# VILLAGE OF NEW GLARUS - VILLAGE BOARD PROCEEDINGS REGULAR MEETING

Village Hall Board Room 319 2<sup>nd</sup> Street New Glarus, WI

Zoom Meeting Link: https://us02web.zoom.us/j/88455339889 6/20/23 7:00 P.M.

7:0	00 P.M. Regular Meeting	Page #
1.	Call to Order – Roll Call	
2.	Approval of agenda	
3.	Public appearances and citizen comments on items not listed on this agenda. [Items will not be debated or acted upon at this meeting but will be referred to the proper staff/committee if action is required.] – Please keep comments to 3 minutes	
4.	Approval of Consent Agenda:	
	A. Approval of Minutes of 6/6/2023 Regular Meeting	3
	B. Approval of Claims	5
	C. May 2023 Building Inspection Report	10
	D. May 2023 Police Report	11
	E. May 2023 Financials	13
5.	New Business	
	A. Approval Operator Licenses: Kristal Gille, Alyssa Cramer, Nathania Kummer, Greg Kleeman, Barbara Froehlich, Trey Armstrong, Leah Hanson, Keith Kube, Kayla Brick, Tyler Ballweg, Hillary Phillips, Beverly Hoesly, Roger O'Leary, Kayla Ballweg, David Tierman, Jake M Lynch, Hunter J Tierman, Ginger Blum, Joni Keehn, Diane Peters, Kimberly Bigler, McAllister Reynolds, Anastasia Schwenn, Harmony Brooks, Nicole Rivers, John Miller, Alexandra Sayre, Michael Nevil, Jill Stickwell, Kellene Kutz, Tami Reeson, Shannon Jelle, Taylor Clark, Tammy Burnett, Patricia Best, Jolene Butenhoff, Pamela Cox, Kennedy Dreger, Brenna Meier, John Gobeli, Julie O'Connell, Reba Bergmann, Chloe Gwin, Maureen Fugate, Jonathan Cruse & Hallie Weintraub	
	B. Approval: Alcohol Beverage Licenses:  Class A Beer: Blanchardville Coop (Gery Steinmetz)  Class A Beer/Liquor: Shubh Self Service Inc (Suchinder Singh), Burresons/Roy's Market (Darin Burreson), Casey's (Anthony Hawks)  Class B Beer/Liquor: Kleeman's Bar & Grill LLC (Gregory Kleeman); Puempel's Olde Tavern (Charles Bigler); Ott Haus (Amber Tierman), Fest Haus (Randy Dreger) Sportsman's Reloaded (Scott Hook), Landaus Restaurant (Mike Nevil), NG Hotel Restaurant (Mike Nevil), Glarner Stube (John Gobeli) Toefflers Pub & Grill (Stephen Longo), Kristi's Restaurant (Kristi Lopez)  Class B Beer: Rusty Raven LLC (Kristiann Schultz), Dirty Dog Taphaus (Leah Hanson)  Class A Liquor: Brenda's Blumenladen (Brenda Siegenthaler), The Bramble Patch (Sheri Weix),  New Rose (Bryenna Reinicke), Chalet Cheese Haus LLC (Michael Hlubek), Lollygag Antiques (Karen Rodeghier)  Class B Beer/C Wine: Fat Cat Coffee Works LLC (Alexandra Sayre), Sugar River Pizza Co (Deb Watterson)	19
	C. Approval: Misc. Licenses Expiring 6/30/23: Mobile Home Park/Firefly Estates; Pool Table -Tofflers & Kleeman's; Tobacco Retail Lic Casey's, Rusty Raven, Sportsman's, & Ott Haus, Blanchardville Coop, Shubh Self Service	80
	D. Consideration/Discussion: Façade Improvement Grant Application for 600 1st St	81
	E. Consideration/Discussion: Resolution 23-21 Appointing Authorized Representative to File Applications for Financial Assistance from the State of Wisconsin Environmental Improvement Fund	85
	F. Consideration/Discussion: Resolution 23-22 Declaration of Official Intent to Reimburse Expenditures for the Safe Drinking Water Loan Program (SDWLP) Project	86
	G. Consideration/Discussion: Agreement Between the Village of New Glarus and Town & Country Engineering Inc. for Professional Services	87
	<ul> <li>H. Consideration/Discussion: Resolution 23-20 Setting 2023-2027 Resource Recovery Fee</li> <li>I. Consideration/Discussion: Village Hall Office Closure on Friday, August 11, 2023 from 12:00 PM to 2:00 PM for Summer Employee Gathering</li> </ul>	97
	<ul> <li>J. Consideration/Discussion: Agreement to Offer Village Employees Liberty National Life Insurance Policies</li> </ul>	100
6.	Parks and Recreation	
	A. Consideration/Discussion: Village Park Portable Restroom	
7.	Public Works and Safety	

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

## Roger Truttmann, President

AGENDA POSTED: N.G. Village Hall 6/16/23

N.G. Post Office 6/16/23 Bank of New Glarus 6/16/23

Kelsey Jenson, Clerk

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

#### Village Board Meeting Notes

June 20, 2023

#### **Consent Agenda:**

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

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

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

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

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

#### **New Business:**

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

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

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

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

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

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

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

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

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

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

#### Parks and Recreation:

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

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

<u>REGULAR MEETING-CALL TO ORDER:</u> President Truttmann called the regular meeting to order at 7:00 p.m.

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

ABSENT: Mike Marty.

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

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

PUBLIC APPEARANCES AND CITIZEN COMMENTS: None.

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

#### APPROVAL OF MINUTES OF 5/16/23 Regular Meeting

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

#### **NEW BUSINESS**

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

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

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

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

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

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

Consideration/Discussion: 2024 Budget Goals:

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

Consideration/Discussion: Schedule Trustee Orientation:

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

PARKS AND RECREATION: None.

PUBLIC WORKS AND SAFETY: None.

PERSONNEL AND FINANCE: None.

PRESIDENT'S REPORT: None.

#### **CLOSED SESSION**

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

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

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

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

Kelsey Jenson,
 Clerk-Treasurer

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

Report Criteria:

Report type: Summary

Check.Check Issue Date = 06/21/2023

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Amount
06/23	06/21/2023	42078	5603	ADAMSON INDUSTRIES CORP	112.95
06/23	06/21/2023	42079	5821	AQUACHEM OF AMERICA INC	8,217.20
06/23	06/21/2023	42080	1120	ARAMARK UNIFORM SERVICES	379.38
06/23	06/21/2023	42081	6121	AUTO VALUE NEW GLARUS	9.99
06/23	06/21/2023	42082		BADGER SPORTING GOODS	80.00
06/23	06/21/2023	42083		BAER INSURANCE SERVICES, INC.	30,684.50
06/23	06/21/2023	42084	1165		1,046.66
06/23	06/21/2023	42085	1210		760.00
06/23	06/21/2023	42086	1255		1,953.76
06/23	06/21/2023	42087		BORDER STATES ELECTRIC SUP	398.34
06/23	06/21/2023	42088		BRENDA'S BLUMENLADEN	524.71
06/23	06/21/2023	42089	4078		2,973.11
06/23	06/21/2023	42090		CLASSY CLEANERS	1,235.00
06/23	06/21/2023	42091		CONNEY SAFETY	170.81
06/23	06/21/2023	42092		CULLIGAN WATER CONDITIONING IN	42.05
06/23	06/21/2023	42093		DAVE JONES LLC	2,480.00
06/23	06/21/2023	42094		DAVY LABORATORIES	549.20
06/23	06/21/2023	42095		DELUXE DISTRIBUTORS	666.71
06/23	06/21/2023	42096		DOA/DIVISION OF ENERGY SERVICE	70.88
06/23	06/21/2023	42097		FORSTER ELECTRICAL ENG INC	753.30
06/23	06/21/2023	42098		FP MAILING SOLUTIONS	87.15
06/23	06/21/2023	42099		GALLS	125.17
06/23	06/21/2023	42100		GERBER LEISURE PRODUCTS	304.00
06/23	06/21/2023	42101		HACH COMPANY	533.60
06/23	06/21/2023	42102		HYDROCORP	345.00
06/23	06/21/2023	42103	6231		12.06
06/23	06/21/2023	42104		L.V. LABS WW LLC	2,901.52
06/23	06/21/2023	42105		LANTECH SERVICES LLC	127.50
06/23	06/21/2023	42106		MARKS CHEMICAL LLC	822.00
06/23	06/21/2023	42107	2420		3,647.30
06/23	06/21/2023	42108	6234		24.00
06/23	06/21/2023	42109	5286		1,165.71
06/23	06/21/2023	42110	2515		756.20
06/23	06/21/2023	42111	4316		2,338.86
06/23	06/21/2023	42112		NEW GLARUS HARDWARE	309.67
06/23	06/21/2023	42113		NEW GLARUS POLICE ASSOC	10.00
06/23	06/21/2023	42113		NEWS PUBLISHING COMPANY	327.91
06/23	06/21/2023	42114		ODP BUSINESS SOLUTIONS LLC	1,070.05
06/23	06/21/2023	42116		PELLITTERI WASTE SYSTEMS	85.54
06/23	06/21/2023	42117		PERSONNEL EVALUATION INC	25.00
06/23 06/23	06/21/2023 06/21/2023	42118		PRECISION DRIVE & CONTROL INC	15.76
		42119		SCHOOL DIST OF NEW GLARUS	368.53
06/23	06/21/2023	42120		SEERA	889.87
06/23	06/21/2023	42121		SPEE-DEE DELIVERY SERVICE INC	139.20
06/23	06/21/2023	42122		STURDEVANT, JEFF	12.06
06/23	06/21/2023	42123		SYMDON AUTO	34.85
06/23	06/21/2023	42124	6227		367.02
06/23	06/21/2023	42125	5608		475.00
06/23	06/21/2023	42126	5963	TOP PACK DEFENSE LLC	149.38

VILLAGE OF NEW GLARUS	Check Register - NEW SUMMARY REPORT	Page: 2
	Check Issue Dates: 1/1/1753 - 12/31/9999	Jun 15, 2023 08:47AM

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

Report Criteria:

Report type: Summary

Check.Check Issue Date = 06/21/2023

#### Report Criteria:

Check.Check Issue Date = 06/21/2023

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

VILL	6/20/2023		
CHECK#	PAYEE	DIST.	AMOUNT
ACH	941 Tax	PP# 12	12,260.91
ACH	WI Withholding	PP# 12	1,966.29
ACH	Great-West Retirement	deferred comp-pre tax	701.00
ACH	Great-West Retirement	deferred comp-post tax	150.00
ACH	ETF	July health insurance	26,950.26
JE	New Glarus Utilities	utility bill	13,319.69
	Sub-total	<b>,</b>	55,348.15
Payroll - paid	1 6/16/2023		
17292	Kelsey Jenson	Clerk	1,711.19
17293	Deanna Young	Deputy Clerk	1,409.73
17294	Lauren Freeman	Administrator	2,176.18
17295	Mark Binger	PD	776.52
17296	Christian Hammel	PD	301.19
17297	Gordon Disch	PD	233.18
17298	Chanse Kaczmarski	PD	314.25
17299	Alex Brey	PD	2,018.86
17300	Hunter Krohn	PD	2,405.38
17301	Jeff Sturdevant	PD	3,386.05
17301	Molly Hultine	PD	599.67
17302	Ann Lahey	PD	510.43
17304	Joe Cockroft	PW	2,649.75
17305	Charles Loeffelholz	PW	1,656.67
17306	James (Sammy) Nelson	PW	817.93
17307	Kenneth Wolfe	PW	641.72
17307	Aaron Funseth	Water Treatment Plant	2,136.40
17309	Owen Palmer	PW	2,130.40 558.89
17310	Jason Borth	Utility	1,889.23
17310	William Kosmeder	Utility	2,112.93
17311	Kevin Funseth		
17312	Beth Heller	Utility	2,517.76
17313	Erica Loeffelholtz	Utility Library	1,234.23 1,044.38
17314	Peggy Hammerly	Library	97.96
17315	Brooke Mathews	·	946.05
17310	Alayna Lewis	Library Library	65.31
17317	Amy Trumble	Library	
17319	Julie Hawkins	Library	1,259.31 446.81
17319	Amalia Morrison	Library	106.12
17321		Pool	284.19
17321	Megan Buol Chris Rear	Parks	402.29
17323		Chalet	199.84
17324	Mary Statz Mason Thompson	Pool	51.94
17325	Eli Zimmerman	Pool	57.14
17325	Lindsey Schadewalt	Pool	60.25
17326	•	Pool	
	Sydney O' Flanagan	Pool	311.36
17328	Riley O' Flanagan		145.45
17329 17330	Emery Johnson	Pool	218.17
17330	Ellie Eichelkraut	Pool	228.56

