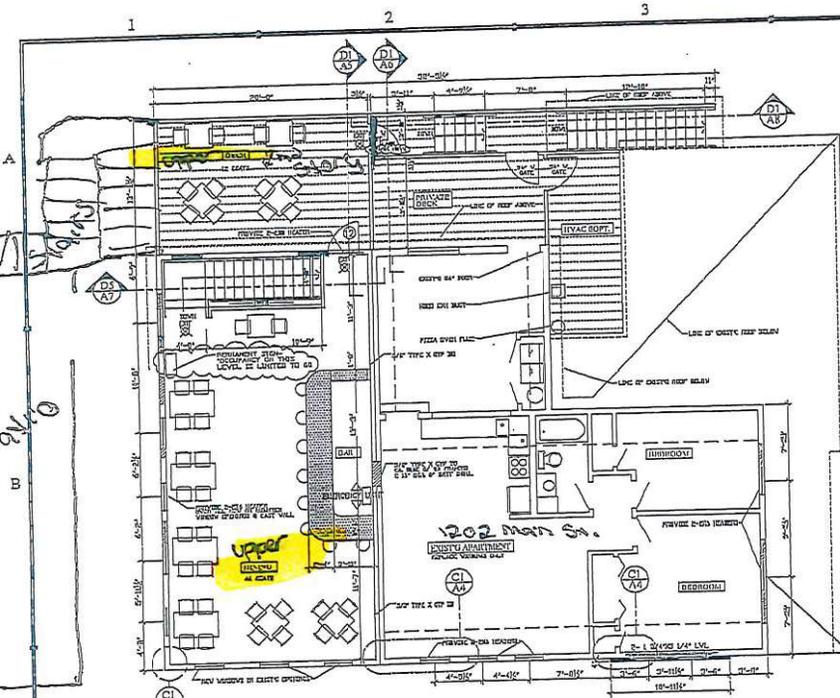
1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

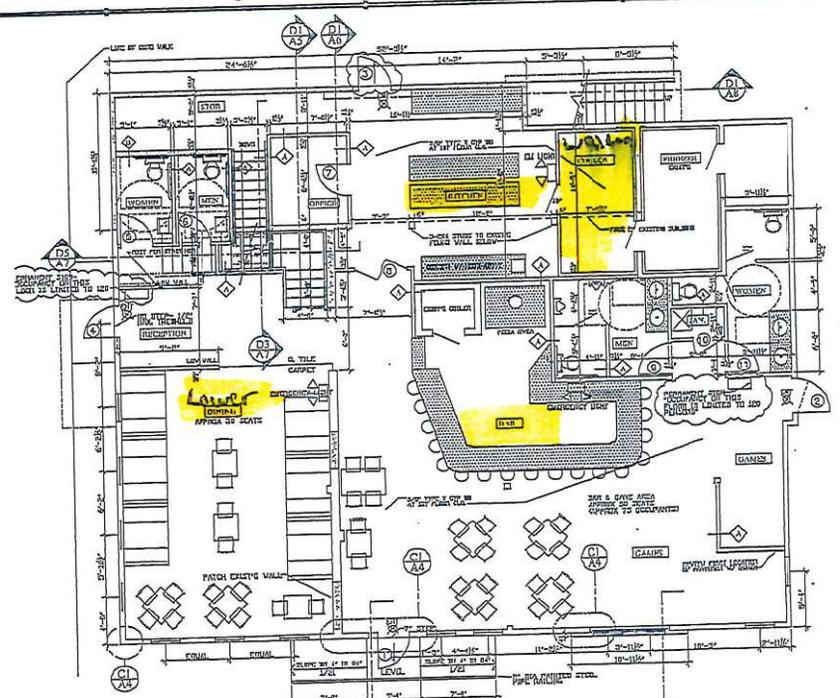
1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

C. 4. All premise including bar, lower dining room, upper dining room, 2<sup>nd</sup> 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.

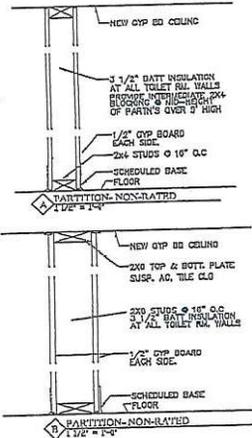
# Coach's Club



**SECOND FLOOR PLAN**  
SCALE: 3/16" = 1'-0"  
DATE: TO BE FULLY SPECIFIED



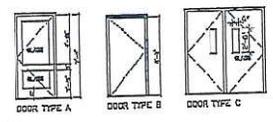
**FIRST FLOOR PLAN**  
SCALE: 3/16" = 1'-0"  
DATE: TO BE FULLY SPECIFIED



**PARTITION TYPES**

ROOM FINISH SCHEDULE							
ROOM NAME	FLOOR	BASIC	WALLS	CEILING	CLG. HT.	FLOOR MATL.	WALL MATL.
RECEPTION	CER. TILE	CER. TILE	PAINT	PAINT	APPROX. 10'-0"	WOOD	DRYWALL
WOMEN'S TOILET RM'S	CER. TILE	CER. TILE	CT/P/PAINT	PAINT	APPROX. 7'-0"	CORUG/SD	DRYWALL
MEN'S TOILET RM'S	CER. TILE	CER. TILE	CT/P/PAINT	PAINT	APPROX. 7'-0"	CORUG/SD	DRYWALL
1ST FLOOR STORAGE	QUARRY TILE	C. TILE	PAINT	PAINT	6'-0" / VARIOUS	CORUG. SLAG	DRYWALL
OFFICE	WHTL. TILE	WHTL.	PAINT	SUSP. AC. TILE	8'-0"	CORUG. SLAG	DRYWALL
KITCHEN	QUARRY TILE	C. TILE	FRP PNL'S	EPOXY PAINT	VARIES 7'-0"	CORUG/SD	DRYWALL
PANIC AREA	CER. TILE	CER. TILE	PAINT	SUSP. AC. TILE	8'-0"	CORUG/SD	DRYWALL
1ST FLOOR DINING	CARPET	WOOD	PAINT	SUSP. AC. TILE	10'-0"	WOOD	DRYWALL
BAR	CER. TILE	CER. TILE	PAINT	PAINT	8'-0"	CORUG/SD	DRYWALL
2ND FLOOR DINING	HARDWOOD	WOOD	PAINT	SEE SECTION	WOOD	DRYWALL	DRYWALL
2ND FLOOR BAR AREA	HARDWOOD	WOOD	PAINT	SEE SECTION	WOOD	DRYWALL	DRYWALL

DOOR & HARDWARE SCHEDULE						
MARK	TYPE	SIZE	MATERIAL	FRAME	HARDWARE	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	3	
8	C	PAIR 2'-0" X 8'-0"	SELF CLOSING DOUBLE ACTING INTERIOR 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 BS HINGES, ADA/IFM PULLING HANDLE WITH HINGED LEVER, WEATHERSTRIPPING & THRESHOLD & CLOSER.  
 HARDWARE SET 2: 1.5 PAIR BS HINGES, ADA/IFM PULLING HANDLE WITH BLANK COVER @ EXTERIOR, GLOSSER, WEATHERSTRIPPING & STOP, EXT ALUM.  
 HARDWARE SET 3: 2 PAIR BS HINGES, ADA/IFM PULLING HANDLE WITH BLANK COVER, CLOSER, THRESHOLD, WEATHERSTRIPPING & STOP.  
 HARDWARE SET 4: 1.5 PAIR BS HINGES, ADA TYPICAL PULLING HANDLE WITH HINGED LEVER, WEATHERSTRIPPING & STOP.  
 HARDWARE SET 5: 1.5 PAIR BS HINGES, ADA LEVER HINGED LOCK, STOP.  
 HARDWARE SET 6: 1.5 PAIR BS HINGES, ADA PUSH/PULL HANDLE, "ACCESSIBLE" SIGN & CLOSER.

BILL MONTEBLANCO ARCHITECT AIA  
 ARCHITECTURE INTERIORS PLUMBING ENGINEERING  
 1200 MAIN STREET, CROSS PLAINS, WISCONSIN 53095  
 TEL: 262-781-1111 FAX: 262-781-1112

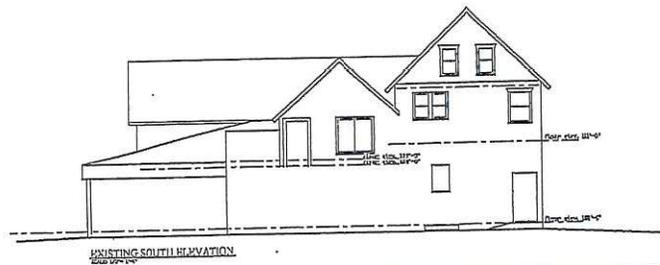
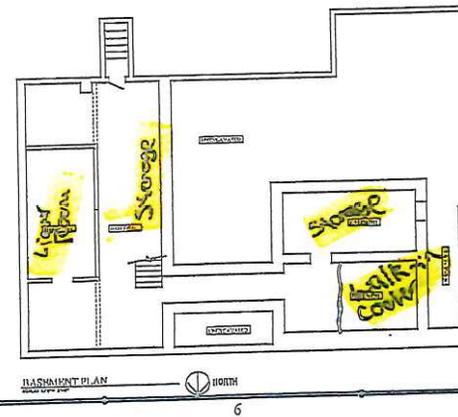
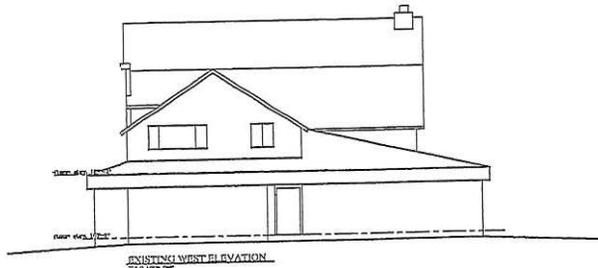
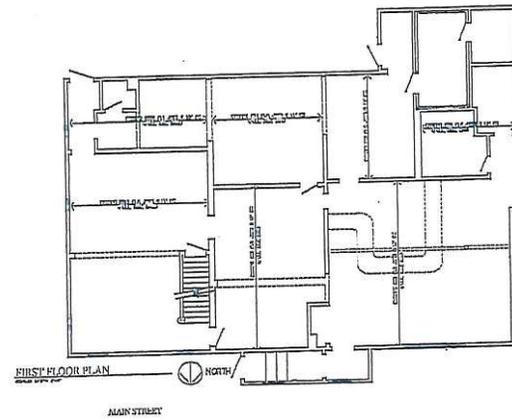
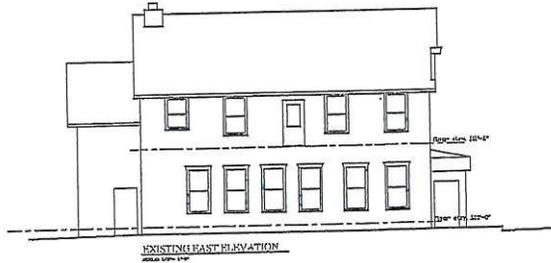
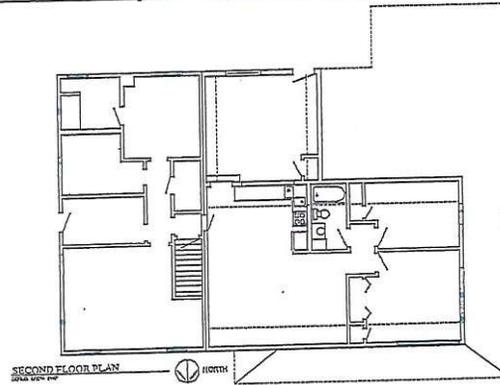
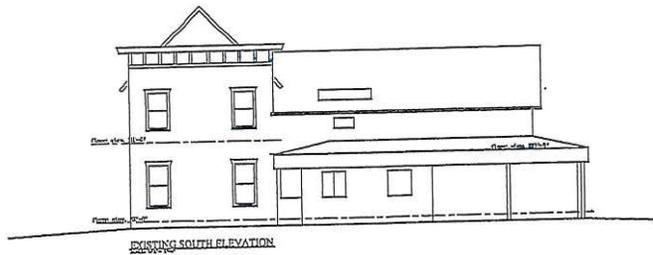
## Restaurant Remodeling & Addition