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

# Village of New Glarus Building Inspection Summary May, 2023

**Project**: 2300 **Municipality Code**:

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

Jeff Sturdevant **Chief of Police** sturdevant@newglaruspolice.com



Office: 608-527-2145 Fax: 608-527-2062 info@newglaruspolice.com

June 6, 2023

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

From: Chief Jeff Sturdevant

Reference: May Monthly Police Report

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

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

#### Notable information or call(s) for service:

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

## NEW GLARUS POLICE DEPARTMENT 313 2nd Street • PO Box 187 • New Glarus, WI 53574

Jeff Sturdevant **Chief of Police** sturdevant@newglaruspolice.com



"America's Little Switzerland"

Office: 608-527-2145 Fax: 608-527-2062 info@newglaruspolice.com

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

2023 BUDGET TO ACTUAL - MAY

	2023 BUDGET 1	TO ACTUAL - MAY 2023	2023	DIFFERENCE
		Actual to	BUDGET	OVER/(UNDER)
		5/31/2023	12/31/2023	FEBRUARY TO BUDGET
10-00-41110-000-000	PROPERTY TAXES	728,690	728,950	-260
10-00-41140-000-000	MOBILE HOME TAXES	5,408	9,500	-4,092
10-00-41150-000-000	NG HOME-PAYMENT IN LIEU	30,919	31,000	-81
10-00-41160-000-000	AG USE PENALTY	0	0	0
10-00-41310-000-000	UTILITY TAXES	97,690	235,456	-137,766
10-00-41800-000-000	INTEREST ON TAXES	119	50	69
10-00-43400-000-000	SHARED TAXES	862,825 0	1,004,956 235,831	-142,131 -235,831
10-00-43411-000-000	FIRE INSURANCE DUES	0	9,100	-255,851 -9,100
10-00-43520-000-000	STATE AID: POLICE TRAINING	0	500	-500
10-00-43521-000-000	STATE AID: OWI GRANT	0	0	0
10-00-43522-000-000	STATE AID: SEATBELT GRANT	0	0	0
10-00-43525-000-000	STATE AID: PD: HWY. SAFETY GRA	0	0	0
10-00-43526-000-000	STATE AID: PD DIGITAL RECORDIN	0	0	0
10-00-43527-000-000	STATE AID: RADIO GRANT	0	0	0
10-00-43528-000-000	STATE AID: 2014 BIKE RODEO GRA	0	0	0
10-00-43529-000-000	STATE AID: SPEED GRANT	0	0	0
10-00-43530-000-000	STATE AID: STREETS	67,761	135,523	-67,761
10-00-43535-000-000 10-00-43540-000-000	STATE AID: LRIP STATE AID: COMPUTER	0	0 5,139	-5,139
10-00-43545-000-000	STATE AID: COMPOTER  STATE AID: PERSONAL PROP. TAX	12,417	12,417	-5,159
10-00-43546-000-000	STATE AID: VIDEO SERVICE PROVI	0	5,250	-5,250
10-00-43553-000-000	STATE AID: OTHER	0	0	0
10-00-43560-000-000	STATE AID: COVID-19 GRANT	0	0	0
10-00-43610-000-000	PAYMENTS FOR MUNICIPAL SERVICE	467	500	-33
10-00-43620-000-000	IN LIEU OF TAX: BICYCLE TRAIL	377	178	199
10-00-43710-000-000	COUNTY AID: ROADS	0	2,000	-2,000
10-00-43720-000-000	COUNTY AID: TOBACCO GRANT	0	0	0
10-00-43810-000-000	FED GRANT: BULLET PROOF VEST	1,070	0	1,070
10.00.44440.000.000	HOHOD HEENES	82,091	406,438	-324,347
10-00-44110-000-000	LIQUOR LICENSES  OPERATOR LICENSES	246 2,030	8,800	-8,554 -770
10-00-44120-000-000 10-00-44130-000-000	CIGARETTE LICENSES	2,030	2,800 250	-250
10-00-44140-000-000	CTV FRANCHISE FEE	11,584	21,750	-10,166
10-00-44160-000-000	OTHER LICENSES	45	130	-85
10-00-44210-000-000	BICYCLE LICENSES	4	0	4
10-00-44220-000-000	DOG LICENSES	235	10	225
10-00-44310-000-001	BUILDING PERMITS-FENLEY	13,438	10,000	3,438
10-00-44910-000-001	SIGN PERMITS-FENLEY	250	200	50
10-00-44920-000-000	OTHER PERMITS	520	1,300	-780
10-00-44925-000-000	STREET USE PERMITS	260	800	-540
10.00.45440.000.000	001107 0511117155 0 00075	28,613	46,040	-17,427
10-00-45110-000-000	COURT PENALTIES & COSTS	4,244	11,000	-6,756
10-00-45120-000-000 10-00-45190-000-000	PARKING VIOLATIONS OTHER ORDINANCE VIOLATIONS	3,690 0	6,000 0	-2,310 0
10-00-45190-000-000	OTHER ORDINANCE VIOLATIONS	7,934	17,000	-9,066
10-00-46110-000-000	CLERKS FEES	2,455	5,000	-2,545
10-00-46210-000-000	LAW ENFORCEMENT FEES	298	3,000	-2,702
10-00-46220-000-000	PUBLIC WORKS FEES	1,518	. 0	1,518
10-00-46300-000-000	Special Charge - Driveway	0	0	0
10-00-46720-000-000	PARKS	1,528	2,500	-972
10-00-46720-000-001	PARKS: SIGN RENTAL	39,700	25,000	14,700
10-00-46725-000-000	RECREATION CHILD PROGRAMS	1,206	900	306
10-00-46726-000-000	RECREATION ADULT PROGRAMS	0	0	0
10-00-46730-000-000	TRIATHLON	0	0	0
10-00-46735-000-000	SWIMMING POOL	14,563	40,000	-25,437
10-00-46735-000-001	SWIMMING POOL - LESSONS	5,717	6,500	-783
10-00-46735-000-003 10-00-46735-000-004	POOL ADULT PROGRAMS POOL CHILD PROGRAMS	144 0	250 0	-106 0
10-00-46736-000-000	SWIM TEAM	4,185	5,300	-1,115
10-00-46737-000-000	BASEBALL: ALL PROGRAMS	5,479	5,500	-1,113
00 .0.0, 000 000		3, 3	5,500	21

#### 2023 BUDGET TO ACTUAL - MAY

	2023 BUDGET TO		2022	DIFFEDENCE
		2023	2023	DIFFERENCE OVER (UNDER)
		Actual to	BUDGET	OVER/(UNDER)
10.00.46720.000.000	CIRIC COETRALI	5/31/2023	12/31/2023	FEBRUARY TO BUDGET
10-00-46738-000-000	GIRLS SOFTBALL	2,490 0	3,000	
10-00-46739-000-000 10-00-46740-000-000	BASEBALL:DON'T USE VILLAGE HALL		0 1,000	
10-00-46745-000-000	OFFICE SPACE RENTS	1,100 0	1,000	
10-00-46746-000-000	Office Space Rent-Light/Water	1,250	3,000	
10-00-46747-000-000	RENTALS: LIBRARY	0	0,000	•
10 00 40/4/ 000 000	RENTALS. EIDRANT	81,635	100,950	
10-00-48100-000-000	INTEREST	69,345	5,000	
10-00-48300-000-000	SALES MDSE & SUPPLY	1,060	3,000	
10-00-48300-000-002	SALES: RECREATION CONCESSIONS	0	0	·
10-00-48400-000-000	INSURANCE RECOVERIES	0	0	0
10-00-48500-000-000	DONATIONS	2,597	0	2,597
10-00-48500-000-001	DONATIONS-POLICE DEPT.	500	0	500
10-00-48500-000-002	DONATION: PD: COMMUNITY RELAT	300	0	300
10-00-48500-000-003	DONATIONS: TEAM SHIRT SPONSORS	0	0	0
10-00-48500-000-004	DONATION: WPPI FOR ECONOMIC DEV	0	1,000	-1,000
10-00-48600-000-000	REFUND PRIOR YEAR EXPENSES	2,196	0	2,196
		75,998	9,000	66,998
10-00-49120-000-000	PROCEEDS FROM LONG: TERM DEBT	0	0	0
10-00-49211-000-000	TRANSFER FROM ROOM TAX FUND	0	0	0
10-00-49220-000-000	TRANSFER FROM LIBRARY FUND	0	0	
10-00-49250-000-000	TRANSFER FROM CHALET FUND	0	0	
10-00-49260-000-000	TRANS FROM GENERAL FUND	0	0	
10-00-49263-000-000	TRANSFER FROM DNR GRANT-FOREST	0	0	
10-00-49300-000-000	SINKING FUNDS APPLIED	0	16,000	•
10-00-49301-000-000	SURPLUS FUNDS APPLIED	0	29,130	· ·
10-00-49999-000-000	MISCELLANEOUS REVENUE	84	0	_
TOTAL DEVENUE		84	45,130	·
TOTAL REVENUE		1,139,179	1,629,514	-490,335
10-00-51110-110-000	VILLAGE BOARD: SALARIES	5,500	0	,
10-00-51110-130-000	VILLAGE BOARD: FRINGE BENEFITS	421	0	
10-00-51110-310-000 10-00-51110-320-000	VILLAGE BOARD: GENERAL OPERATI VILLAGE BOARD: PUBLICATIONS	0	150 0	
10-00-51110-320-000	VILLAGE BOARD: PUBLICATIONS  VILLAGE BOARD: TRAVEL & TRAINI	0	100	
10-00-51110-330-000	C & C: SALARIES	100	0	
10-00-51120-130-000	C & C: FRINGE BENEFITS	8	0	
10-00-51120-310-000	C & C: GENERAL OPERATIONS	250	100	
10-00-51120-320-000	C & C: PUBLICATIONS	9	50	
10-00-51120-330-000	C & C: TRAVEL & TRAINING	40	400	
10-00-51300-310-000	VILLAGE ATTORNEY	4,133	9,000	-4,867
10-00-51300-310-001	VILLAGE ATTORNEY - COURT	5,992	10,734	
10-00-51300-310-002	VILLAGE ATTY: TOWN/VILLAGE CBA	0	0	0
10-00-51310-310-000	ORDINANCE CODIFICATION	695	6,500	-5,805
10-00-51400-310-000	ADMINISTRATIVE SUPPORT	8,110	10,500	-2,390
10-00-51410-110-000	PRESIDENT: SALARIES	3,000	0	3,000
10-00-51410-130-000	PRESIDENT: FRINGE BENEFITS	230	0	230
10-00-51410-310-000	PRESIDENT: GENERAL OPERATIONS	0	0	0
10-00-51410-320-000	PRESIDENT: PUBLICATIONS	0	0	0
10-00-51410-330-000	PRESIDENT: TRAVEL & TRAINING	0	0	0
10-00-51415-110-000	ADMINISTRATOR: SALARIES	16,927	1,920	15,007
10-00-51415-130-000	ADMINISTRATOR: FRINGE BENEFITS	2,000	0	•
10-00-51415-220-000	ADMINISTRATOR: UTILITIES	480	650	
10-00-51415-310-000	ADMINISTRATOR: GENERAL OPERATI	7,814	2,000	
10-00-51415-320-000	ADMINISTRATOR: PUBLICATIONS	0	0	
10-00-51415-330-000	ADMINISTRATOR: TRAVEL & TRAINI	642	3,000	
10-00-51420-110-000	CLERK: SALARIES	18,257	3,000	
10-00-51420-130-000	CLERK: FRINGE BENEFITS	11,770	230	•
10-00-51420-220-000	CLERK: UTILITIES	549	1,200	
10-00-51420-310-000	CLERK: GENERAL OPERATIONS	1,650	4,000	
10-00-51420-320-000	CLERK: PUBLICATIONS	1,116	5,500	-4,384