1200 Main Street, Cross Plains, Wisconsin

COMM. NO. 2013  
 ISSUED FOR DATE  
 PERMIT 831/09

A3

# Coach's club



BILL MONTGOMERY ARCHITECT AIA  
 ARCHITECTURE INTERIORS LANDSCAPING  
 1200 W. STATE ST. SUITE 100  
 CROSS PLAINS, WISCONSIN 53517

Cross Plains, Wisconsin

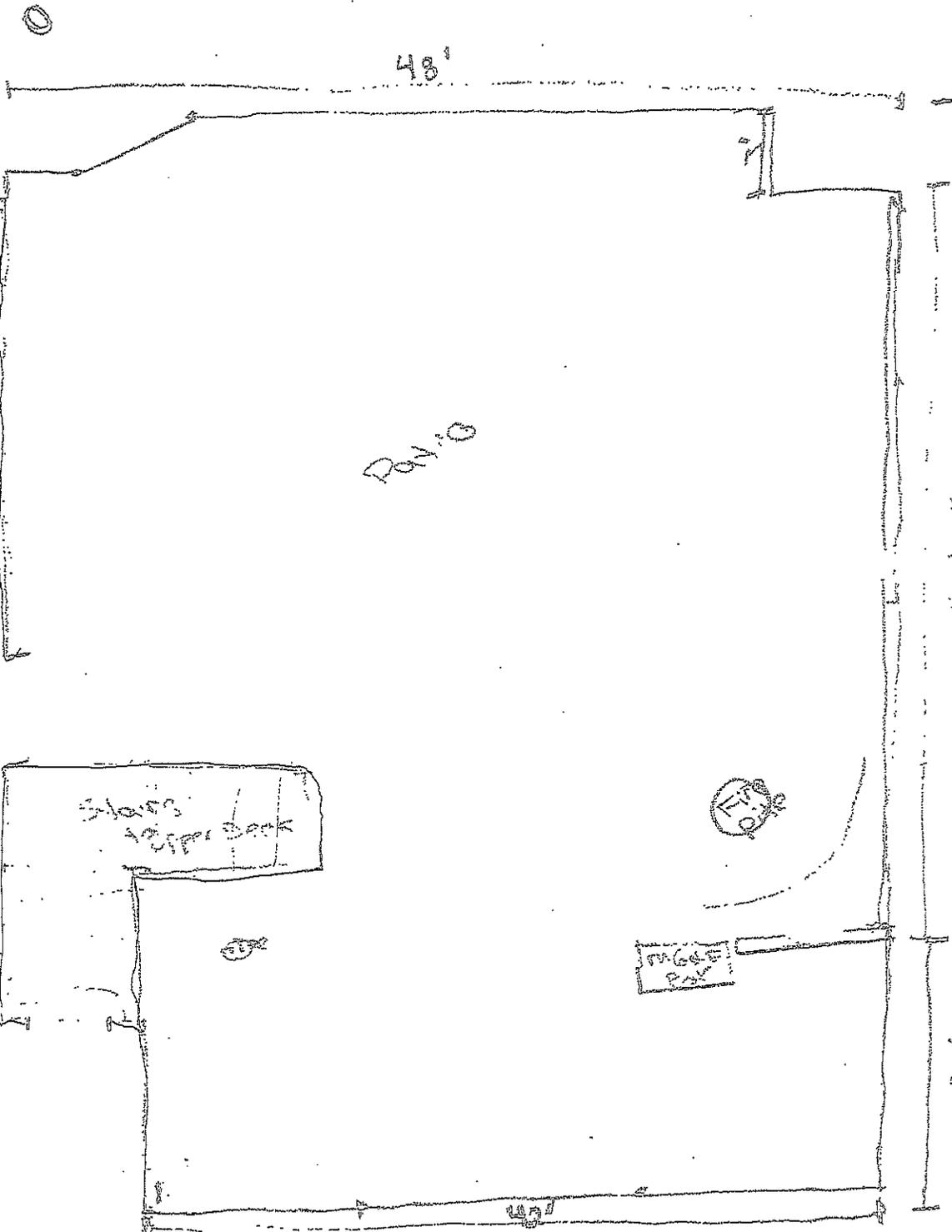
CODE NO.	2913
ISSUED FOR	DATE
PRELIM	6/5/09
PERMIT	8/31/09

A1

Existing Foundation

99' 5" SW

135'



# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

### B. LLC or Corporation (and Agent):

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

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

Agent Last Name <u>Maas</u>	(First) <u>Marti</u>	(Middle Name) <u>Ann</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N6367 Lakeshore Dr., Hilbert, WI 54129</u>
--------------------------------	-------------------------	-----------------------------	---

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

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

### C. Business Information

- Trade Name Main Street Lanes Business Phone Number (608) 798-4900
- Address of Premises 1721 Main St. Post Office & Zip Code Cross Plains, WI 53528
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Bar, Bowling Alley, Front Deck, Side Room, Back Room, Basement, Seating & Dining Room

Applicant's Wisconsin Seller's Permit Number <u>456-1029990367-02</u>	
FEIN Number <u>82-4497723</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Eberle Eric</i>	Title / Member <i>Owner</i>	Date <i>5-20-2020</i>
Signature 	Phone Number 	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

# 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:

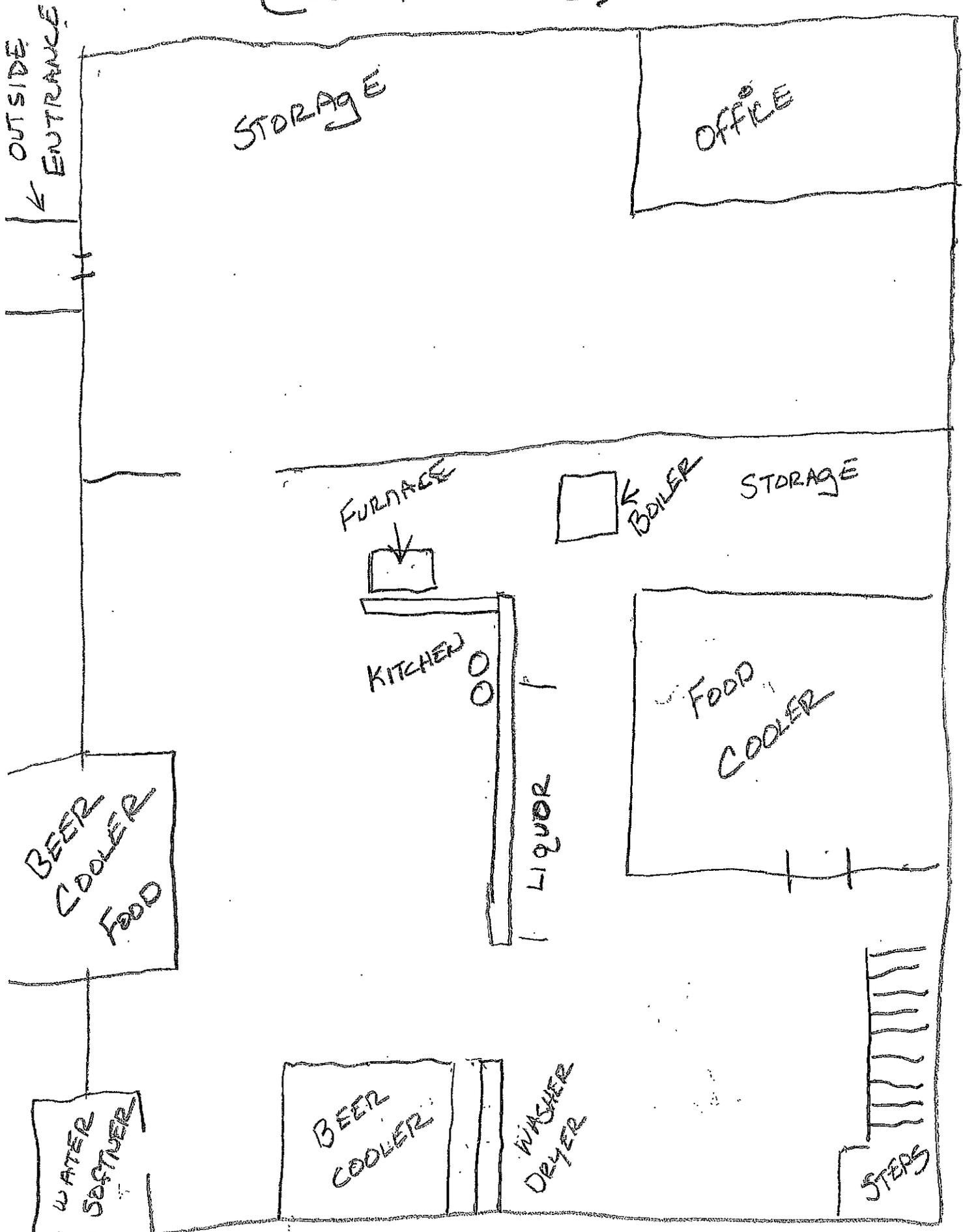
## CONVICTIONS

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 \_\_\_\_\_

(DOWN STAIRS)



Main Street  
Lanes

DECK

← MAIN  
ENTRANCE

BAR  
AREA

DINNING  
AREA

MEN'S  
BATHROOM

GIRLS  
BATHROOM

STORAGE  
ROOM

STORAGE  
AREA

BOWLING  
ALLEYS

4 LANES

DINNING  
AREA

BOWLING  
MACHINES

Pa.

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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 <u>Jodi's Saloon and Eatery LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name	(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.