#### 2023 BUDGET TO ACTUAL - MAY

1-330-000   CLERK: TRAVEL & TRAINING   170   2,500   -2,330   -2
1330-000   CLERK: TRAVEL & TRAINING   170   2,500   -2,330      -110-000   ELECTIONS: SALARIES   2,359   0   0   2,359    -130-000   ELECTIONS: FRINGE BENEFITS   0   0   0   0   0    -310-000   ELECTIONS: GENERAL OPERATIONS   968   3,100   -2,132    -320-000   ELECTIONS: TRAVEL & TRAINING   66   200   -1,348    -330-000   ELECTIONS: TRAVEL & TRAINING   66   200   -1,348    -330-000   TREASURER: SALARIES   15,073   0   15,073    -330-000   TREASURER: RINGE BENEFITS   9,582   0   9,582    -310-000   TREASURER: RINGE BENEFITS   9,582   0   9,582    -330-000   TREASURER: RINGE BENEFITS   9,582   0   9,582    -330-000   TREASURER: RINGE BENEFITS   0   0   600   6-600    -330-000   TREASURER: TRAVEL & TRAINING   510   1,000   4-90    -330-000   TREASURER: TRAVEL & TRAINING   510   1,000   4-90    -3310-000   NIDEFENDENT AUDIT   23,310   15,000   8,310    -3310-000   VILLAGE HALL: SALARIES   101   2,706   -2,605    -301-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195    -301-000   VILLAGE HALL: FRINGE BENEFITS   102   2,706   -2,605    -202-000   VILLAGE HALL: FRINGE BENEFITS   101   2,706   -2,605    -301-000   VILLAGE HALL: REPAIR/BOUIDING   0   4,000   -4,000    -301-000   VILLAGE HALL: REPAIR/FOUIDNENT   0   1,000   -4,000    -301-000   VILLAGE HALL: REPAIR/FOUIDNENT   0   0   0   0    -301-000   VILLAGE HALL: REPAIR/FOUIDNENT   0   0   0   0   0    -301-000   VILLAGE HALL: REPAIR/FOUIDNENT
1-330-000   CLERK: TRAVEL & TRAINING   170   2,500   2,330   1-110-000   ELECTIONS: SALARIES   2,359   0   2,559   0   2,559   0   2,559   0   3,159   0   0   0   0   0   0   0   0   0
1-110-000   ELECTIONS: SALARIES   2,359   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1-130-000   ELECTIONS: FRINGE BENEFITS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1-310-000   ELECTIONS: GENERAL OPERATIONS   968   3,100   -2,132     1-320-000   ELECTIONS: PUBLICATIONS   187   175   12     1-330-000   ELECTIONS: PUBLICATIONS   187   175   12     1-303-000   ELECTIONS: TAVEL & TRAINING   66   200   1-314     1-110-000   TREASURER: SALARIES   15,073   0   15,073     1-310-000   TREASURER: FRINCE BENEFITS   9,582   0   9,582     1-320-000   TREASURER: PUBLICATIONS   0   6600   -600     1-330-000   TREASURER: PUBLICATIONS   0   6600   -600     1-330-000   TREASURER: PUBLICATIONS   0   6600   -600     1-330-000   TREASURER: TRAVEL & TRAINING   510   1,000   -490     1-310-000   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885     1-310-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195     1-220-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933     1-291-000   VILLAGE HALL: UTILITIES   8,067   17,000   -1,000     1-330-000   VILLAGE HALL: PERAIR/EQUIPMENT   0   1,000   -1,000     3-350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000     3-350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   0   0     3-310-000   PROPERTY TAX   0   0   0     3-310-000   PROPERTY TAX   0   0   0     3-310-000   PROPERTY TAX   0   0   0     3-310-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834     3-310-000   LIABILITY INS: GENERAL OPS   33,334   15,500   17,834     3-310-000   DOLICE ADMIN: SALARIES   7,113   0   7,113     3-310-000   DOLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     3-310-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   0     3-310-000   POLICE ADMIN: FRINGE BENEFITO M   4,594   7,850   3,734
1-330-000   ELECTIONS: TRAVEL & TRAINING   66   200   1-34     1-110-000   TREASURER: SALARIES   15,073   0   15,073     1-310-000   TREASURER: FRINGE BENEFITS   9,582   0   9,582     1-310-000   TREASURER: GENERAL OPERATIONS   5,026   9,500   -4,474     1-320-000   TREASURER: PUBLICATIONS   0   600   600   600     1-330-000   TREASURER: PUBLICATIONS   0   600   600   600     1-330-000   TREASURER: ATAVEL & TRAINING   510   1,000   4,900     1-310-000   INDEPENDENT AUDIT   23,310   15,000   8,310     1-310-000   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885     1-110-000   VILLAGE HALL: FRINGE BENFEITS   12   207   -195     1-120-000   VILLAGE HALL: FRINGE BENFEITS   12   207   -195     1-220-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933     1-291-000   VILLAGE HALL: GENERAL OPSATIO   511   2,000   -1,489     1-350-000   VILLAGE HALL: REPAIR/FQUIPMENT   0   1,000   -1,000     1-351-000   VILLAGE HALL: REPAIR/FQUIPMENT   0   1,000   -1,000     1-351-000   VILLAGE HALL: REPAIR/FQUIPMENT   0   0   0     1-310-000   PROPERTY TAX   0   0   0   0     1-310-000   PROPERTY TAX   0   0   0   0     1-310-000   PROPERTY TAX   0   0   0   0     1-310-000   PROPERTY INS: GENERAL OPS   28,638   23,600   5,038     1-310-000   UNEMPLOYMENT INS: GENERAL OPS   28,638   23,600   5,038     1-310-000   POLICE ADMIN: SALARIES   7,113   0   7,113     1-30-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     1-20-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     1-310-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     1-310-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   7,772     1-310-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,0247     1-310-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413     1-310-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413     1-310-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413     1-310-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413     1-310-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413
1-110-000   TREASURER: SALARIES   15,073   0   15,073     1-130-000   TREASURER: FRINGE BENEFITS   9,582   0   9,582     3-20-000   TREASURER: GENERAL OPERATIONS   5,026   9,500   -4,474     3-20-000   TREASURER: PUBLICATIONS   0   600   -600     3-30-000   TREASURER: TRAVEL & TRAINING   510   1,000   -490     3-310-000   VILLAGE HALL: SALARIES   101   2,706   -2,605     1-130-000   VILLAGE HALL: TRINGE BENEFITS   12   207   -195     1-10-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933     1-291-000   VILLAGE HALL: UTILITIES   8,067   17,000   -1,000     3-310-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489     3-310-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000     3-351-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -500     3-350-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   -500     3-310-000   PROPERTY TAX   0   0   0   0     3-310-000   PROPERTY TAX   0   0   0   0     3-310-000   PROPERTY TINS: GENERAL OPS   33,334   15,500   17,834     3-310-000   PROPERTY INS: GENERAL OPS   28,638   23,600   5,038     3-310-000   PROPERTY INS: GENERAL OPS   28,638   23,600   5,038     3-310-000   POLICE ADMIN: SALARIES   7,113   0   7,113     3-10-000   POLICE ADMIN: SHARIES   7,113   0   7,113     3-10-000   POLICE ADMIN: SHAR
P-130-000   TREASURER: FRINGE BENEFITS   9,582   0   9,582    -310-000   TREASURER: GENERAL OPERATIONS   5,026   9,500   -4,474    -320-000   TREASURER: PUBLICATIONS   0   600   -600    -330-000   TREASURER: TRAVEL & TRAINING   510   1,000   -490    -3310-001   TREASURER: TRAVEL & TRAINING   510   1,000   -490    -3310-001   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885    -3110-000   VILLAGE HALL: SALARIES   101   2,706   -2,605    -130-000   VILLAGE HALL: SRINGE BENEFITS   12   207   -195    -130-000   VILLAGE HALL: PRINGE BENEFITS   12   207   -195    -130-000   VILLAGE HALL: PRINGE BENEFITS   12   207   -195    -130-000   VILLAGE HALL: PRINGE BENEFITS   12   2,000   -1,489    -130-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489    -3350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000    -3350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   4,000   -4,000    -3350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   0   0    -3350-000   VILLAGE HALL: REPAIR/GOUNDS   0   500   -500    -3310-000   PROPERTY TAX   0   0   0   0    -3310-000   PROPERTY TAX   0   0   0   0    -3310-000   PROPERTY TAX   0   0   0   0    -310-000   POLICE ADMIN: SCENERAL OPS   28,638   23,600   5,038    -310-000   POLICE ADMIN: SALARIES   7,113   0   7,113    -310-000   POLICE ADMIN: SALARIES   7,113   0   7,113    -310-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941    -310-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941    -310-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256    -310-001   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256    -310-001   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256    -310-001   POLICE ADMIN: FRINGE BENEFITS   7,953   122,534   -42,981    -310-002   POLICE ADMIN: FRINGE BENEFITS   7,953   122,534   -42,981    -310-000   POLICE ADMIN: PUBLICATIONS   0   0   0    -310-000   POLICE PATROL: SALARIYENGRANT   0   0   0
1-310-000   TREASURER: GENERAL OPERATIONS   5,026   9,500   -4,474    -320-000   TREASURER: PUBLICATIONS   0   600   600    -330-000   TREASURER: TRAVEL & TRAINING   510   1,000   -490    -3310-000   INDEPENDENT AUDIT   23,310   15,000   8,310    -3310-000   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885    -3110-000   VILLAGE HALL: SALARIES   101   2,706   -2,605    -220-000   VILLAGE HALL: HERINGE BENEFITS   12   207   -195    -220-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933    -291-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267    -3310-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267    -3310-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000    -3351-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000    -3351-000   VILLAGE HALL: REPAIR/BUILDING   0   4,000   -4,000    -3352-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   -500    -3310-000   PROPERTY TAX   0   0   0   0    -3310-000   PROPERTY TAX   0   0   0   0    -3310-000   PROPERTY TAX   0   0   0   0    -3110-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834    -310-000   UNEMPLOYMENT INS: GENERAL OPS   28,638   23,600   5,038    -310-000   PROPERTY INS: GENERAL OPS   228,953   192,121   36,832    -310-000   POLICE ADMIN: SALARIES   7,113   0   7,113    -310-000   POLICE ADMIN: SALARIES   7,113   0   7,113    -310-000   POLICE ADMIN: SALARIES   7,324   3,830   5-5,68    -240-000   POLICE ADMIN: GENERAL OPS   3,833   14,100   -10,247    -3310-000   POLICE ADMIN: GENERAL OPS   7,772   0   7,772    -3310-000   POLICE ADMIN: GENERAL OPS   7,750    -33
1-320-000   TREASURER: PUBLICATIONS   0   600   -600   -330-000   TREASURER: TRAVEL & TRAINING   510   1,000   4-90   1,000   3-310-000   TREASURER: TRAVEL & TRAINING   510   1,000   8,310   3-310-000   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885   -110-000   VILLAGE HALL: SALARIES   101   2,706   -2,605   -130-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195   -195   -1920-000   VILLAGE HALL: PRINGE BENEFITS   12   207   -195   -195   -190   VILLAGE HALL: PRINGE BENEFITS   12   207   -195   -195   -1920-000   VILLAGE HALL: PRINGE BENEFITS   12   207   -195   -1920-000   VILLAGE HALL: PRINGE BENEFITS   15   2,000   -1,489   -130-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489   -1350-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489   -1350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -
1-320-000   TREASURER: PUBLICATIONS   0   600   -600   -330-000   TREASURER: TRAVEL & TRAINING   510   1,000   4-90   1,000   3-310-000   TREASURER: TRAVEL & TRAINING   510   1,000   8,310   3-310-000   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885   -110-000   VILLAGE HALL: SALARIES   101   2,706   -2,605   -130-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195   -195   -1920-000   VILLAGE HALL: PRINGE BENEFITS   12   207   -195   -195   -190   VILLAGE HALL: PRINGE BENEFITS   12   207   -195   -195   -1920-000   VILLAGE HALL: PRINGE BENEFITS   12   207   -195   -1920-000   VILLAGE HALL: PRINGE BENEFITS   15   2,000   -1,489   -130-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489   -1350-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489   -1350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -
P-330-000   TREASURER: TRAVEL & TRAINING   510   1,000   490     P-310-000   INDEPENDENT AUDIT   23,310   15,000   8,310     P-310-000   PROP ASSESS: GENERAL OPS   4,865   17,750   -12,885     P-310-000   VILLAGE HALL: SALARIES   101   2,706   -2,605     P-310-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195     P-310-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933     P-310-000   VILLAGE HALL: UTILITIES   8,067   17,000   -1,489     P-310-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489     P-350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000     P-351-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -4,000     P-351-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   500   -500     P-310-000   VILLAGE HALL: REPAIR/GOUNDS   0   500   -500     P-310-000   PROPERTY TAX   0   0   0   0     P-310-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834     P-310-000   LIABILITY INS: GENERAL OPS   28,638   23,600   5,038     P-310-000   UNEMPLOYMENT INS: GENERAL OPS   28,638   23,600   5,038     P-110-000   POLICE ADMINI: SALARIES   7,113   0   7,113     P-120-000   POLICE ADMINI: FRINGE BENEFITS   5,941   0   5,941     P-220-000   POLICE ADMINI: EQUIPMENT CONTRA   3,853   14,100   -10,247     P-310-000   POLICE ADMINI: FUBLICATIONS   0   0   0     P-310-000   POLICE ADMINI: PUBLICATIONS   0   0   0     P-110-000   POLICE ADMINI: PUBLICATIONS   0   0   0     P
1-310-000   INDEPENDENT AUDIT   23,310   15,000   8,310   3-310-000   PROP ASSESS GENERAL OPS   4,865   17,750   -12,885   1-10-000   VILLAGE HALL: SALARIES   101   2,706   -2,605   1-130-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195   1-195   1-19000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267   1-195   1-19000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267   1-195   1-19000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267   1-195   1-19000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000   1-1,000   1-351-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   4,000   -4,000   1-355-000   VILLAGE HALL: REPAIR/ROUNDS   0   500   -500   1-350-000   VILLAGE HALL: REPAIR/ROUNDS   0   500   -500   1-3310-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834   1-310-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834   1-310-000   PROPERTY INS: GENERAL OPS   28,638   23,600   5,038   1-310-000   DILGE ADMIN: SALARIES   7,113   0   0   0   0   0   0   0   0   0
-310-000   PROP ASSESS: GENERAL OPS
101   2,706   -2,605   -2,605   -130-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195   -1920-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195   -1920-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267   -19310-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267   -19310-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000   -1,489   -1950-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000   -351-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   -500   -500   -5310-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   -500   -5310-000   PROPERTY TAX   0   0   0   0   0   0   0   0   0
130-000   VILLAGE HALL: FRINGE BENEFITS   12   207   -195    -220-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933    -291-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267    -3310-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267    -3310-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000    -351-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   4,000   -4,000    -352-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   500   -500    -3310-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   -500    -3310-000   PROPERTY TAX   0   0   0   0    -3310-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834    -3310-000   PROPERTY INS: GENERAL OPS   28,638   23,600   5,038    -3310-000   UNEMPLOYMENT INS: GENERAL OPS   0   0   0    -3310-000   UNEMPLOYMENT INS: GENERAL OPS   28,953   192,121   36,832    -310-000   POLICE ADMIN: SALARIES   7,113   0   7,113    -310-000   POLICE ADMIN: STAIRGE BENEFITS   5,941   0   5,941    -220-000   POLICE ADMIN: UTILITIES   2,732   8,300   -5,568    -240-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256    -240-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256    -3310-000   POLICE ADMIS GO:FROM DONATIONS   7,772   0   7,772    -3310-001   POLICE ADMIS GO:FROM DONATIONS   7,772   0   0   0    -330-000   POLICE ADMIS PUBLICATIONS   0   0   0    -330-000   POLICE ADMIS PUBLICATIONS   0   0   0    -330-000   POLICE ADMIS SALEARIES   79,553   122,534   -42,981    -110-001   POLICE ADMIS SALEARIES   79,553   122,534   -42,981    -110-002   POLICE ADMIS SALEARIES   79,553   122,534   -42,981    -110-003   POPATROL: SALEARIES   79,553   122,534   -42,981    -110-004   POLICE PATROL: SALEARIES   79,553   122,534   -42,981    -110-005   POLICE PATROL: SALEARIES   79,553   122,534   -42,981    -110-000   POLICE PATROL: SALEARIES   79,553   12,534   -42,981    -110-001   POLICE PATROL: SALEARIES   79,553   12,534   -42,981    -110-002   POLICE PATROL: SALEARIES   79,553   12,534   -42,981    -110-004   POLICE PATROL: SALEARIES   79,553   30,