Applicant's Wisconsin Seller's Permit Number 456-1028243397-02	
FEIN Number 464137691	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Kuester DARLA J</i>	Title / Member <i>Owner</i>	Date <i>4-30-2020</i>
Signature <i>Kuester, Darla J</i>	Phone Number 	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

# 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 _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	

**PENDING CHARGE**

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

**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 2<sup>nd</sup> Level

*Living Quarters*

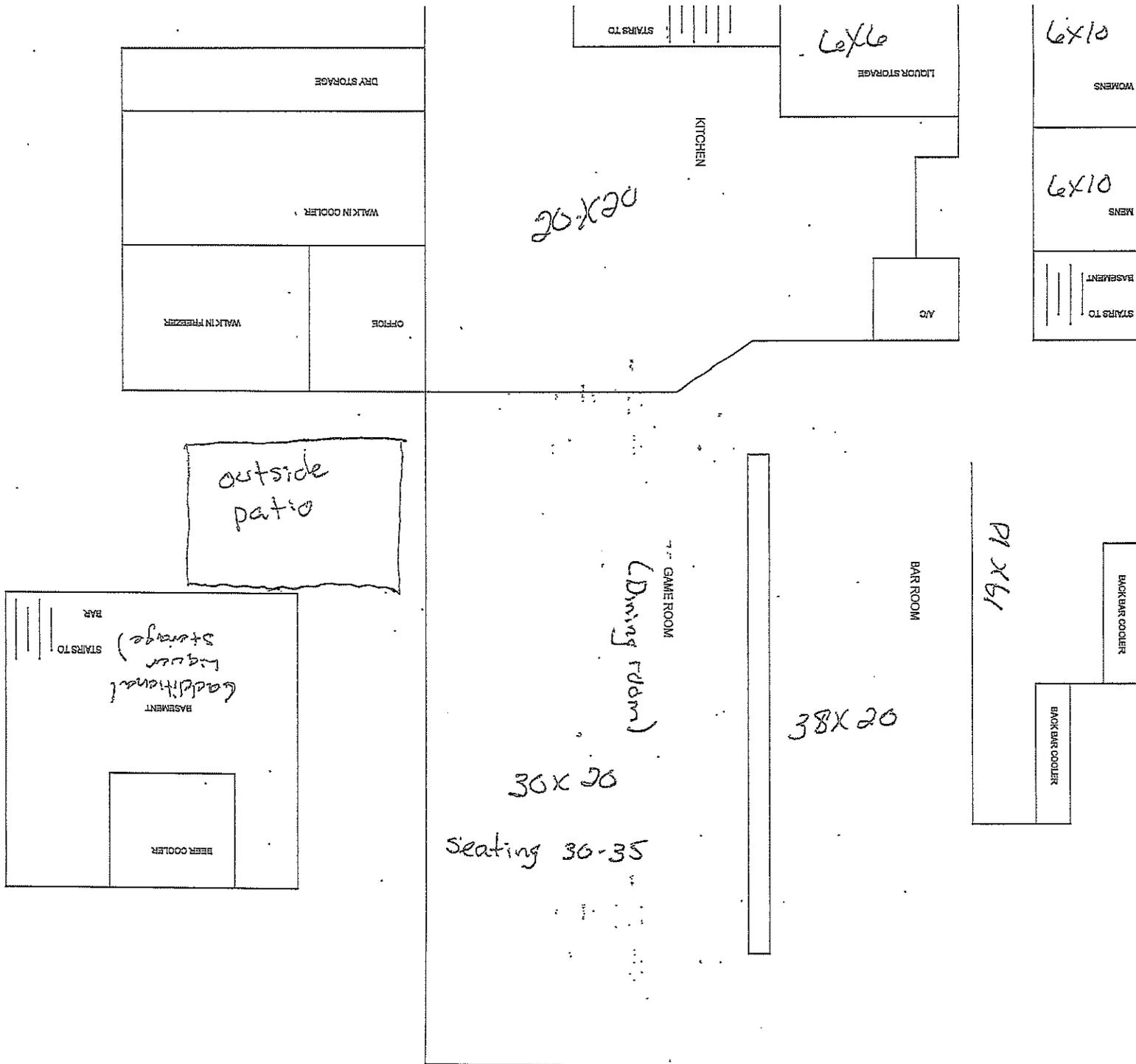
**OUTDOOR PROPERTY**

**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



over  
Shur  
7:45



# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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)
<u>Andrew</u>	<u>James</u>	<u>Patrick</u>	<u>3041 Creek side way, Cross Plains, WI 53528</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Commander</u>	<u>Ed</u>	<u>J.</u>	<u>2503 Woodside Dr. CP 53628</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>STATZ</u>	<u>Bill</u>		<u>7750 Martinsville Rd. CP 53528</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Heiliser</u>	<u>Dennis</u>		<u>3045 Acker, CP 53528</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MAYRACK</u>	<u>LUC</u>		<u>2713 Westview Ct. CP 53528</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## C. Business Information

- Trade Name Kerl, Endres, Brannon Post #245 Business Phone Number (608) 798-3291
- Address of Premises 2217 American Legion Dr. Post Office & Zip Code Cross Plains, WI 53528
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Total Kerl, Endres, Brannon 1st Floor, Basement and Clubhouse.

Applicant's Wisconsin Seller's Permit Number 456-000037415803	
FEIN Number 391137701	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Andronico, S. Patrick</i>	Title / Member <i>Chairman</i>	Date <i>06/03/20</i>
Signature <i>S. Patrick Andronico</i>	Phone Number 	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

# 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

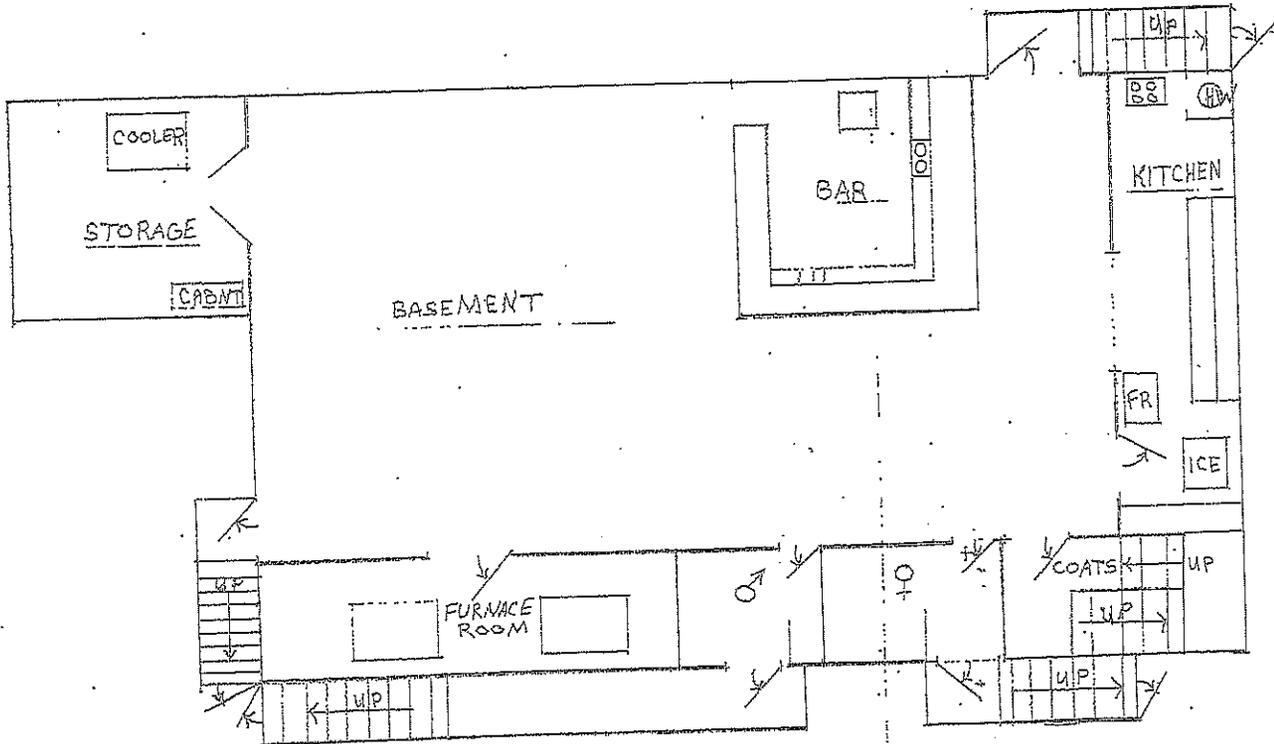
1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  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 \_\_\_\_\_

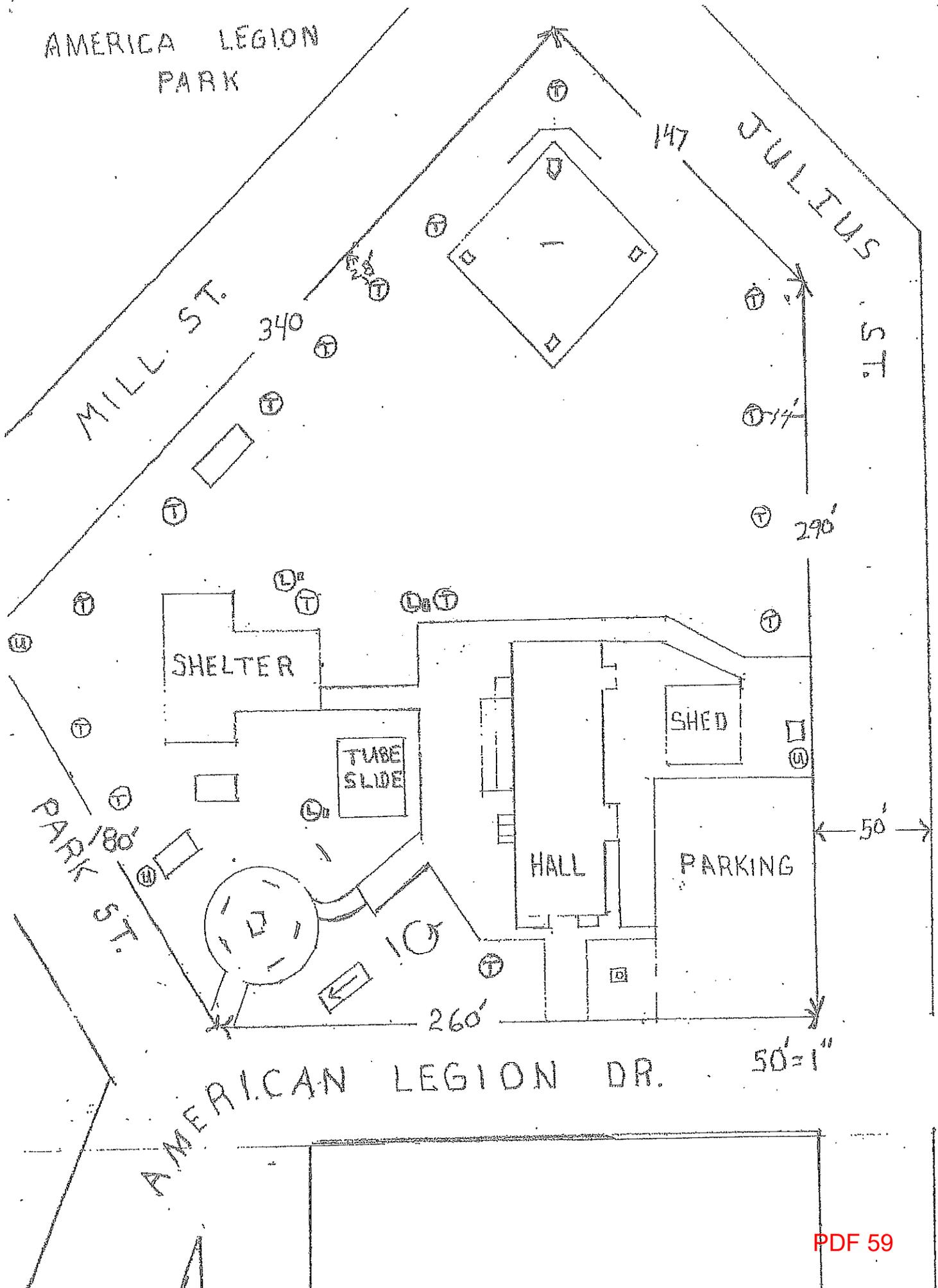


AMERICAN LEAGUE POST. 245



SCALE: 1/8" = 1'

AMERICA LEGION  
PARK



# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

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

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Nineteen09 LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name	(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.

Applicant's Wisconsin Seller's Permit Number <u>456-1030177626-02</u>	
FEIN Number <u>3836220</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Kathryn Ripp</i>	Title / Member <i>owner</i>	Date <i>2/1/20</i>
Signature <i>[Handwritten Signature]</i>	Phone Number [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.