P-220-000   VILLAGE HALL: UTILITIES   8,067   17,000   -8,933   P-291-000   VILLAGE HALL: PURCHASED SERVIC   6,484   16,750   -10,267   -310-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489   -350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000   -355-000   VILLAGE HALL: REPAIR/BUILDING   0   4,000   -4,000   -355-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   -500   -500   -310-000   PROPERTY TAX   0   0   0   0   0   0   0   0   0
P-291-000 VILLAGE HALL: PURCHASED SERVIC 6,484 16,750 -10,267 -310-000 VILLAGE HALL: GENERAL OPERATIO 511 2,000 -1,489 -350-000 VILLAGE HALL: REPAIR/EQUIPMENT 0 1,000 -1,000 -3550-000 VILLAGE HALL: REPAIR/EQUIPMENT 0 4,000 -4,000 -3550-000 VILLAGE HALL: REPAIR/BUILDING 0 4,000 -4,000 -3550-000 VILLAGE HALL: REPAIR/GROUNDS 0 500 -500 -500 -310-000 PROPERTY TAX 0 0 0 0 0 0 -310-000 PROPERTY INS: GENERAL OPS 33,334 15,500 17,834 -310-000 PROPERTY INS: GENERAL OPS 28,638 23,600 5,038 -310-000 UNEMPLOYMENT INS: GENERAL OPS 0 0 0 0 0 -0 0 -0 0 0 0 0 0 0 0 0 0 0
1-310-000   VILLAGE HALL: GENERAL OPERATIO   511   2,000   -1,489   -350-000   VILLAGE HALL: REPAIR/EQUIPMENT   0   1,000   -1,000   -351-000   VILLAGE HALL: REPAIR/BUILDING   0   4,000   -4,000   -352-000   VILLAGE HALL: REPAIR/BUILDING   0   500   -500   -500   -3510-000   PROPERTY TAX   0   0   0   0   0   0   -3510-000   PROPERTY INS: GENERAL OPS   33,334   15,500   17,834   -310-000   LIABILITY INS: GENERAL OPS   28,638   23,600   5,038   -310-000   UNEMPLOYMENT INS: GENERAL OPS   0   0   0   0   0   0   0   0   0
1,000   1,00
1-351-000   VILLAGE HALL: REPAIR/BUILDING   0   4,000   -4,000   -4,000   -352-000   VILLAGE HALL: REPAIR/GROUNDS   0   500   500   -500   -500   -310-000   PROPERTY TAX   0   0   0   0   0   0   0   0   0
Page
1-310-000   PROPERTY TAX   0 0 0 0 0 0   0   0   0   0   0   0
17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,834   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,838   15,500   17,133   17,130   1
1-310-000 LIABILITY INS: GENERAL OPS 28,638 23,600 5,038 2-310-000 UNEMPLOYMENT INS: GENERAL OPS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1-310-000   UNEMPLOYMENT INS: GENERAL OPS   228,953   192,121   36,832     1-110-000   POLICE ADMIN: SALARIES   7,113   0   7,113     1-130-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     1-220-000   POLICE ADMIN: UTILITIES   2,732   8,300   -5,568     1-240-000   POLICE ADMIN: EQUIPMENT CONTRA   3,853   14,100   -10,247     1-310-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256     1-310-001   POLICE ADM: GO: FROM DONATIONS   7,772   0   7,772     1-310-002   POLICE ADM: PUBLICATIONS   1,078   0   1,078     1-320-000   POLICE ADMIN: PUBLICATIONS   0   0   0     1-330-000   POLICE ADM: TRAVEL & TRAININ   587   2,000   -1,413     1-700-000   POLICE ADM: HWY. SAFETY GRANT   0   0   0     1-110-000   POLICE ADM: HWY. SAFETY GRANT   0   0   0     1-110-001   POLICE PATROL: SALARIES   79,553   122,534   -42,981     1-110-002   POLICE PATROL: SALARY: PARTTIME   16,406   1,979   14,428     1-110-003   PD PATROL: SAL-2016 SPEED GRAN   0   0   0     1-110-004   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-005   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-006   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-007   POLICE PATROL: SALESEATBELT GRNT   0   0   0     1-130-000   POLICE PATROL: FRINGE BENEFITS   35,818   71,552   -35,734     1-130-001   POLICE PATROL: FRINGE BENEFITS   35,818   71,552   -35,734     1-30-001   POLICE PATROL: FRINGE BENEFITS   35,818   71,552   -35,734     1-30
228,953   192,121   36,832   1-10-000   POLICE ADMIN: SALARIES   7,113   0   7,113   1-130-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941   1-120-000   POLICE ADMIN: UTILITIES   2,732   8,300   -5,568   1-240-000   POLICE ADMIN: EQUIPMENT CONTRA   3,853   14,100   -10,247   1-310-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256   1-310-001   POLICE ADM:GO:FROM DONATIONS   7,772   0   7,772   1-310-002   POLICE ADM:GO:FROM DONATIONS   1,078   0   1,078   1,07
1-110-000   POLICE ADMIN: SALARIES   7,113   0   7,113     1-130-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     1-130-000   POLICE ADMIN: UTILITIES   2,732   8,300   -5,568     1-130-000   POLICE ADMIN: EQUIPMENT CONTRA   3,853   14,100   -10,247     1-1310-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256     1-1310-001   POLICE ADM:GO:FROM DONATIONS   7,772   0   7,772     1-1310-002   POLICE ADM:GO:COMM. RELATIONS   1,078   0   0     1-130-002   POLICE ADMIN: PUBLICATIONS   0   0   0     1-130-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413     1-10-000   POLICE ADM:HWY. SAFETY GRANT   0   0   0     1-110-000   POLICE PATROL: SALARIES   79,553   122,534   -42,981     1-110-001   POLICE PATROL: SALARY:PARTTIME   16,406   1,979   14,428     1-110-002   POLICE PATROL: SALARY:PARTTIME   16,406   1,979   14,428     1-110-003   PD PATROL: SAL-2016 SPEED GRAN   0   0   0     1-110-004   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-005   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-006   POLICE PATROL: FRINGE BENEFITS   35,818   71,552   -35,734     1-130-001   POLICE PATROL: F
1-130-000   POLICE ADMIN: FRINGE BENEFITS   5,941   0   5,941     1-220-000   POLICE ADMIN: UTILITIES   2,732   8,300   -5,568     1-240-000   POLICE ADMIN: EQUIPMENT CONTRA   3,853   14,100   -10,247     1-310-000   POLICE ADMIN: GENERAL OPERATIO   4,594   7,850   -3,256     1-310-001   POLICE ADM:GO:FROM DONATIONS   7,772   0   7,772     1-310-002   POLICE ADM:GO:COMM. RELATIONS   1,078   0   0   0     1-330-000   POLICE ADMIN: PUBLICATIONS   0   0   0     1-330-000   POLICE ADMIN: TRAVEL & TRAININ   587   2,000   -1,413     1-700-000   POLICE ADM:HWY. SAFETY GRANT   0   0   0     1-110-000   POLICE PATROL: SALARIES   79,553   122,534   -42,981     1-110-001   POLICE PATROL: SAL:OT&HOLIDAY   12,274   101,338   -89,064     1-110-002   POLICE PATROL: SALARY:PARTTIME   16,406   1,979   14,428     1-110-003   PD PATROL: SAL-2016 SPEED GRAN   0   0   0     1-110-004   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-005   POLICE PATROL: SALARY OWI GRANT   0   0   0     1-110-005   POLICE PATROL: FRINGE BENEFITS   35,818   71,552   -35,734     1-130-001   POLICE PATROL: FRINGE BENEFITS   35,818   71,552   -35,734     1-130-00
0-220-000         POLICE ADMIN: UTILITIES         2,732         8,300         -5,568           0-240-000         POLICE ADMIN: EQUIPMENT CONTRA         3,853         14,100         -10,247           0-310-000         POLICE ADMIN: GENERAL OPERATIO         4,594         7,850         -3,256           0-310-001         POLICE ADM:GO:FROM DONATIONS         7,772         0         7,772           0-310-002         POLICE ADM:GO:COMM. RELATIONS         1,078         0         0         0           0-320-000         POLICE ADMIN: PUBLICATIONS         0         0         0         0           0-330-000         POLICE ADMIN: TRAVEL & TRAININ         587         2,000         -1,413           0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SALARY OWI GRANT         0         0         0           0-110-004         POLICE PATROL: SALARY OWI GRANT         0
1-240-000 POLICE ADMIN: EQUIPMENT CONTRA 3,853 14,100 -10,247 1-310-000 POLICE ADMIN: GENERAL OPERATIO 4,594 7,850 -3,256 1-310-001 POLICE ADM:GO:FROM DONATIONS 7,772 0 7,772 1-310-002 POLICE ADM:GO:COMM. RELATIONS 1,078 0 1,078 1-320-000 POLICE ADMIN: PUBLICATIONS 0 0 0 0 0 1-330-000 POLICE ADMIN: TRAVEL & TRAININ 587 2,000 -1,413 1-700-000 POLICE ADM:HWY. SAFETY GRANT 0 0 0 0 0 0 1-410-000 POLICE ADM:HWY. SAFETY GRANT 0 0 0 0 0 0 1-410-000 POLICE PATROL: SAL:ARIES 79,553 122,534 1-42,981 1-410-001 POLICE PATROL: SAL:OT&HOLIDAY 12,274 101,338 -89,064 1-410-002 POLICE PATROL: SAL:ARY:PARTTIME 16,406 1,979 14,428 1-410-003 PD PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 1-410-004 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-2016 SPEED GRAN 0 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-3016 SPEED GRAN 0 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-3016 SPEED GRAN 0 0 0 0 0 0 0 1-410-005 POLICE PATROL: SAL-3016 SPEED GRAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0-310-000         POLICE ADMIN: GENERAL OPERATIO         4,594         7,850         -3,256           0-310-001         POLICE ADM:GO:FROM DONATIONS         7,772         0         7,772           0-310-002         POLICE ADM:GO:COMM. RELATIONS         1,078         0         0         1,078           0-320-000         POLICE ADMIN: PUBLICATIONS         0         0         0         0           0-330-000         POLICE ADMIN: TRAVEL & TRAININ         587         2,000         -1,413           0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SAL-2016 SPEED GRAN         0         0         0           0-110-004         POLICE PATROL: SALARY OWI GRANT         0         0         0           0-110-005         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-000         POLICE PATROL:FB:OT&HOLIDAY         2,525
0-310-001         POLICE ADM:GO:FROM DONATIONS         7,772         0         7,772           0-310-002         POLICE ADM:GO:COMM. RELATIONS         1,078         0         0         1,078           0-320-000         POLICE ADMIN: PUBLICATIONS         0         0         0         0           0-330-000         POLICE ADMIN: TRAVEL & TRAININ         587         2,000         -1,413           0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SAL-2016 SPEED GRAN         0         0         0           0-110-004         POLICE PATROL: SALARY OWI GRANT         0         0         0           0-110-005         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-000         POLICE PATROL:FB:OT&HOLIDAY         2,525         30,908         -28,384
0-310-002         POLICE ADM:GO:COMM. RELATIONS         1,078         0         1,078           0-320-000         POLICE ADMIN: PUBLICATIONS         0         0         0           0-330-000         POLICE ADMIN: TRAVEL & TRAININ         587         2,000         -1,413           0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SAL-2016 SPEED GRAN         0         0         0           0-110-004         POLICE PATROL: SALARY OWI GRANT         0         0         0           0-110-005         POLICE PAT: SAL: SEATBELT GRNT         0         0         0           0-130-000         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-001         POLICE PATROL:FB:OT&HOLIDAY         2,525         30,908         -28,384
0-320-000         POLICE ADMIN: PUBLICATIONS         0         0         0           0-330-000         POLICE ADMIN: TRAVEL & TRAININ         587         2,000         -1,413           0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SAL-2016 SPEED GRAN         0         0         0           0-110-004         POLICE PATROL: SALARY OWI GRANT         0         0         0           0-110-005         POLICE PAT: SAL: SEATBELT GRNT         0         0         0           0-130-000         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-001         POLICE PATROL:FB:OT&HOLIDAY         2,525         30,908         -28,384
0-330-000         POLICE ADMIN: TRAVEL & TRAININ         587         2,000         -1,413           0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SAL-2016 SPEED GRAN         0         0         0           0-110-004         POLICE PATROL: SALARY OWI GRANT         0         0         0           0-110-005         POLICE PAT: SAL: SEATBELT GRNT         0         0         0           0-130-000         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-001         POLICE PATROL:FB:OT&HOLIDAY         2,525         30,908         -28,384
0-700-000         POLICE ADM:HWY. SAFETY GRANT         0         0         0           0-110-000         POLICE PATROL: SALARIES         79,553         122,534         -42,981           0-110-001         POLICE PATROL: SAL:OT&HOLIDAY         12,274         101,338         -89,064           0-110-002         POLICE PATROL: SALARY:PARTTIME         16,406         1,979         14,428           0-110-003         PD PATROL: SAL-2016 SPEED GRAN         0         0         0           0-110-004         POLICE PATROL:SALARY OWI GRANT         0         0         0           0-110-005         POLICE PAT: SAL: SEATBELT GRNT         0         0         0           0-130-000         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-001         POLICE PATROL:FB:OT&HOLIDAY         2,525         30,908         -28,384
0-110-000       POLICE PATROL: SALARIES       79,553       122,534       -42,981         0-110-001       POLICE PATROL: SAL:OT&HOLIDAY       12,274       101,338       -89,064         0-110-002       POLICE PATROL: SALARY:PARTTIME       16,406       1,979       14,428         0-110-003       PD PATROL: SAL-2016 SPEED GRAN       0       0       0         0-110-004       POLICE PATROL:SALARY OWI GRANT       0       0       0         0-110-005       POLICE PAT: SAL: SEATBELT GRNT       0       0       0         0-130-000       POLICE PATROL: FRINGE BENEFITS       35,818       71,552       -35,734         0-130-001       POLICE PATROL:FB:OT&HOLIDAY       2,525       30,908       -28,384
P-110-001 POLICE PATROL: SAL:OT&HOLIDAY 12,274 101,338 -89,064 P-110-002 POLICE PATROL: SALARY:PARTTIME 16,406 1,979 14,428 P-110-003 PD PATROL: SAL-2016 SPEED GRAN 0 0 0 P-110-004 POLICE PATROL:SALARY OWI GRANT 0 0 0 P-110-005 POLICE PAT: SAL: SEATBELT GRNT 0 0 0 P-130-000 POLICE PATROL: FRINGE BENEFITS 35,818 71,552 -35,734 P-130-001 POLICE PATROL:FB:OT&HOLIDAY 2,525 30,908 -28,384
0-110-002     POLICE PATROL: SALARY:PARTTIME     16,406     1,979     14,428       0-110-003     PD PATROL: SAL-2016 SPEED GRAN     0     0     0       0-110-004     POLICE PATROL:SALARY OWI GRANT     0     0     0       0-110-005     POLICE PAT: SAL: SEATBELT GRNT     0     0     0       0-130-000     POLICE PATROL: FRINGE BENEFITS     35,818     71,552     -35,734       0-130-001     POLICE PATROL:FB:OT&HOLIDAY     2,525     30,908     -28,384
0-110-003       PD PATROL: SAL-2016 SPEED GRAN       0       0       0         0-110-004       POLICE PATROL: SALARY OWI GRANT       0       0       0         0-110-005       POLICE PAT: SAL: SEATBELT GRNT       0       0       0         0-130-000       POLICE PATROL: FRINGE BENEFITS       35,818       71,552       -35,734         0-130-001       POLICE PATROL:FB:OT&HOLIDAY       2,525       30,908       -28,384
0-110-004         POLICE PATROL:SALARY OWI GRANT         0         0         0           0-110-005         POLICE PAT: SAL: SEATBELT GRNT         0         0         0           0-130-000         POLICE PATROL: FRINGE BENEFITS         35,818         71,552         -35,734           0-130-001         POLICE PATROL:FB:OT&HOLIDAY         2,525         30,908         -28,384
0-110-005     POLICE PAT: SAL: SEATBELT GRNT     0     0     0       0-130-000     POLICE PATROL: FRINGE BENEFITS     35,818     71,552     -35,734       0-130-001     POLICE PATROL:FB:OT&HOLIDAY     2,525     30,908     -28,384
1-130-000 POLICE PATROL: FRINGE BENEFITS 35,818 71,552 -35,734 1-130-001 POLICE PATROL:FB:OT&HOLIDAY 2,525 30,908 -28,384
0-130-001 POLICE PATROL:FB:OT&HOLIDAY 2,525 30,908 -28,384
0-130-001 POLICE PATROL:FB:OT&HOLIDAY 2,525 30,908 -28,384
0 -130-003 PD PATROL: FRINGE-2016 SPEED G 0 0 0
1-130-003 POLICE PATROL:FRINGE OWI GRANT 0 0 0
1-130-005 POLICE PAT: FRNG: SEATBELT GRT 0 0 0
1-310-000 POLICE PATROL: GENERAL OPERATI 16,692 4,600 12,092
10,092 4,000 12,092 1-310-001 POLICE PATROL: GENERAL OPERATION 10,092 4,000 12,092 1-368
132 300 -308 -309 -310-001 POLICE PATROL: 3WAT 132 300 -308 -308 -309 -309 -309 -309 -309 -309 -309 -309
1-310-002 PD PATROL: 2014 BINE RODEO GRI 0 0 0 0 0
1-315-000 POLICE PATROL: FUEL 3,479 12,000 -8,521
1-350-000 POLICE PATROL: REPAIR/EQUIPMEN 1,235 6,000 -4,765
1-310-000 POLICE INVESTIGATION: GEN OPS 556 1,000 -444
-310-000 POLICE TRAINING: GENERAL OPS 1,299 3,500 -2,201
ALC AND FIRE CURRENCE OF COLUMN ACCURATE OF COLUMN
0-310-000 FIRE SUPPRESSION: GENERAL OPS 60,871 69,971 -9,100
0 D-311-000 FIRE SUPPRESSION: HYDRANTS 0 0 0
0-311-000 FIRE SUPPRESSION: HYDRANTS 0 0 0 0 0 0-310-000 AMBULANCE: GENERAL OPS 45,621 45,621 0
0 D-311-000 FIRE SUPPRESSION: HYDRANTS 0 0 0