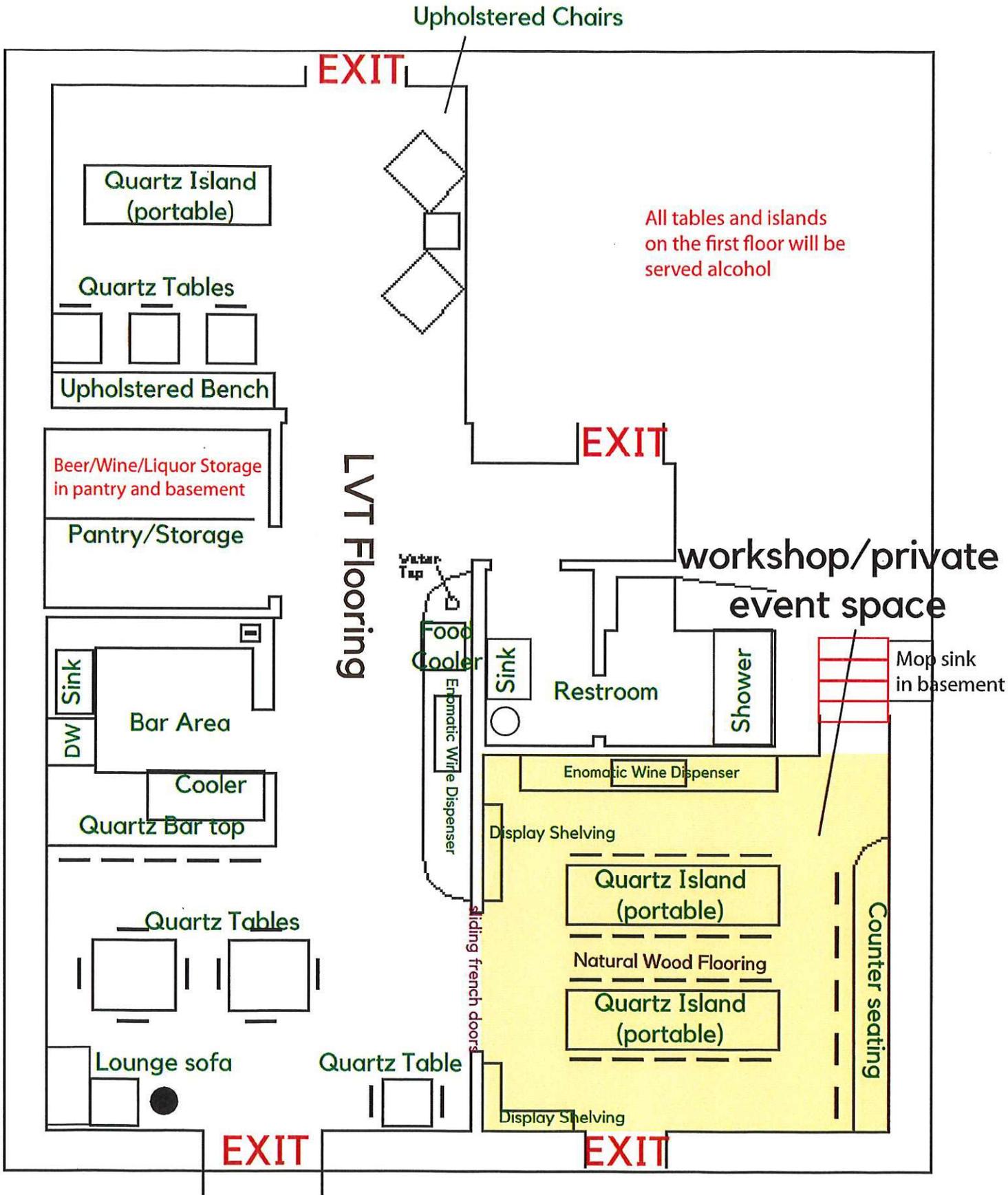
If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## 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 \_\_\_\_\_





Renee Bratton

---

**From:** Katy Ripp [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](mailto: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](mailto:renee@cross-plains.wi.us)>  
**Subject:** nineteen09 Indoor Layout

Hi Renee,

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

# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>REYES</u>	<u>ELOY</u>		<u>3052 ACKERST CROSS PLAINS WI</u>

53528

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Reyes, Eloy (Reyes E &amp; N)</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

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

Agent Last Name	(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)
<u>Reyes</u>	<u>Eloy</u>	<u>M</u>	<u>3052 Acker St., Cross Plains, WI 53528</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

- Trade Name Reyes E & N Business Phone Number (608) 413-0505
- Address of Premises 23 Glacier Edge Sq. Post Office & Zip Code Cross Plains, WI 53528
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

23 Glacier Edge Sq., Cross Plains, WI

See Attached.

Applicant's Wisconsin Seller's Permit Number <u>456-1029662888-04</u>	
FEIN Number <u>83-4086038</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 550</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Eloy Reyes</i>	Title / Member <i>owner</i>	Date <i>6/4/20</i>
Signature <i>[Signature]</i>	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

# 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.

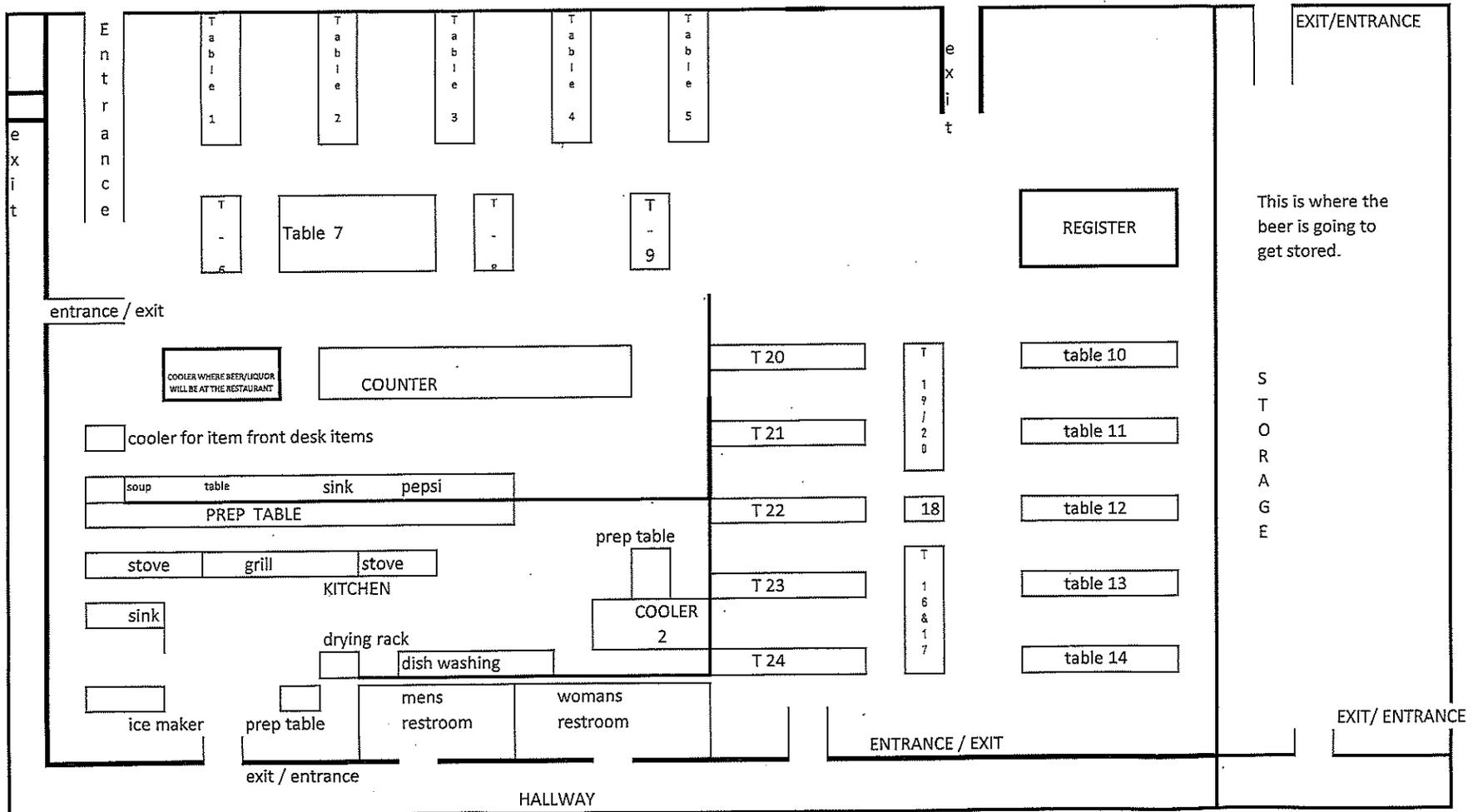
If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## 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 \_\_\_\_\_



# Renewal Alcohol Beverage License Application

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

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

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

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456000307065802	
FEIN Number 20-5625141	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 450
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	<b>\$ 570</b>

## A. Individual or Partnership:

Full Name (Last) <u>Devitt</u>	(First) <u>Mary</u>	(Middle Name) <u>M.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4437 Dahmen Pass, Cross Plains 53528</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## B. LLC or Corporation (and Agent):

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

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

Agent Last Name <u>Devitt</u>	(First) <u>Mary</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4437 Dahmen Pass, Cross Plains, WI 53528</u>
----------------------------------	------------------------	---------------	---

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

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

## C. Business Information

1. Trade Name 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.) <i>Mary M. Devitt</i>	Title / Member <i>OWNER</i>	Date <i>6-2-2020</i>
Signature <i>Mary M. Devitt</i>	Phone Number [REDACTED]	Email Address [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 _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____             | WHERE CONVICTED _____  |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____             | WHERE CONVICTED _____  |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> 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 <sup>securely</sup> in a separate room accessed to the west of the lobby defined as "Liquor Storage" on the site map.

MILL CREEK DRIVEWAY

Porch PARKING

Sisters on Mill

Restrooms Cleaning

Entry

Lobby

Restrooms

Utility  
Closet

PROPOSED  
RATIO

Linen  
Sewer

Liquor  
Storage

100 ft.

Crossroads  
Coffhouse

Get Botanicals

40 ft

PDF 74  
SALE

# Mill Creek Parkway

SISTERS ON  
MAIN ALTERATIONS

DRY/  
CLEANERS

WEST PROPOSED  
PATIO

MAIN ENTRANCE

LOBBY

RESTROOMS

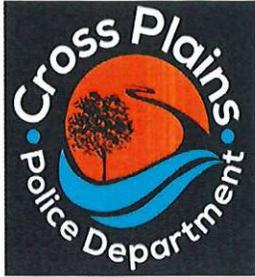
UTILITY  
CLOSET

LIQUOR  
STORED

LIQUOR SERVED

CROSSROADS  
COFFEEHOUSE

Q&T  
Botanicals



## 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

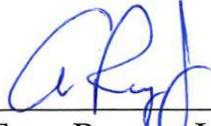
Mary Devitt

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**

To Serve Fermented Malt Beverages and Intoxicating Liquors

Dane WI

WI

4-28-2020

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]

All American Liquor  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 2818 Stumpf St. St. 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? (Town) Village  
City 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: \_\_\_\_\_

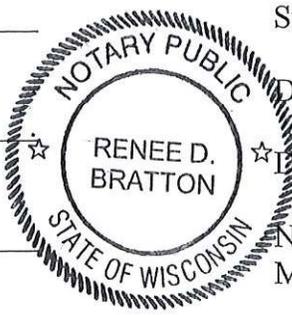
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

**Application for an "Operator's" License**

To Serve Fermented Malt Beverages and Intoxicating Liquors

Dane 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

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 Worewoc, WI 53968 \_\_\_\_\_  
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? (Town) \_\_\_\_\_  
City 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

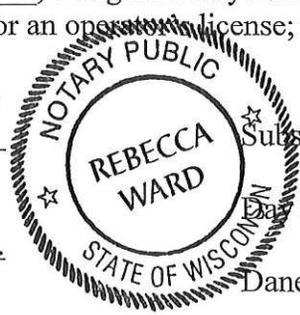
Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

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



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

**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] Coach's Club  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 7794 County Road 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? (Town) Village of Cross Plains  
City 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

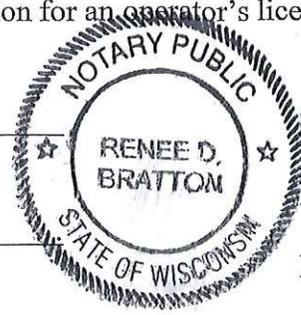
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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 Subscribed and sworn to before me this 28  
**Applicant sign here**

X 5-28-2020 Day of May, 2020  
Date of Application



Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment: Coach's

### 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 \_\_\_\_\_  
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? (Town) Cross Plains  
City  
Village

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: \_\_\_\_\_

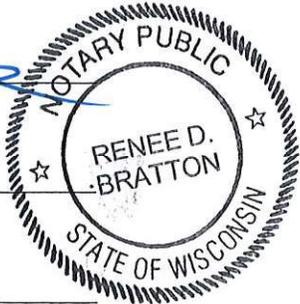
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

**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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

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 \_\_\_\_\_  
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? (Town) V Cross Plains  
City Village

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: \_\_\_\_\_

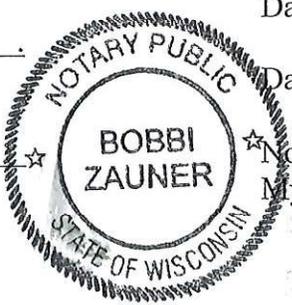
STATE OF WISCONSIN  
DANE COUNTY

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

Subscribed and sworn to before me this 20  
Day of May, 2020

X 5/20/2020  
Date of Application



Date of Board Approval \_\_\_\_\_ Notary Public: Bobbi Zauner  
My Commission Expires: 7/17/2020

**Application for an "Operator's" License**

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 5/21, 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, 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]

coach's club  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 2531 church st. cross plains 53578 [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? (Town) Cross plains  
City Village

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

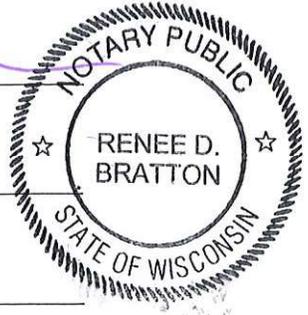
If so, name of court: \_\_\_\_\_

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



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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

Coachs Club  
Name of Establishment

### Answer the following questions fully and completely:

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

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? (Town) Cross Plains  
City 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

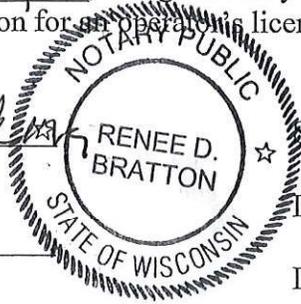
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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



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

**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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_

Coach's Club  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 1424 Madison St. Black Earth WI 53515 \_\_\_\_\_  
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? (Town) Cross Plains  
City 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

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

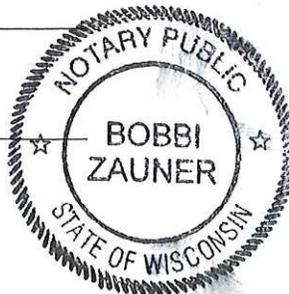
Date of Board Approval \_\_\_\_\_

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



**Application for an "Operator's" License**  
To Serve Fermented Malt Beverages and Intoxicating Liquors

Cross Plains 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 Club  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 1400 Bourbon #303 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? (Town) Cross Plains  
City 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? Nope

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

If so, name of court: \_\_\_\_\_

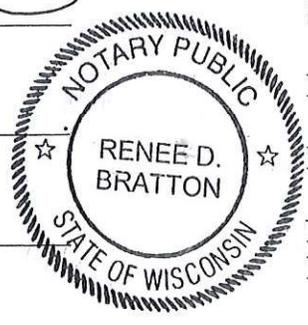
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

# 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ Coach's Club  
Name of Establishment

### Answer the following questions fully and completely:

Name: Jennifer R Esser Is application new or a renewal? yes  
First MI Last

Address of Applicant: 2035 Melody Place 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? (Town) Village of Cross Plains  
City 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

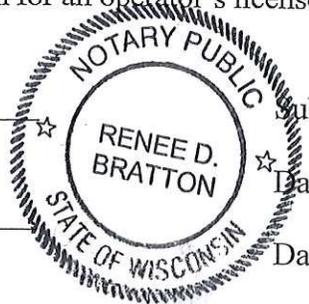
Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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 [Signature]  
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.

Date of Board Approval \_\_\_\_\_

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

**Application for an "Operator's" License**

Cross Plains

WI 6/01, 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_

Coach's Club & Main Street Lanes  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 2520 valley street apt 2. 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? (Town) \_\_\_\_\_  
City 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 (Menomonee, 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

Date of Board Approval \_\_\_\_\_



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

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

# 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

  
learn<sup>2</sup>  
serve

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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_ Crossroads Coffeehouse  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Leslie S Kemp Is application new or a renewal?  
First MI Last

Address of Applicant: 2217 Mill 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? (Town) Cross Plains  
City 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

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



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

Date of Board Approval \_\_\_\_\_

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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
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 53813 \_\_\_\_\_  
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? (Town) \_\_\_\_\_  
City 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? \_\_\_\_\_

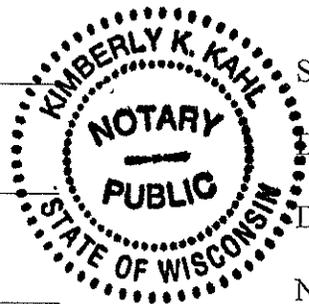
Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

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 [Signature]  
Applicant sign here  
X 6-1-2020  
Date of Application



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

Date of Board Approval \_\_\_\_\_  
Dane County, Wis.  
Notary Public [Signature]  
My Commission Expires: 9-26-2021  
Dane County, Wis

# 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

**learn<sup>2</sup>  
serve**

**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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment Henry's

### 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 Minnemon, 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? (Town) Cross Plains  
City Village

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

If so, where? MADISON, WISCONSIN

Have you ever had a criminal conviction? If yes, what and where? Yes cross plains  
OWE

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

If so, name of court: \_\_\_\_\_

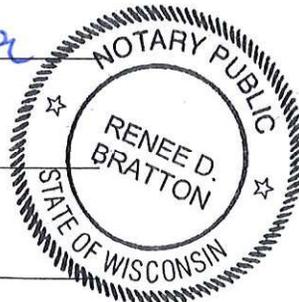
STATE OF WISCONSIN  
DANE COUNTY

\_\_\_\_\_, 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 Penny A Dischler  
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  
My Commission Expires: 4/25/21

# 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ Cross Plains American Legion  
Name of Establishment

### Answer the following questions fully and completely:

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

Address of Applicant: 3027 MARVIN Court 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

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

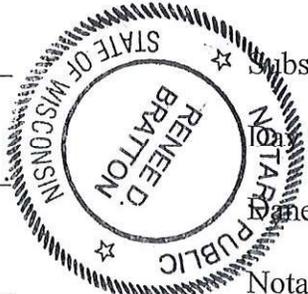
If so, name of court: \_\_\_\_\_

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



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

Date of Board Approval \_\_\_\_\_

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

**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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_  
Cross Plains American Legion  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 2210 Hickory 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? (Town) Cross Plains  
City  
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: \_\_\_\_\_

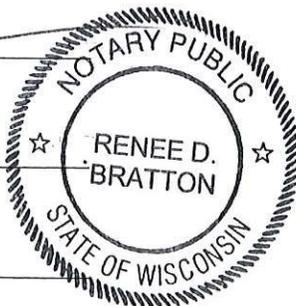
STATE OF WISCONSIN  
DANE COUNTY

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 [Signature]  
Applicant sign here

X 5/7/20  
Date of Application

Date of Board Approval \_\_\_\_\_



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

# 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_

American Legion  
Post 245  
Name of Establishment

### Answer the following questions fully and completely:

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

Address of Applicant: 2503 Woodside Ln 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? (Town) Cross Plains  
City Village

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

If so, where? Renewal Grandfather

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: \_\_\_\_\_

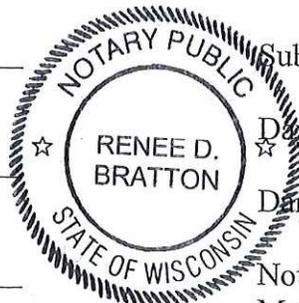
STATE OF WISCONSIN  
DANE COUNTY

Edward Joseph Pelowski, 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 Pelowski  
Applicant sign here

X 5/27/2020  
Date of Application

Date of Board Approval \_\_\_\_\_



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

**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, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

American Legion Post 245  
Maist Lakes  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 2422 Hickory Hill St. CP 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? (Town) Cross Plains  
City  
Village

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

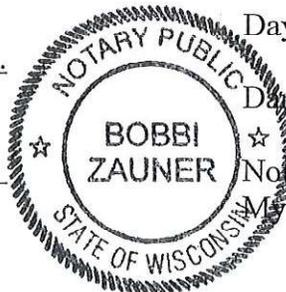
Subscribed and sworn to before me this 20

X 5-20-2020  
Date of Application

Day of May, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_



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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

American Legion Post 245  
Name of Establishment

### Answer the following questions fully and completely:

Name: James Patrick Andreoni Is application new or a renewal? RENEWAL  
First MI Last

Address of Applicant: 3091 Creekside Way, 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? (Town) Cross Plains  
City Village

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

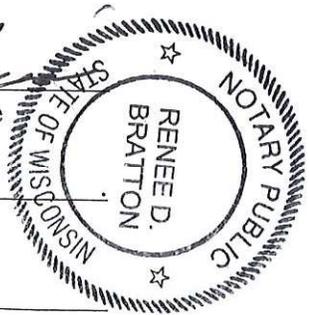
Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

J. Patrick Andreoni, 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 Andreoni  
Applicant sign here  
X 06/03/20  
Date of Application



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

Date of Board Approval \_\_\_\_\_

**Application for an "Operator's" License** Cross Plains WI JUNE 4, 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, 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] American Legion Cross Plains  
Name of Establishment

**Answer the following questions fully and completely:**

Name: William A. Stutz 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) Cross Plains  
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

William Stutz, 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. Stutz  
Applicant sign here

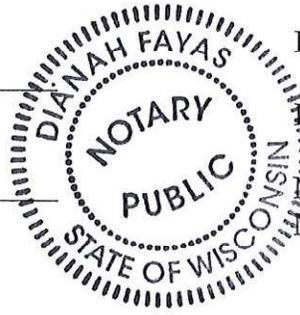
Subscribed and sworn to before me this 4<sup>th</sup>

X 6/4/2020  
Date of Application

Day of June, 2020

Date of Board Approval \_\_\_\_\_

Dane County, Wis.



Notary Public: Dianah Fayas

My Commission Expires: 7-25-2021

# 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, 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: Judy A Butson Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 2508 main 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? Cross Plains  
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 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: \_\_\_\_\_

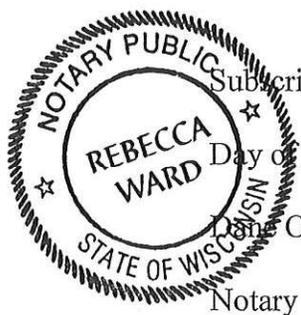
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment \_\_\_\_\_

### Answer the following questions fully and completely:

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

Address of Applicant: 3676 County Highway P 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? (Town) Cross Plains  
City Village

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? 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: \_\_\_\_\_

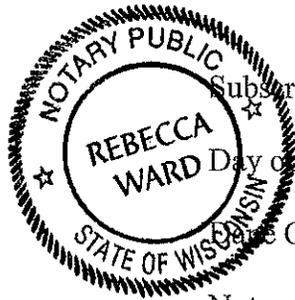
STATE OF WISCONSIN  
DANE COUNTY

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 Katrina Noles-Krantz  
Applicant sign here

X 06/05/2020  
Date of Application

Date of Board Approval \_\_\_\_\_



Subscribed and sworn to before me this 5th  
Day of JUNE, 2020  
\_\_\_\_\_ 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 \_\_\_\_\_, \_\_\_\_\_  
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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

Name of Establishment  
Kwik Trip Inc.