2023 BUDGET TO ACTUAL - MAY

	2023 BUDGET T	O ACTUAL - MAY	2022	DIFFEDENCE
		2023	2023	DIFFERENCE OVER (UNDER)
		Actual to		OVER/(UNDER) FEBRUARY TO BUDGET
10.00.53500.330.000	ENACTOCINICA COMO LITUATICS	5/31/2023 79	12/31/2023 125	
10-00-52500-220-000 10-00-52500-310-000	EMERGENCY GOV: UTILITIES EMERGENCY GOV: GENERAL OPS	0	75	-46 -75
10-00-52500-320-000	EMERGENCY GOV: QUILLATIONS	0	0	-73
10-00-52500-320-000	EMERGENCY GOV: FOREICATIONS  EMERGENCY GOV: TRAVEL & TRAINI	0	100	-100
10-00-52500-350-000	EMERGENCY GOV: REPAIR/EQUIPMEN	0	0	0
10-00-52800-310-000	EMPLOYEE SAFETY: GENERAL OPS	1,228	2,250	-1,022
10 00 01000 010 000		324,354	515,683	-191,330
10-00-53100-110-000	STREET ADMIN: SALARIES	11,285	0	11,285
10-00-53100-130-000	STREET ADMIN: FRINGE BENEFITS	10,545	0	10,545
10-00-53100-220-000	STREET ADMIN: UTILITIES	260	630	-370
10-00-53100-310-000	STREET ADMIN: GENERAL OPERATIO	3	300	-297
10-00-53100-330-000	STREET ADMIN: TRAVEL & TRAININ	0	1,000	-1,000
10-00-53110-310-000	ENGINEERING	8,687	0	8,687
10-00-53230-110-000	VILLAGE GARAGE: SALARIES	0	1,373,032	-1,373,032
10-00-53230-130-000	VILLAGE GARAGE: FRINGE BENEFIT	4	618,646	-618,643
10-00-53230-220-000	VILLAGE GARAGE: UTILITIES	7,788	9,500	-1,712
10-00-53230-310-000	VILLAGE GARAGE: GENERAL OPERAT	863	1,000	-137
10-00-53230-350-000	VILLAGE GARAGE: REPAIR/EQUIPME	0	2,000	-2,000
10-00-53230-351-000	VILLAGE GARAGE: REPAIR/BUILDIN	9	2,000	-1,991
10-00-53240-110-000	MACH & EQUIP: SALARIES	3,182	0	3,182
10-00-53240-130-000	MACH & EQUIP: FRINGE BENEFITS	1,845	0	1,845
10-00-53240-240-000	MACH & EQUIP: EQUIP CONTRACTS	0	0	0
10-00-53240-310-000	MACH & EQUIP: GENERAL OPERATIO	0	500	-500
10-00-53240-315-000 10-00-53240-330-000	MACH & EQUIP: FUEL  MACH & EQUIP: TRAVEL & TRAININ	4,869 0	8,000 0	-3,131 0
10-00-53240-350-000	MACH & EQUIP: REPAIR/EQUIP	2,342	7,500	-5,158
10-00-53240-330-000	STREET MAIN/CONS: SALARIES	20,954	0	20,954
10-00-53300-110-001	STREET MAIN/CONS: SAL:CHAMBER	1,001	0	1,001
10-00-53300-130-000	STREET MAIN/CONS: FRINGE BENEF	13,235	0	13,235
10-00-53300-130-001	STREET MAIN/CONS: FB:CHAMBER	141	0	141
10-00-53300-310-000	STREET MAIN/CONS: GENERAL OPS	2,920	35,000	-32,080
10-00-53300-320-000	STREET MAIN/CONS: PUBLICATIONS	0	0	0
10-00-53420-310-000	STREET LIGHTING	15,731	38,000	-22,269
10-00-53430-310-000	SIDEWALKS: GENERAL OPERATIONS	0	0	0
10-00-53440-220-000	STORM SEWER: UTILITIES	749	1,000	-251
10-00-53440-310-000	STORM SEWERS: GENERAL OPERATIO	0	0	0
10-00-53460-110-000	SNOW REMOVAL: SALARIES	9,218	3,826	5,392
10-00-53460-130-000	SNOW REMOVAL: FRINGE BENEFITS	4,927	460	4,467
10-00-53460-291-000	SNOW REMOVAL: PURCHASED SERVIC	0	2,500	-2,500
10-00-53460-310-000	SNOW REMOVAL: GENERAL OPERATIC	16,723	28,000	-11,277
10-00-53470-110-000	SIGNS: SALARIES	400	26,476	-26,076
10-00-53470-130-000	SIGNS: FRINGE BENEFITS	260	12,592	-12,333
10-00-53470-220-000	SIGNS: UTILITIES	88	150	-62 1 950
10-00-53470-310-000 10-00-53490-310-000	SIGNS: GENERAL OPERATIONS CURB & GUTTER: GENERAL OPERATI	141 0	2,000 0	-1,859 0
10-00-53650-110-000	DUMP: SALARIES	232	8,385	-8,152
10-00-53650-110-000	DUMP: FRINGE BENEFITS	131	5,211	-5,080
10-00-53650-310-000	DUMP: GENERAL OPERATIONS	0	0	0
10-00-53650-390-000	DUMP: LICENSES	0	165	-165
		138,530	2,187,872	-2,049,342
10-00-55200-110-000	PARKS: SALARIES	178	32,925	-32,747
10-00-55200-130-000	PARKS: FRINGE BENEFITS	30	20,463	-20,433
10-00-55200-220-000	PARKS: UTILITIES	2,077	4,000	-1,923
10-00-55200-291-000	PARKS: PURCHASED SERVICE	7,300	20,000	-12,700
10-00-55200-310-000	PARKS: GENERAL OPERATIONS	1,100	2,000	-900
10-00-55200-310-001	PARKS: GEN. OPS. SIGNS	0	8,500	-8,500
10-00-55200-310-002	PARKS: DOG PARK	0	0	0
10-00-55200-320-000	PARKS: PUBLICATIONS	0	0	0
10-00-55200-350-000	PARKS: REPAIR/EQUIPMENT	0	1,500	-1,500
10-00-55200-351-000	PARKS: REPAIR/BUILDING	0	500	-500
10-00-55200-352-000	PARKS: REPAIR/GROUNDS	0	5,200	-5,200