Answer the following questions fully and completely:

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

Address of Applicant: 2310 Brewery Rd. #6 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? (Town) Cross Plains, WI  
City Village

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

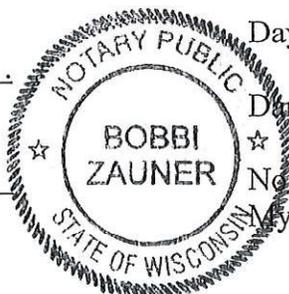
Subscribed and sworn to before me this 11

X 6-11-20  
Date of Application

Day of June, 2020

Date of Board Approval \_\_\_\_\_

Dane County, Wis.



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

**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, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment Kwik Trip

**Answer the following questions fully and completely:**

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

Address of Applicant: 2530 Church 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? (Town) Village of Cross Plains  
City Village

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

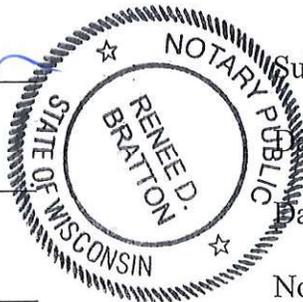
Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? no

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.



Date of Board Approval \_\_\_\_\_  
Notary Public: Renee D. Bratton  
My Commission Expires: 4/25/21

# 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 \_\_\_\_\_ years of age. Date of Birth: 09/01/1978

Kwik Trip  
Name of Establishment

### Answer the following questions fully and completely:

Name: Jodi L. GREEN Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 2914 Brewery Road 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? (Town) Cross Plains  
City  
(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? NO

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

If so, name of court: \_\_\_\_\_

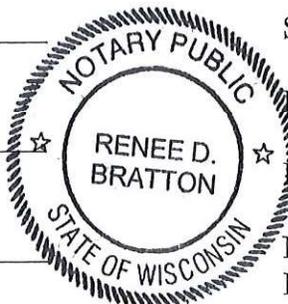
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

# 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ Kwik Trip  
Name of Establishment

### Answer the following questions fully and completely:

Name: Nicholas R. Kraus Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 109 Ridge Drive Cross Plains WI \_\_\_\_\_  
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? (Town) Cross Plains, WI  
City Village

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.

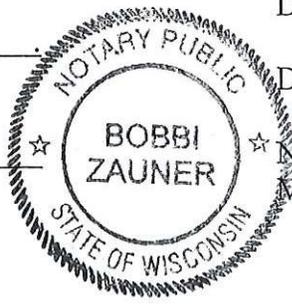
X [Signature]  
Applicant sign here

Subscribed and sworn to before me this 16  
Day of June, 2020

X 6/16/20  
Date of Application

Dane County, Wis.  
Notary Public: Bobbi Zauner  
My Commission Expires: 7/17/2020

Date of Board Approval \_\_\_\_\_



# 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ Kwik Trip  
Name of Establishment

### Answer the following questions fully and completely:

Name: ANTOINE K. DOSSA Is application new or a renewal? ✓  
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? (Town) Cross Plains  
City 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: \_\_\_\_\_

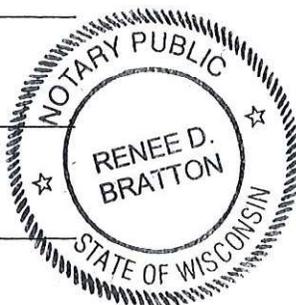
STATE OF WISCONSIN  
DANE COUNTY

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 Antoine Dossa  
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

**Application for an "Operator's" License**

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 6/2, 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, 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: 6886 NDunlap 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? (Town) \_\_\_\_\_  
City  
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: Rance D. Bratton  
My Commission Expires: 4/25/21

# 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

**learn<sup>2</sup>  
serve**

**Corporate Headquarters**

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

**PDF 108**

**Application for an "Operator's" License** Cross Plains WI 5-22 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, 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 G Zach Is application new or a renewal? New  
First MI Last

Address of Applicant: 2515 Twin Pine St 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? (Town) \_\_\_\_\_  
City  
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

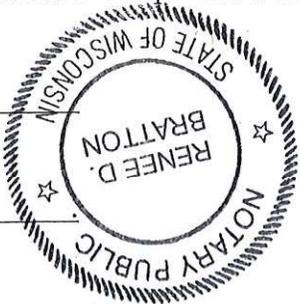
If so, name of court: -

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 Paul Zach  
Applicant sign here

X 5-4-2020  
Date of Application



Subscribed and sworn to before me this 4

Day of June, 2020

Dane County, Wis.

Date of Board Approval 1

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

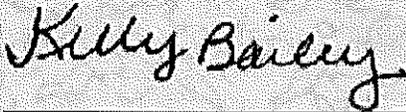
# Wisconsin Responsible Beverage Seller Training

**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



Authorized Signature

**Application for an "Operator's" License** Cross Plains WI 6/4, 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] 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 Fesenfeld 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? (Town) Cross Plains  
City 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? No

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

If so, name of court: \_\_\_\_\_

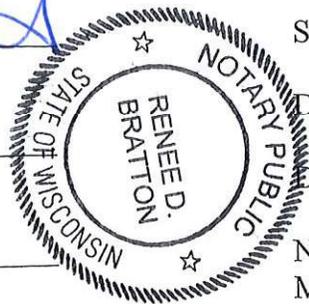
STATE OF WISCONSIN  
DANE COUNTY

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.

Notary Public: Renee D. Bratton

My Commission Expires: 4/25/21

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment: KwikTrip

### Answer the following questions fully and completely:

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

Address of Applicant: 3113 County P.Rd. Mount Horeb WI \_\_\_\_\_  
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? (Town) Tryon, NC  
City Village

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

If so, where? KwikTrip Cross Plains (#893)

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

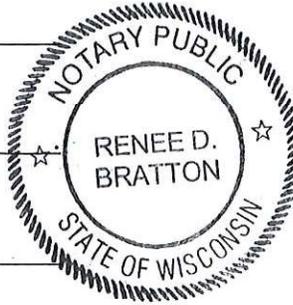
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

# ***KWIK TRIP***<sup>TM</sup>

## *Certificate of Completion*

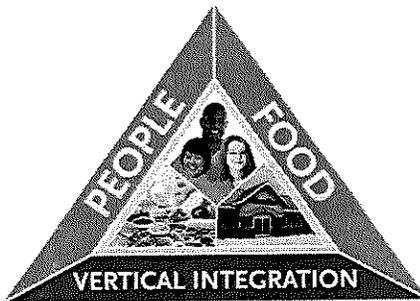
*This certifies that*

***Gabrielle Carlson***

*Has successfully completed*

***Server License Training - Wisconsin***

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



Kwik Trip, Inc. - P.O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988

[www.kwiktrip.com](http://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 Lidzakis 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? (Town) City of Middleton  
City Village

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  
OVI 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: \_\_\_\_\_

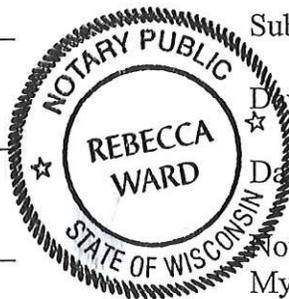
STATE OF WISCONSIN  
DANE COUNTY

Melanie Lidzakis, 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 Lidzakis  
Applicant sign here

X 6/11/2020  
Date of Application

Date of Board Approval \_\_\_\_\_



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

# 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



Authorized Signature

# 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_  
Name of Establishment Kwik Trip

### Answer the following questions fully and completely:

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

Address of Applicant: 2007 Parks 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? (Town) Cross Plains  
City 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? No

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

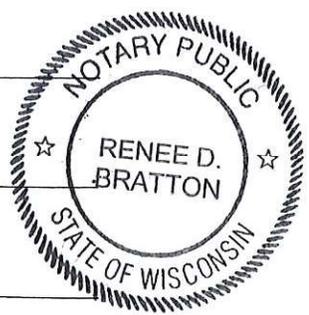
If so, name of court: \_\_\_\_\_

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 Soule  
Applicant sign here

X 6-15-2020  
Date of Application



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

Date of Board Approval \_\_\_\_\_

**Application for an "Operator's" License** Cross Plains WI May 29, 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] Lancasters Piggly Wiggly  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 10331 US Hwy 14 Matomone 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? (Town) Cross Plains  
City Village

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

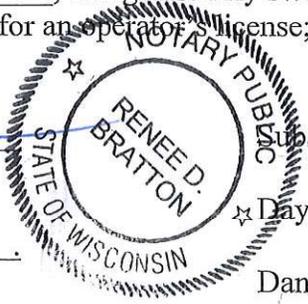
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

Mareyla 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 Mareyla Grady Applicant sign here  
Subscribed and sworn to before me this 29

X 5-29-20 Date of Application  
Day of May, 2020  
Dane County, Wis.



Date of Board Approval \_\_\_\_\_  
Notary Public: Renee D. Bratton  
My Commission Expires: 4/25/21

**Application for an "Operator's" License** Dane WI 5-29, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_ 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 \_\_\_\_\_  
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? (Town) Cross Plains  
City 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: 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 \_\_\_\_\_



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

**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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_ Lancaster's Piggly Wiggly  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Thomas J Lancaster Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 1300 Main Street Apt 304 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? (Town) online  
City 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: \_\_\_\_\_

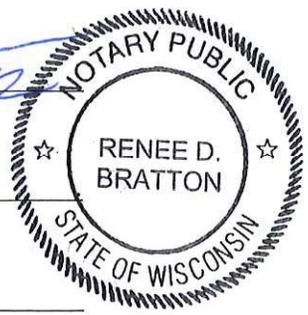
STATE OF WISCONSIN  
DANE COUNTY

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

Date of Board Approval \_\_\_\_\_



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

**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] Lancasters Piggly Wiggly  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Barry T 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? (Town) Cross Plains  
(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

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 Barry Meinholz  
Applicant sign here

X 5-26-2020  
Date of Application



Subscribed and sworn to before me this 26

Day of May, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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

**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, 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] at Lancaster's Biggly Wiggly  
Name of Establishment

**Answer the following questions fully and completely:**

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

Address of Applicant: 1345 Thurson 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? Cross Plains  
City (Town) Cross Plains  
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

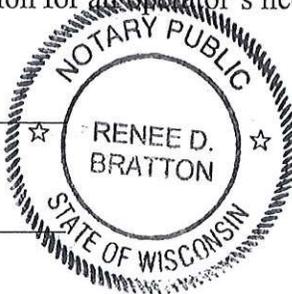
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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



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

**Application for an "Operator's" License** Cross Plains 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, 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 Piggy  
Name of Establishment Wiggly

**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? (Town) Cross Plains  
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: \_\_\_\_\_

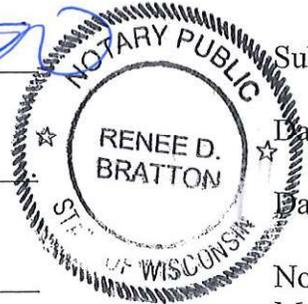
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

**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 A. Houghton Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 2501 Martin St. 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? (Town) Cross Plains  
City Village

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

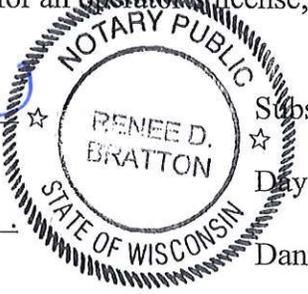
If so, name of court: \_\_\_\_\_

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



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

**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] Piggly Wiggly  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Nicholas C Gilbertson Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 306 S. 8th St Mt. Horeb 53572 [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? (Town) Cross Plains  
City 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

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



Subscribed and sworn to before me this 27

Day of May, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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

**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 W HAACK Is application new or a renewal? RENEWAL  
First MI Last

Address of Applicant: 1908 PAT'S PLACE 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? (Town) CROSS PLAINS  
City Village

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 JUNE, 2020

Dane County, Wis.  
Notary Public: Rebecca Ward  
My Commission Expires: 7/29/23

# 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, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

Main Street Lanes  
Name of Establishment

### Answer the following questions fully and completely:

Name: Eric A Eberle Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 1721 Main St, Cross Plains WI \_\_\_\_\_  
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? (Town) Cross Plains  
City 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? No

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

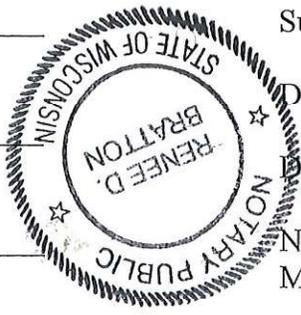
If so, name of court: \_\_\_\_\_

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 [Signature]  
Applicant sign here

X 5-20-2020  
Date of Application



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

Date of Board Approval \_\_\_\_\_

**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, 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: 01/13/62

Man Street Lanes  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Karen A Foye Is application new or a renewal renewal  
First MI Last

Address of Applicant: 2602 Elmwood Dr E 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? (Town) Village  
City 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: \_\_\_\_\_

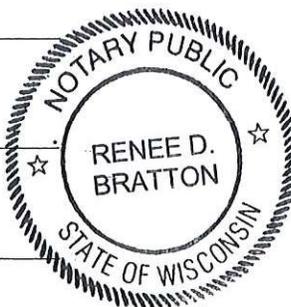
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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

**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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ 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  
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? (Town) CROSS PLAINS  
City 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: \_\_\_\_\_

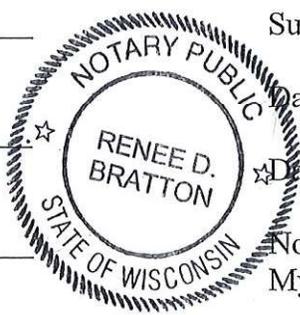
STATE OF WISCONSIN  
DANE COUNTY

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

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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

Reyes EPN LLC  
Name of Establishment

### Answer the following questions fully and completely:

Name: Eloy Reyes Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 3052 Ackerst 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? (Town) Cross Plains  
City 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

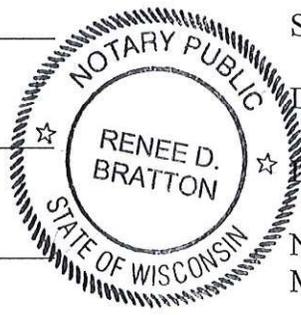
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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 [Signature]  
Applicant sign here

X 6/4/2020  
Date of Application



Subscribed and sworn to before me this 4  
Day of June, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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

**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, 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] Nineteen 09  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Katarena A Ketelboeter Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 2611 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? (Town) Cross Plains  
City 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

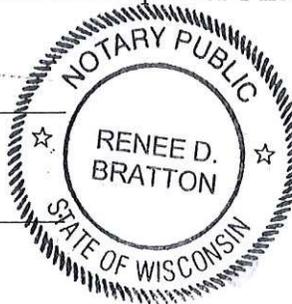
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

Katarena Ketelboeter, 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 Ketelboeter  
Applicant sign here

X 5/26/2020  
Date of Application



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

**Application for an "Operator's" License** Cross Plains WI 6/11/20  
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, 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] Nineteen 09  
Name of Establishment

**Answer the following questions fully and completely:**

Name: 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 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? (Town) Village of Cross Plains  
City 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

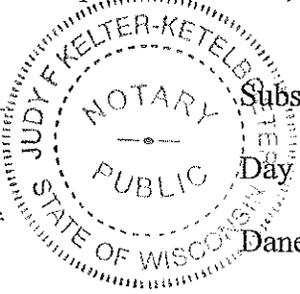
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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 6/11/20  
Date of Application



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

Dane County, Wis.  
Notary Public: [Signature]  
My Commission Expires: 5-6-22

Date of Board Approval \_\_\_\_\_

**Application for an "Operator's" License** CROSS PLAINS WI 06/01, 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] Nineteen09  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Tara L KARIS Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 7915 County Rd K, Cross Plains, WI, 53529 [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? (Town) Village of Cross Plains  
City 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: n/a

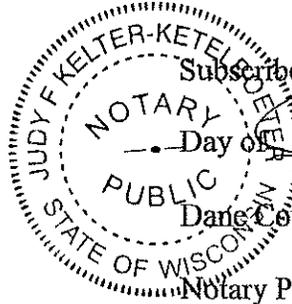
STATE OF WISCONSIN  
DANE COUNTY

Tara Karis, 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 \_\_\_\_\_



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

Danne County, Wis.  
Notary Public: [Signature]  
My Commission Expires: 5-6-22

**Application for an "Operator's" License** Cross Plains WI 6, 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 alcoholic beverages and liquors if a license be granted to me.

I certify that I am                      years of age. Date of Birth                      Nineteen 09  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Dale D. Ripp Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 5700 Otto Run 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? Cross Plains  
City (Town) 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: \_\_\_\_\_

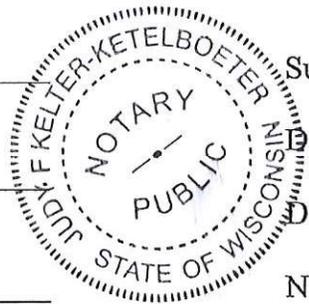
STATE OF WISCONSIN  
DANE COUNTY

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 6.1.20  
Date of Application

Date of Board Approval \_\_\_\_\_



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

Notary Public: Judy Kelter  
My Commission Expires: 5-6-22

**Application for an "Operator's" License** Cross Plains WI June 1, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment: Nineteen 09

**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  
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? (Town) Cross Plains  
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

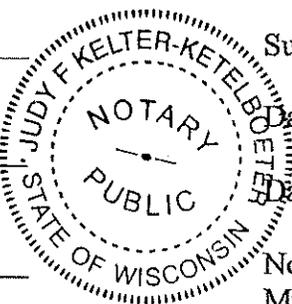
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

\_\_\_\_\_, 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



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

Date of Board Approval \_\_\_\_\_  
Notary Public: Judy F. Kelter  
My Commission Expires: 5-6-22

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

Walgreens  
Name of Establishment

### Answer the following questions fully and completely:

Name: Meredith A Eckhardt Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 1437 Starr Grass Dr Madison 53719 \_\_\_\_\_  
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? (Town) Cross Plains  
City 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: \_\_\_\_\_

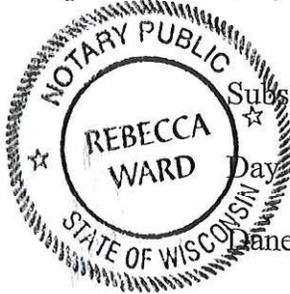
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



Subscribed and sworn to before me this 1<sup>st</sup>  
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 J Hasse Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 2813 Esser 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? (Town) Cross Plains  
City 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

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



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



**Application for an "Operator's" License** Cross Plains WI 5/19, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Walgreens  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Tena M. Green Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 508 Brian St Mt. Horeb 53572 \_\_\_\_\_  
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? (Town) Village of Cross Plains  
City 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

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



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

# 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_

Walgreens  
Name of Establishment

### Answer the following questions fully and completely:

Name: Jaye R. Capel Is application new or a renewal? renewal  
First MI Last

Address of Applicant: 1817 Cross 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? (Town) Village  
City 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

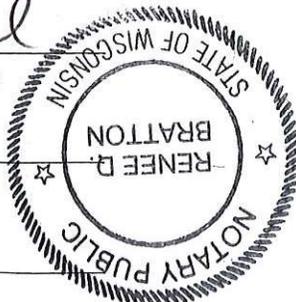
If so, name of court: \_\_\_\_\_

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



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

**Application for an "Operator's" License** Cross Plains WI 5/19, 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: 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? Cross Plains  
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

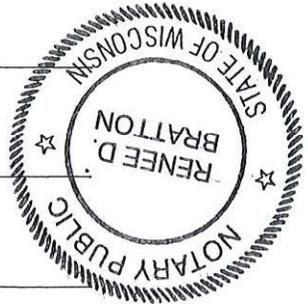
Have you been convicted of any license law or ordinance regulating Fermented malt beverages or intoxicating liquors? NO

If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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



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

**Application for an "Operator's" License** CROSS Plains 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: 03/04/1994 Walgreens  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Dylan J Hormig 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? (Town) Cross Plains  
City 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

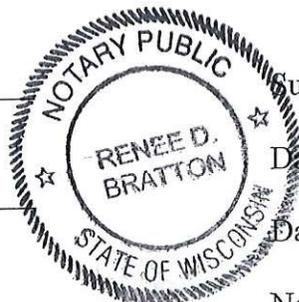
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

\_\_\_\_\_, 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 Hormig  
Dylan Hormig  
Applicant sign here

X 05/21/2020  
Date of Application



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

**Application for an "Operator's" License** Cross Plains WI 5/21, 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] 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 #8 Madison 53714 [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? (Town) Cross Plains  
City 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

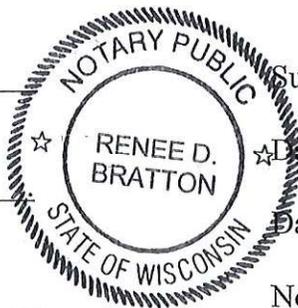
If so, name of court: \_\_\_\_\_

STATE OF WISCONSIN  
DANE COUNTY

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



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

**Application for an "Operator's" License**

Cross Plains WI 21, 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] 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? (Town) Cross Plains  
City Village

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

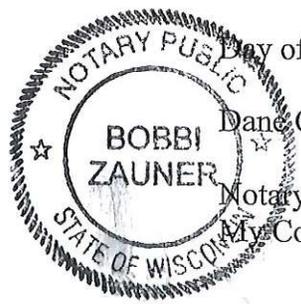
Subscribed and sworn to before me this 21

X May 21, 2020  
Date of Application

Day of May, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_



Notary Public: Bobbi Zauner  
Commission Expires: 7/27/2020

**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\_\_\_\_, 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 \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_\_  
Name of Establishment Walgreens

**Answer the following questions fully and completely:**

Name: Lauren E McGuire Is application new or a renewal? Renewal  
First MI Last

Address of Applicant: 2615 Amherst Rd #18 Middleton 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? (Town) Cross Plains  
City 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: \_\_\_\_\_

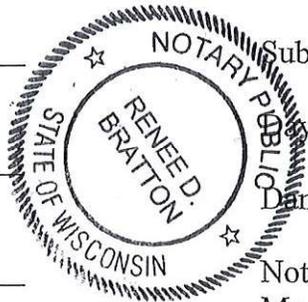
STATE OF WISCONSIN  
DANE COUNTY

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 Lauren McGuire  
Applicant sign here

X 5/21/2020  
Date of Application

Date of Board Approval \_\_\_\_\_



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

**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, 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: 09/19/1995 Walgreens  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Madeline F Gallo Is application new or a renewal? New Renewal  
First MI Last