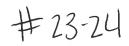
2023 BUDGET TO ACTUAL - MAY

	2023 BODGET	2023	2023	DIFFERENCE
		Actual to	BUDGET	OVER/(UNDER)
		5/31/2023	12/31/2023	FEBRUARY TO BUDGET
10-00-55210-110-000	FLORAL CLOCK: SALARIES	16	0	16
10-00-55210-130-000	FLORAL CLOCK: FRINGE BENEFITS	13	0	13
10-00-55210-220-000	FLORAL CLOCK: UTILITIES	133	500	-367
10-00-55210-310-000	FLORAL CLOCK: GENERAL OPERATIO	4,700	5,000	-300
10-00-55210-350-000	FLORAL CLOCK: REPAIR/EQUIPMENT	0	0	0
10-00-55210-352-000	FLORAL CLOCK: REPAIR/GROUNDS	0	100	-100
10-00-55300-110-000	RECREATION: SALARIES	0	2,037	-2,037
10-00-55300-130-000	RECREATION: FRINGE BENEFITS	0	1,220	-1,220
10-00-55300-310-000	RECREATION: GENERAL OPERATIONS	0	0	0
10-00-55300-310-001	RECREATION: LITTLE LEAGUE/GIRL	0	10,000	-10,000
10-00-55300-310-002 10-00-55300-310-003	TRIATHLON RECREATION: TEAM SHIRTS	0	0	0
10-00-55300-310-003	RECREATION: PUBLICATIONS	0	0	0
10-00-55300-320-000	RECREATION: TOBLICATIONS RECREATION: TRAVEL & TRAINING	0	0	0
10-00-55300-340-000	FESTIVAL/EVENT EXPENSE	0	0	0
10-00-55420-110-000	POOL: SALARIES	671	6,819	-6,148
10-00-55420-110-001	POOL: SALARIES: LESSONS	0	1,543	-1,543
10-00-55420-110-002	POOL: SALARIES: SWIM TEAM	0	3,600	-3,600
10-00-55420-130-000	POOL: FRINGE BENEFITS	323	522	-199
10-00-55420-130-001	POOL: FRINGE BENEFIT: LESSONS	0	118	-118
10-00-55420-130-002	POOL: FRINGE BENEFITS: SWIM TE	0	275	-275
10-00-55420-220-000	POOL: UTILITIES	1,576	15,000	-13,424
10-00-55420-291-000	POOL: PURCHASED SERVICES	0	9,000	-9,000
10-00-55420-310-000	POOL: GENERAL OPERATIONS	849	3,000	-2,151
10-00-55420-310-002	POOL: SWIM TEAM	0	300	-300
10-00-55420-320-000	POOL: PUBLICATIONS	17 0	250	-233
10-00-55420-330-000 10-00-55420-350-000	POOL: TRAVEL & TRAINING POOL: REPAIR/EQUIPMENT	16,212	400 4,000	-400 12.212
10-00-55420-351-000	POOL: REPAIR/BUILDING	16,212	4,000 250	12,212 -250
10-00-55420-352-000	POOL: REPAIR/GROUNDS	13,574	11,750	1,824
10-00-55420-390-000	POOL: LICENSES	0	425	-425
10-00-55600-310-000	CABLE TELEVISION: GENERAL OPS	0	0	0
		48,770	171,196	-122,426
10-00-56110-110-000	FORESTRY: SALARIES	0	4,601	-4,601
10-00-56110-130-000	FORESTRY: FRINGE BENEFITS	0	2,860	-2,860
10-00-56110-220-000	FORESTRY: UTILITIES	0	0	0
10-00-56110-310-000	FORESTRY: GENERAL OPERATIONS	0	2,120	-2,120
10-00-56110-310-001	FORESTRY: TREE PRUNING	0	0	0
10-00-56110-310-002	FORESTRY: ARBOR DAY PLANTING	585	6,000	-5,415
10-00-56110-310-004	FORESTRY: GEN.OP.:GRANT	20.005	24.000	2.015
10-00-56110-310-005	FORESTRY: TREE/STUMP REMOVAL FORESTRY: PUBLICATIONS	20,985 0	24,000	-3,015 -50
10-00-56110-320-000 10-00-56110-330-000	FORESTRY: FOBLICATIONS FORESTRY: TRAVEL & TRAINING	0	50 0	-30
10-00-56701-310-000	GREEN CTY DEV: GENERAL OPS	0	0	0
10-00-56702-310-000	ECONOMIC DEVELOPMENT	0	1,000	-1,000
10-00-56702-810-000	ECONOMIC DEV: CAPITAL OUTLAY	0	0	0
10-00-56715-310-000	DT BUSINESS IMP: GENERAL OPS	0	0	0
		21,570	40,631	-19,061
10-00-57200-291-000	PLANNING: PROFESSIONAL SERVICE	175	3,000	-2,825
		175	3,000	-2,825
10-00-59212-999-000	TRANSFER TO BOND FUND	0	0	0
10-00-59220-999-000	TRANSFER TO CHALET FUND	0	0	0
10-00-59230-999-000	TRANSFER TO DEBT SERVICE FUND	0	0	0
10-00-59260-999-000	TRANSFER TO GEN CAPT PRJT FD	0	0	0
10-00-59265-999-000	TRANSFER TO LIBRARY FUND	0	0	0
10-00-59900-001-000	SPECIAL PURPOSE TAX REVENUE	0	800	-800
10-00-59900-005-000	SP PURP TAX REV: EQUIPMENT FUN	0	0	0
10-00-59900-006-000	SP PURP TAX REV: PARK FUND	0	0	0
10-00-59900-008-000	SP PURP TAX REV: SQUAD FUND	0	0 800	-800
		U	000	-000

## 2023 BUDGET TO ACTUAL - MAY

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

NET 376,827



Renewal Alcohol B	Beverage Lic	ense App	lication	Applicant's WisconsIn Seller's Perr	
(Submit to municipal clerk. R	_			456000047'	18607
For the tigones period beginning	07 01 2022	andina, 06	20 0004	39-016933	o
For the license period beginning	(m.m dd yyyy)	enaing: <u>06</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
Table Occurring B. L. Cit	Town of No.	w Clarue		☑ Class A beer	\$ 500,
To the Governing Body of the:	Village of	w Glaius	A	Class B beer	\$
	City of			Class C wine	\$
County of Green		Aldermanic	Dist. No	Class A líquor	\$ 250,-
			by ordinance)	Class A liquor (cider only)	\$ N/A
			·	Class B liquor	\$
Check one: 🔲 Individual	Limited Liability			Reserve Class B liquor	\$
☐ Partnership		nprofit Organizati	on	Class B (wine only) winery	\$
Commission A D. All				Publication fee	\$
Complete A or B. All must c	omplete G.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	Cily or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
			And the second second second		
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nonp		Liability Company A	ddress of Corporation / Lin	nited Liability Company (if different fro	m licensed premises)
Blanchardville Coop				Blanchardville WI 5	
	4111 6 to		1-17-		
All corporations/organizations liquor must appoint an agent.	or limited liability cor		for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Steinmetz	Gery	Edward	4154 330th St	Boyd WI 54726	
All Officer(s) Director(s) of C	Corporation and Me	mbers / Manage	ers of Limited Liabil	lity Company:	
President / Member Last Name	(First)	(Middle Name)		City or Past Office, & Zlp Code)	
	7				
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
		,,		,,,,,,,, .	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	······································
		, , ,		,,,,	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	***************************************
		· ·		,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
		,		,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
_		,,		, o	
	J				
C. Business Information					
1. Trade Name Blanchard	lville Coop Oil	L Assoc.	Business Phon	ne Number 608-523-4294	
2. Address of Premises 140:					
				Zip Code <u>New Glarus WI</u>	
<ol><li>Does the applicant unders and brewpubs?</li></ol>	tand that they must i	ourchase alcohol	beverages only fror	m Wisconsin wholesalers, bre	eweries
4. Premises description: De					
include all rooms including	living quarters, if u	sed, for the sales	s service consumnt	ion, and/or storage of alcoho	e applicant must
e records. (Alcohol beverag	es may be sold and	stored only on the	he premises describ	ed.)	n beverages and
		•			
Retail Convenience					
anna					
			•		
AT-115 (R. 5-19)					

Wisconsin Department of Revenue

5.	Legal description (omit if street address is	s given on previous pag	je):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete pa	r agent for either a limi ed of any offenses (ex Wisconsin laws, any la	ited liability company coluding traffic offens lws of other states, o	licensee, or es not relate r ordinances	nonprofit d to alcohol) of any county	☐ Yes	☑ No
	b. Are charges for any offenses preser the named licensee or any other pers					☐ Yes	☑ No
7.	Except for questions 6a and 6b, have the by you on your last application for this li					☐ Yes	☑ No
8.	Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?	If not, explain				☑ Yes	□ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	W				☑ Yes	□ No
10.	Does the applicant understand that alcohorom the date of invoice and made availa					☑ Yes	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for	r beer or 30 days for l	iquor?		☐ Yes	Ø No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees).	erty taxes, assessment nied pursuant to a local	s, or other fees? I ordinance, If the lice	nsee owes m	unicipal taxes,	☐ Yes	☑ No
app and voi this	AD CAREFULLY BEFORE SIGNING: Unen truthfully answered to the best of the knowlication; that the applicant has read and it correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly pen \$1,000.	nowledge of the signer, made a complete answ stands that any license blicant may be prosecu	The signer agrees the verto each question, as issued contrary to Cated for submitting false.	at he/she is the and that the a hapter 125 o se statements	ne person name answers in each f the Wisconsin a and affidavits i	d in the for instance Statutes n connect	oregoing are true shall be tion with
	ntact Person's Name (Last, First, M.I.)		Title / Member		Date		
_	ry Steinmetz		General Manage	er	04/13/2023 Email Address		
319			608~523-4294		gerys@blan	aharda	1110
_	7-5	T	000*323*4294		gerysebran	Charuv.	1116
то	BE COMPLETED BY CLERK	U					
Da	e received and filed with municipal clerk	Date reported to council / b	. NA	Date license g	granted		
	5/24/23		0 VB				
Lic	23-2L	Date license Issued		Signature of C	Clerk / Deputy Clerk	\	
AT-1	15 (R. 5-19)		2 -	1	7		