Address of Applicant: 2300 University Ave 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? (Town) Cross Plains  
City

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

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

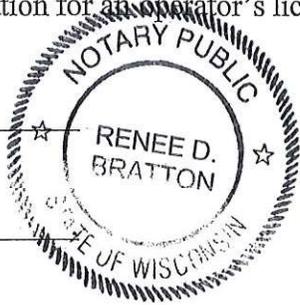
If so, name of court: \_\_\_\_\_

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



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



**Walgreens Boots Alliance**

*Walgreens*



Alliance   
Healthcare

*This certifies that*

**MADLINE 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  
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: 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? (Town) \_\_\_\_\_  
City 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



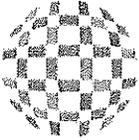
Subscribed and sworn to before me this 26  
Day of May, 2020

X \_\_\_\_\_  
Date of Application

Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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



**Walgreens Boots Alliance**

*Walgreens*



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, 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: 11/07/1995 Walgreens  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Donald K Cowles Is application new or a renewal? New  
First MI Last

Address of Applicant: 805 Brookview Trl Mount Horeb 53572 [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? (Town) Dodgeville  
City 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

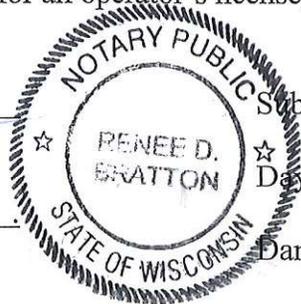
If so, name of court: N/A

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



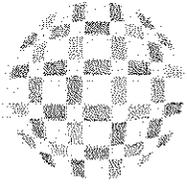
Subscribed and sworn to before me this 26

Day of May, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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



**Walgreens Boots Alliance**

*Walgreens*



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

**Application for an "Operator's" License**

To Serve Fermented Malt Beverages and Intoxicating Liquors

WI 5-21, 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 \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ Walgreens  
Name of Establishment

**Answer the following questions fully and completely:**

Name: Renne S. Ernst Is application new or a renewal? New  
First MI Last

Address of Applicant: 2717 Westview Ct #8 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? (Town) \_\_\_\_\_  
City 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

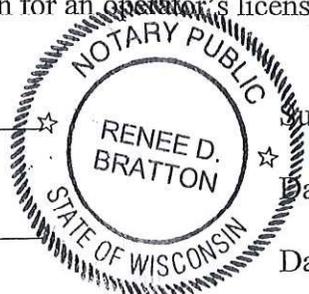
If so, name of court: \_\_\_\_\_

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



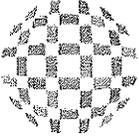
Subscribed and sworn to before me this 21

Day of May, 2020

Dane County, Wis.

Date of Board Approval \_\_\_\_\_

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



**Walgreens Boots Alliance**

*Walgreens*



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? (Town) N/A  
City 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: \_\_\_\_\_

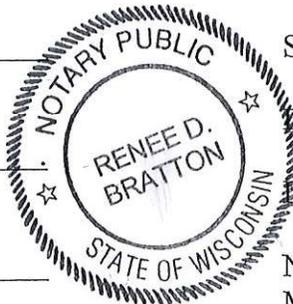
STATE OF WISCONSIN  
DANE COUNTY

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 \_\_\_\_\_



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



**Walgreens Boots Alliance**

*Walgreens*



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**

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\_\_\_\_, 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? (Town) Cross Plains  
City 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

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.

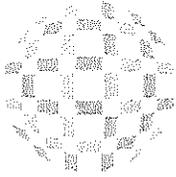
X Jennifer Erickson  
[Signature]  
Applicant sign here  
X 5/20/2020  
Date of Application



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



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  
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: Gerald M Currie Is application new or a renewal? New  
First MI Last

Address of Applicant: 2207 Valley St. #3 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? (Town) Cross Plains  
City  
Village

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

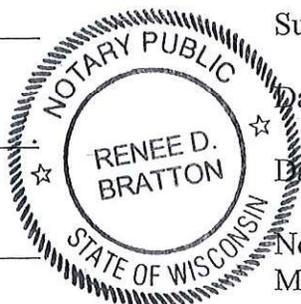
STATE OF WISCONSIN  
DANE COUNTY

\_\_\_\_\_, 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 \_\_\_\_\_



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

# 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

## MEMORANDUM

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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

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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 4<sup>th</sup>, 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 Trail.
- 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

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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

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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 capacity 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
<b>Town and Country 2020 Scope</b>			
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
<b>Total Town and Country 2020 Scope</b>	<b>\$80,000</b>		<b>\$33,900</b>
Well 3 Renderings (Vandewalle)			\$3,100
<b>Total</b>		<b>\$37,000</b>	<b>\$37,000</b>

# 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

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## 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

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## 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

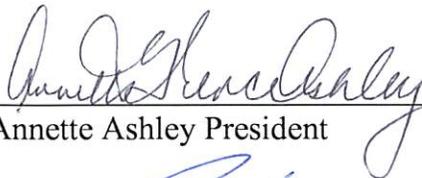
Village of Cross Plains  
(Fiscal Agent)

\_\_\_\_\_  
Jay Langfeld, Village President

\_\_\_\_\_  
Bill Chang, Clerk

Dated this 22<sup>nd</sup> 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**

This space intentionally left blank.

## 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

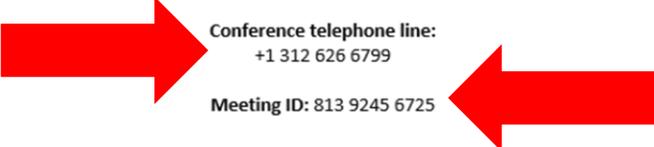
**Tuesday, May 26, 2020**  
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Zoom Virtual Meeting Link:  
<https://us02web.zoom.us/j/81392456725>

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](mailto: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](mailto: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.

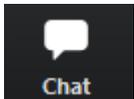
### Public Comments

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](mailto: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



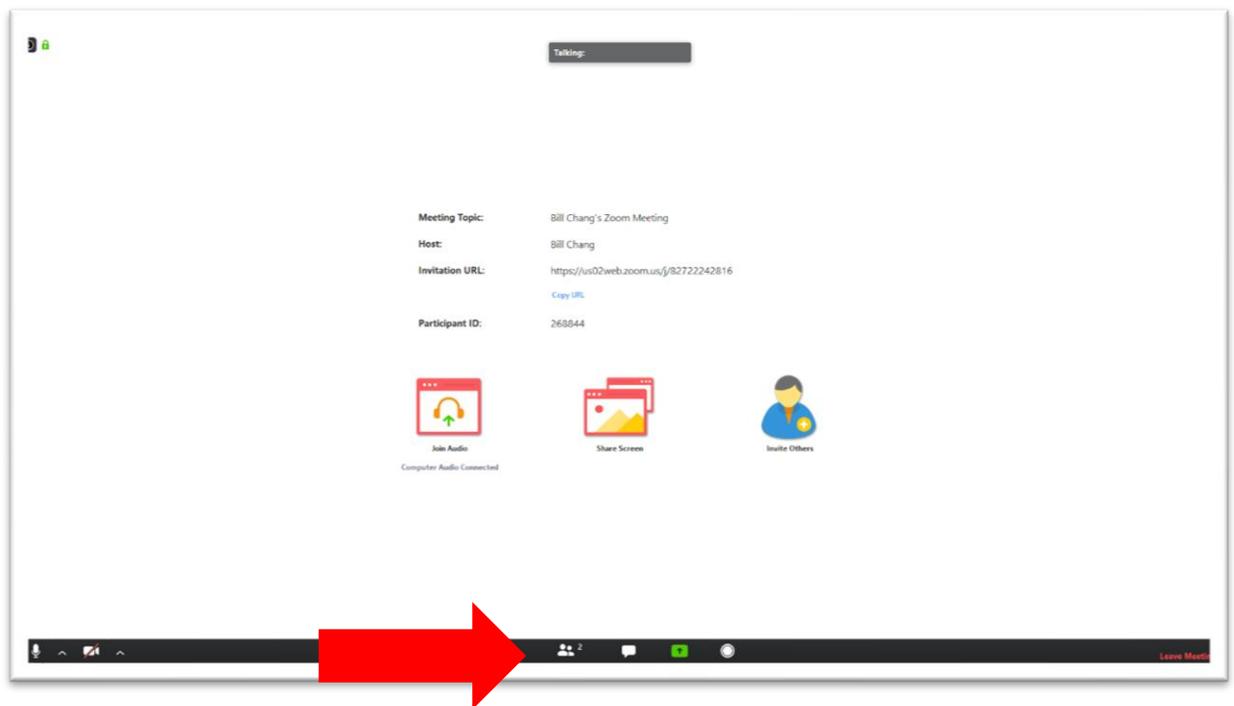
The “Chat” function will be monitored for technical and logistical issues. Discussion on the “Chat” function is public record. Comments made to the board through the “Chat” function may not be acknowledged or addressed by the board. Official comment shall be made through Public Comment.

## 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".

Participants (2)

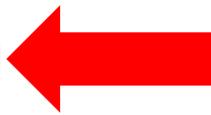
BC	Bill Chang (Me)	 
BW	Becky Ward (Host)	 

3.

Invite

Mute Me

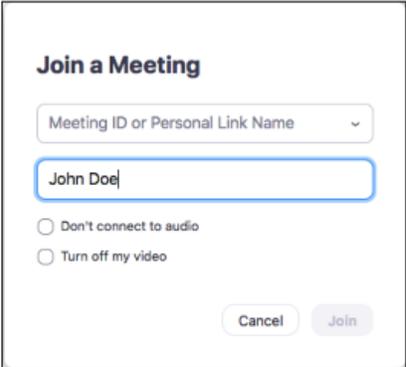
Raise Hand



4. Confirm that your hand is raised.



# How to Participate in a Zoom Meeting

<p><u>Using computer:</u> <a href="https://zoom.us">https://zoom.us</a> Depending on your browser, you may have to download the zoom application, once complete, it will open on your screen.</p> <p><u>Using Smartphone or Tablet:</u> Download  zoom app</p>	<p><u>Open Zoom Application</u> Open the zoom application on your electronic device.</p> <p>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.</p>
	<p><u>Join a Meeting via Electronic Device</u> <b>Using computer:</b> <a href="https://zoom.us/join">https://zoom.us/join</a> <b>Using Smartphone or Tablet:</b> Open app, Click <b>Join meeting</b></p> <ul style="list-style-type: none"> <li>• Enter Meeting ID (nine digits)</li> <li>• Enter Meeting Password (six digits)</li> <li>• Click <b>Join</b></li> <li>• Enter your name (not phone number)</li> </ul> <p><i>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).</i></p>
	<p><u>Join a Meeting via Telephone</u></p> <ul style="list-style-type: none"> <li>• Call <b>1-312-626-6799</b> (long distance charges may apply)</li> <li>• Enter Meeting ID (nine digits)</li> <li>• Enter Meeting Password (six digits)</li> </ul>
	<p><u>Waiting Room</u> 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 <b>click the green "Join with Computer Audio"</b> to join the meeting with audio automatically (you can mute this once you're on the meeting).</p>

## Zoom Menu Bar

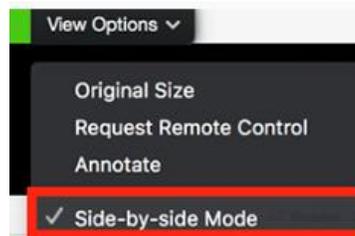


- Mute/Unmute your audio
- Start/stop your video
- Invite others to join the meeting
- Participants- View list of participants, raise hand to speak or change your name.
- Share your screen (with meeting host permission)
- Chat with all/other participants
- Public meetings will be recorded and saved.
- 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 participant 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.