# Application for Cigarette and

Applic	ation fo	r Cigare	ette a	and		MUNICIPAL USE ONLY
Tobac	co Prod	ucts Re	tail L	License		23-02
Sı	ıbmit to m	nunicipal	clerk.			Period Covered
	Visconsin 15-digi 0 0 0 0 4 7 4 8		ount Num	rnis mus	it be issued in the same me of the licensee below.	Date of Issuance
Legal Name	(corporation, limite	d liability company,	partnership	p or sole proprietorship)		Federal Employer Identification No. (FEIN)
	hardvil					39-0169330
Trade or Bu	siness Name (if c	different than Leg	gal Name,			Telephone Number (60 ) 523-4294
Business Ad	Idress (License L	ocation)		H	Business Located In	Business Telephone
1401	WI stat	e Hwy 6	9		Clty Village Town	(60 ) 523-4294
Municipality			State	Zip Code	of: Green	County
1000	Glarus		MI	53574		Green State   Zip Code
_	ress <i>(If different li</i> . Main S			38	Municipality Blanchardville	State Zip Code WI 53516
	ion (check or			***************************************		
Sole F	Proprietor	v	Visconsi	in Corporation – Ente	er date incorporated:	
Partne	ership	□ c	out-of-S	tate Corporation – A	re you registered to do business in '	Wisconsin? Yes No
Other	(describe) C	Cooperat	ive			
√ Yes	☐ No	Does t distribit	he app	olicant understand to obbers, or subjobbe	that they must purchase cigarettoers, who hold a permit with the W	es and tobacco products only from isconsin Department of Revenue?
✓ Yes	☐ No	untaxe availat	d toba ole fron	cco products from	an out-of-state company? (Toba epartment of Revenue at 608-26	ducts Distributor permit if purchasing acco Products Distributor permit is 6-6701. See application form CTP-
✓ Yes	☐ No				that they cannot purchase/excha ransferring existing stock to a ne	nge cigarettes or tobacco products w owner?
✓ Yes	☐ No				nat they must provide employees v f Health Services?( <u>https://witoba</u>	with tobacco sales training approved accocheck.org)
✓ Yes	☐ No	5. Does to	the apports and	olicant understand in nicotine products t	that they may not sell, give or ot to minors (including electronic cig	herwise provide cigarettes/tobacco parettes containing nicotine)?
✓ Yes	☐ No	6. Does t	he app	licant understand t	that they may not sell single cigar	rettes?
✓ Yes	☐ No	license Wisco	ed prer nsin De	nises for two years epartment of Rever	s from the date of the invoice and	lucts invoices must be kept on the d be available for inspection by the lure to comply can result in criminal
√ Yes	☐ No	the Wi	sconsi	n Department of Ju-	nat only cigarettes and roll-your-ov stice's website labeled "Directory i.us/dls/tobacco-directory may be	wn (RYO) tobacco products listed on of Certified Tobacco Manufacturers a sold in Wisconsin?
Cigarette	es / Tobacco	will be sold		over counter	through vending mac	hine Doth
that the r por-tion of grounds to	hfully answer ights and res of a licensed	ed to the besponsibilities premises du no of this lice	st of the confer iring ins nse. A	e knowledge of the a red by the license(s spection will be dee ny person who know	applicant. Applicant agrees to opera s), if granted, cannot be assigned med a refusal to permit inspection wingly provides materially false in	that each of the above questions has ate this business according to law and to another. Any lack of access to any . Such refusal is a misdemeanor and formation on this application may be

#### 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.

CTP-200 (R. 9-19)

Wisconsin Department of Revenue

Renewal Alcohol i	Beverage Lic	cense App	lication	Applicant's Wisconsin Seller's Perr	mit Number
(Submit to municipal clerk. R				456-1024029497-03	
		,		FEIN Number 47-2727959	
For the license period beginning	ng: 07 01 2023 (mm dd yyyy)	ending:_06	30 2023 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of )			Class A beer	\$
To the Governing Body of the:	$\square$ Village of $\sum_{i=1}^{Ne}$	w Glarus		Class B beer	\$
	☐ City of			Class C wine	\$
o			51.4.11	Class A liquor	\$ 250.
County of Green			c Dist. No	Class A liquor (cider only)	\$ N/A
		(ii required	d by ordinance)	Class B liquor	\$
Check one: 🔽 Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/Nor		ion	Class B (wine only) winery	\$
	corporation//tor	iprom organizat		Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Weix	Sheri	J		PO Box 33, New Glarus	g WT 53574
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	3, WI 33374
(2354)	(	(madio (tamo)	Trome riddress (Sireet,	only of 1 ost office, a zip oode)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and A	\ant\:				
		11.1.1111 6			
Full Legal Name of Corporation / Nonp	rofit Organization / Limited	Liability Company	Address of Corporation / L	imited Liability Company (if different fro	m licensed premises)
All corporations/organizations of liquor must appoint an agent.	or limited liability cor	npanies applying	g for a license to se	Il fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	orporation and Me	mbers / Manag	ers of Limited Liab	ility Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	(	(		on, or 1 out office, a 2.p obac,	
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)	
•	(	(,	(5.1.55)	on, or reactioned, a zip code,	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
	( not)	(aaio rvaino)	Trome riddreds (oli eet,	only of 1 out office, a 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)	
<b>3</b>	( 4	(,	(0.001,	ony or 1 out omitte, or 2 ip occory	
C. Business Information	74				
1. Trade Name The Bramb	le Patch		Business Pho	ne Number 608-527-4878	
2. Address of Premises 102		Glarus, WI	<del></del>	Zip Code PO Box 33, 535	574
3. Does the applicant underst and brewpubs?			l beverages only fro	om Wisconsin wholesalers, bre	weries
					☑ □ No
<ol> <li>Premises description: De- include all rooms including records. (Alcohol beverage</li> </ol>	living quarters if us	sed for the sale:	s service consumr	are to be sold and stored. The otion, and/or storage of alcoho bed.) Retail sales flo	l heverages and
				old; Kitchen for main	
				riveway for festival	
records stored in					Darcel
records scored III	antocked, empl	Loyee-access	ernie IIIe IU	PIGE MOLKLOOM.	

5.	Legal description (omit if street address	is given on previous pa	ige):			
6.	a. Since filing of the last application, he member, officer, director, manager or organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lin ed of any offenses (e Wisconsin laws, any l	nited liability company excluding traffic offens laws of other states, o	r licensee, or nonprofit es not related to alcohol) r ordinances of any county		<b>⊮</b> No
	b. Are <b>charges</b> for <b>any offenses</b> prese the named licensee or any other pers				. 🗌 Yes	<b>∠</b> No
7.	Except for questions 6a and 6b, have t by you on your last application for this					<b>⊮</b> No
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?					□ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?	LESSENSENSENSENSENSENSENSENSEN	- - ∞ ☑ Yes	□ No
	Does the applicant understand that alcol from the date of invoice and made availa					□No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days fo	r beer or 30 days for li	quor?	. Yes	<b>☑</b> No
	Does the applicant owe municipal prope ( <b>Note:</b> Renewal of licenses may be der assessments or other fees).					<b>☑</b> No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Urn truthfully answered to the best of the knication; that the applicant has read and recorrect. The undersigned further unders, and under penalty of state law, the appapplication. Any person who knowingly passed in \$1,000.	nowledge of the signer. made a complete answ tands that any license licant may be prosecu	The signer agrees that yer to each question, as sissued contrary to Ch ted for submitting false	at he/she is the person name and that the answers in eac napter 125 of the Wisconsi the statements and affidavits	ed in the fo h instance a n Statutes s in connect	regoing are true shall be ion with
	act Person's Name (Last, First, M.I.)		Title / Member	Date		
	ix, Sheri		Owner Phone Number	03/24/202 Email Address	3	
	Sheri Wx		608-527-4878	TheBrambl	ePatch@c	outlo
	BE COMPLETED BY CLERK					
	received and filed with municipal clerk	Date reported to council / bo	oard	Date license granted		
	3/27/23		VB 6/20			-
Lice	nse number issued 23 04	Date license issued		Signature of Clerk / Deputy Clerk	(	
				TOTAL OF THE POPULATION OF THE		

Renewal Alcohol	Beverage l	License App	lication	Applicant's Wisconsin Seller's Peri	mit Number
(Submit to municipal clerk.	Read instruction	s on page 3.)		FEIN Number	
For the license period beginn	ing: 07 01 202	a onding: 0.0	30 3034	46-4112140	113
r of the license period beginn	(mm dd yyy	3 ending: <u>06</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	N		Class A beer	\$
To the Governing Body of the	∍: 🖊 Village of 🍾	New Glarus		Class B beer	\$
	☐ City of 🤳			Class C wine	\$
County of Green		Aldermani	c Dist. No	✓ Class A liquor	\$ 250.
			d by ordinance)	Class A liquor (cider only)	\$ N/A
	<del></del>			Class B liquor	\$
Check one: Individual	✓ Limited Liab			Reserve Class B liquor	\$
☐ Partnership	Corporation/	'Nonprofit Organiza	tion	Class B (wine only) winery	\$
Complete A or B. All must	complete C			Publication fee	\$
-	•			TOTAL FEE	\$
A. Individual or Partnershi					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
,	, ,	i '		5 a-	
B. LLC or Corporation (and					
Full Legal Name of Corporation / No		nited Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m licensed premises)
Brenda's Blumenlade	n LLC		7965 Ritschar	d Rd New Glarus,WI 53	574
All corporations/organizations iquor must appoint an agent.		companies applyin	g for a license to se	ell fermented malt beverages a	ind/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Siegenthaler	Brenda		PO Box 314 1	New Glarus, WI 53574	
All Officer(s) Director(s) of	Corporation and	Members / Manag	ers of Limited Lia	hility Company:	
President / Member Last Name	(First)	(Middle Name)		; City or Post Office, & Zip Code)	
Ciocontholom		(			
Siegenthaler Vice President / Member Last Name	Brenda (First)	(Middle Name)		New Glarus, WI 53574 City or Post Office, & Zip Code)	
	` '	(Middle Mairie)			
Siegenthaler Secretary / Member Last Name	Duane (First)	(Middle Name)		New Glarus, WI 53574 City or Post Office, & Zip Code)	
oosiotaly, Montpol Eust Hamo	(1 1104)	(Wildale Wallie)	Tiome / daiess (Officer	, dity of Fost Office, a zip ocacy	
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					
			<u></u>		
1. Trade Name Brenda's	Blumenladen	LLC	Business Pho	one Number 608-527-2230	
2. Address of Premises 17	6th Ave		Post Office &	Zip Code PO Box 5, 535	74
3. Does the applicant under and brewpubs?				om Wisconsin wholesalers, bre	eweries
include all rooms includir	na livina quarters	if used, for the sale	s service consum	are to be sold and stored. The option, and/or storage of alcohoribed.)  Brenda's Blumenl	I heverages and
				New Glarus WI 53574	
both buildings, w	alkway betwe	en buildings	and store roc	om above Railroad St.	Boutique.

AT-115 (R; 5-19)

5.	Legal description (omit if street address is	s given on previous pag	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete pa	r agent for either a lim e <b>d of any offenses</b> (ex Wisconsin laws, any la	ited liability company coluding traffic offense aws of other states, or	licensee, or s not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	☑ No
	b. Are <b>charges</b> for <b>any offenses</b> preser the named licensee or any other pers	ntly <b>pending</b> (excluding ons affiliated with this	g traffic offenses not re license? <b>If yes, expla</b>	elated to alc	ohol) against page 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have the by you on your last application for this l	nere been any change: icense? <b>If yes, expla</b> i	s in the answers to the	e questions	as submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alc	ohol beverages for the	previous year reported	on the Wis	consin Income		
	or Franchise Tax return of the licensee?	if not, explain	der der autoraan der aan een een een een een een een een een	(2)(5)(6)(5)(5)(6)(5)(6)		✓ Yes	∐ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Sel	ler's Permit?	id him sinds		<b>√</b> Yes	□ No
10.	Does the applicant understand that alcoholing the date of invoice and made availa					<b>✓</b> Yes	□ No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	quor?	cara encretación sue	☐ Yes	<b>√</b> No
12.	Does the applicant owe municipal prope ( <b>Note:</b> Renewal of licenses may be den assessments or other fees).					☐ Yes	<b>☑</b> No
bee app and void this	AD CAREFULLY BEFORE SIGNING: Unit ruthfully answered to the best of the knowlication; that the applicant has read and recorrect. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly pen \$1,000.	nowledge of the signer. made a complete answ stands that any license licant may be prosecut	The signer agrees that er to each question, ar issued contrary to Ch ed for submitting false	t he/she is the nd that the a apter 125 o statements	ne person name inswers in each f the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
1	tact Person's Name (Last, First, M.I.)		Title / Member		Date		
	enda Siegenthaler		Owner/member Phone Number		03/20/2023 Email Address		
	Brenda Siegenthaler		608-527-2230		brendasblu	menlade	en@gm
— то	BE COMPLETED BY CLERK	· · · · · · · · · · · · · · · · · · ·					
Dat	e received and filed with municipal clerk	PW 6-12 VB	bard 6120	Date license g	ranted		
Lice	ense number issued	Date license issued		_ ^	lerk / Deputy Clerk		
AT-1	5 (R <sub>*</sub> 5-19)	*	2 -	193	1)		

#23-19

Renewal Alcohol B	Beverage Li	icense App	olication	Applicant's Wisconsin Seller's Per	
(Submit to municipal clerk, R	ead instructions	on page 3.)		456-1029314 FEIN Number	
For the license period beginning	ng 107-01-24	3 ending: A	-30-2024	81-27824	51
For the license period beginning			(	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	New Islan		☑ Class A beer	\$ 500
To the Governing Body of the:	Village of	ALES CIWA	14.5	Class B beer	\$
7	☐ City of			Class C wine	\$
County of Trees		Alderman	ic Dist. No		\$ 250
			d by ordinance)	Class A liquor (cider only)	\$ N/A
				Class B liquor	\$
Check one: 🔲 Individual	X Limited Liabilit			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/N	onprofit Organiza	tion	Class B (wine only) winery	\$
O				Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:	16				
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)	
(===-)	(	(madie mame)	Trame riddress (84 864)	only of 1 dat office, a zip gode)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonp			Address of Corporation / I	Limited Liability Company (if different fr	om licensed premises)
Durisen's Market In	- / Koys V	Ylarket			
All corporations/organizations of liquor must appoint an agent.	or limited liability o	ompanies applyin	g for a license to se	ell fermented malt beverages a	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	. 1_
Burreson	Davin	1.	216.5 Pur	Kney St. Madise	211 53701
			22		1 10
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	- 1	City or Post Office, & Zip Code)	1, 53703
Burson	Davin	<b>→</b> M		Cher St. Machiller	W 22/03
∀Ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City of 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)	
	(1 11 23)	(image riams)	Traine Address (Street,	only of 1 out office, a zip dode,	
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	u's Wlar	Ket	Business Pho	one Number (208 52	7-2914
2. Address of Premises (c)	51 Rd 6	ì		Zip Code 53574	
Does the applicant understand brewpubs?	tand that they mus	t purchase alcoho	ol beverages only fro	om Wisconsin wholesalers, br	eweries 🔲 No
4. Premises description: De					17
include all rooms including records. (Alcohol beverage	living quarters, if	used, for the sale	es, service, consum	ption, and/or storage of alcoh	ol beverages and
13,000 59	Ft Bu	ulding	Alcohol	Displayed	09
the Doce	Aura	ve 15	a Rock	Stort-	

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 <b>convicted of any offenses</b> (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	□ Yes	[√] No
	or municipality? If yes, complete page 3	1es	V NO
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pending</b> (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? <b>If yes, explain fully on page 3</b> .	☐ 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	IJNo
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]	∏∦es	□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	<b></b> No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?		□No
app and void this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name dication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsing, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	ed in the fo n instance n Statutes in connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, Eirst, M.I.)  Title / Member  Date	0 -	
#	INDERSON KONALD J JR. STORE MANAGER 5-23-	23	
Sig	Phone Number 1:608-527-2914   Fanderson:	2646@	charter.
-			
100	BE COMPLETED BY CLERK  e received and filed with municipal clerk  Date reported to countil / board  Date license granted		
	5-23-23   DIZ (PW) V-20 (VB)		
Lic	ense number issued  Date license issued  Signature of Clerk / Deputy Clerk	4	/
AT-1	15 (R 5-19)	1	

Renewal Alcohol	-		olication	Applicant's Wisconsin Seller's Per 456-000602957-03	mit Number
(Submit to municipal clerk.	7/02/22/22/20/20/20/20/20/20/20/20/20/20/	,	2/20/2004	FEIN Number 42-1435913	
For the license period beginning	ng: 07/01/2023 (mm dd yyyy)	6/30/2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
	Town of	EW GLARUS		Class A beer	\$ 500
To the Governing Body of the	· Ly village of 7	EW GLARUS		Class B beer	\$
	☐ City of			Class C wine	\$
County of GREEN		A1-I	:- D:-4 N-	Class A liquor	\$ 250-
County of Citativ			ic Dist. No	Class A liquor (cider only)	\$ N/A
		(ii require	d by ordinance)	Class B liquor	\$
Check one: Individual	Limited Liabilit	v Company		Reserve Class B liquor	\$
☐ Partnership		onprofit Organiza	tion	*2011	1
	[4] Corborationing	onpront Organiza	(IOII	Class B (wine only) winery	\$
Complete A or B. All must of	complete C.			Publication fee	\$
				TOTAL FEE	\$
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, Clty 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):		1		
Full Legal Name of Corporation / Non	profit Organization / Limite	ed Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m licensed premises)
CASEY'S MARKETING CO				NIENCE BLVD, ANKENY, I	
liquor must appoint an agent.  Agent Last Name	(First)	(Middle Name)	Home Address (Street	ell fermented malt beverages a	
HAWKS	ANTHONY	WAYNE	538 BIESE S	FREET, COMBINED LOCKS	s, WI 54113
All Officer(s) Director(s) of (	Corporation and M	embers / Manag	ers of Limited Lial	bility Company:	
President / Member Last Name PLEASE SEE ATTACHE	(First)  OFFICER LIST	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name CASEY'S G	SENERAL STORE	#3572	Business Ph	one Number 608-453-4529	
					0574
2. Address of Premises 101	9 STATE HVVT 08		Post Office &	Zip Code NEW GLARUS 5	35/4
3. Does the applicant unders and brewpubs?	tand that they must	purchase alcoho	ol beverages only fr	om Wisconsin wholesalers, bre	eweries
4. Premises description: De	escribe building or l g living quarters, if t	buildings where a	alcohol beverages es, service, consum	are to be sold and stored. The ption, and/or storage of alcoho	e applicant must
ONE STORY PRESTR	UCTURED STEE	L BUILDING			
3,000					

5.	Legal description (omit if street address is given o	n previous pa	ge):				
6.	a. Since filing of the last application, has the nar member, officer, director, manager or agent for organization licensee been convicted of any for violation of any federal laws, any Wiscons or municipality? If yes, complete page 3	or either a lim <b>r offenses</b> (e: in laws, any la	ited liability company xcluding traffic offens aws of other states, o	/ licensee, o ses not relate r ordinances	r nonprofit ed to alcohol) s of any county	☐ Yes	<b>√</b> No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pend</b> the named licensee or any other persons affilia					☐ Yes	√No
7.	Except for questions 6a and 6b, have there been by you on your last application for this license?					☐ Yes	<b>√</b> No
o	Was the profit or loss from the sale of cleabel hour	nua qua far tha		d on the Wi			
0.	Was the profit or loss from the sale of alcohol beve or Franchise Tax return of the licensee? <b>If not, ex</b>	plain	previous year reporte	a on the wis	consin income	¥Yes	□ No
9.	Does the applicant understand they must hold a \ [phone (608) 266-2776]	Wisconsin Sel	ler's Permit?			<b>✓</b> Yes	□No
10.	Does the applicant understand that alcohol bevera from the date of invoice and made available for in					✓ Yes	□ No
11.	Is the applicant indebted to any wholesaler beyon	ıd 15 days for	beer or 30 days for l	iquor?		☐ Yes	<b>✓</b> No
12.	Does the applicant owe municipal property taxes, (Note: Renewal of licenses may be denied pursu assessments or other fees).					<b>√</b> Yes	□No
bee app and voic this thar	AD CAREFULLY BEFORE SIGNING: Under penal en truthfully answered to the best of the knowledge plication; that the applicant has read and made a cold correct. The undersigned further understands that d, and under penalty of state law, the applicant mass application. Any person who knowingly provides men \$1,000.	of the signer. Implete answ It any license It be prosecut	The signer agrees that er to each question, a issued contrary to Cl ed for submitting fals	at he/she is to and that the a apter 125 of e statements	he person name answers in each f the Wisconsin s and affidavits in	d in the fo instance Statutes : connect	regoing are true shall be ion with
ı	ntact Person's Name (Last, First, M.I.) EECH, DOULGAS M		Title / Member ASSISTANT SECRETARY FOR MARKETING COMPANY	R CASEY'S	Date 3/17/23		
Signature M. Beech			Phone Number Email Address LICENSINGTE		1	AM@CASEYS.COM	
	BE COMPLETED BY CLERK te received and filed with municipal clerk  Date report	ted to council / bo	ard ,	Date license g	ranted		
1.5	3128/23 PW		NB 6-30	01	Augustin and Augustin and		
LICE	Date licens	e ISSU <b>ed</b>		Signature of C	Sterk / Deputy Clerk		

#### **CASEY'S MARKETING COMPANY**

Federal Tax I.D. 42-1435913 Date of Incorporation: March 15, 1995

Effective 10/8/2021

#### **OFFICERS**

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

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

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

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

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

#### **BOARD OF DIRECTORS**

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

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

Scott Faber One SE Convenience Blvd. Ankeny, IA 50021

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

#### Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance ← This must be issued in the same 456-0000602957-03 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) CASEY'S MARKETING COMPANY 42-1435913 Trade or Business Name (if different than Legal Name) Telephone Number CASEY'S GENERAL STORE #3572 (608) 453-4529 Business Address (License Location) Business Telephone Business Located In 1019 STATE HWY 69 **√** Village (515)381-5109 Town Municipality State Zip Code County **NEW GLARUS** WI **IOWA NEW GLARUS** 53565 Mailing Address (if different than Business Address) Municipality Zip Code State ATTN: LICENSING, ONE SE CONVENIENCE BLVD ANKENY IA 50021 Organization (check one) Sole Proprietor Wisconsin Corporation - Enter date incorporated: Partnership Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes No Other (describe) No 1. Does the appl cant 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? 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.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved No by the Wisconsin Department of Health Services? (https://witobaccocheck.org) 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)? No 6. Does the applicant understand that they may not sell single cigarettes? 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? No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? Cigarettes / Tobacco will be sold over counter through vending machine both READ CAREFULLY BEFORE SIGNING: Jnder penalty provided by law, the applicant states that each of the above questions has

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

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

#### Applicable Laws and Rules

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

Renewal Alcohol	Beverage Li	cense App	olication	Applicant's Wisconsin Seller's Peri	
(Submit to municipal clerk. R	ead instructions o	n page 3.)		456 - 103108859 FEIN Number	81-04
	atlastan		1- 1	08-2699618	
For the license period beginni				TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	☐ Town of )	1-10		☐ Class A beer	\$
To the Governing Body of the:	☑ Village of }/	VEW GLAR	<u>us</u>	Class B beer	\$
	☐ City of			Class C wine	\$
County of GREEN		Aldormani	ic Diet No	☑ Class A liquor	\$ 250
County of		(if required	c Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A
		(,0400	a by G. G	Class B liquor	\$
Check one: 🔲 Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/No	nprofit Organizat	tion	Class B (wine only) winery	\$
				Publication fee	\$
Complete A or B. All must o	omplete C.			TOTAL FEE	\$
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
,,	(,	(,			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and a	Agent):				
Full Legal Name of Corporation / Nonp		Liability Company	Address of Corporation / L	imited Liability Company (if different from	m licensed premises)
CHALET CHEESE HAD	43. LLC		554 15T ST	NEW GLACUS, IN1 53	3574
All corporations/organizations liquor must appoint an agent.	or limited liability co		f)	Il fermented malt beverages a	
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
HLUBEK	MICHAEL		PO BOX 78	8 MONROE, WI 533	Sele
All Officer(s) Director(s) of C		mhere / Manag			
President / Member Last Name	(First)	(Middle Name)		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)	
<ul><li>and brewpubs?</li><li>4. Premises description: De</li></ul>	tand that they must scribe building or building quarters, if u	purchase alcoho uildings where a	Post Office &  I beverages only fro  alcohol beverages as, service, consump	m Wisconsin wholesalers, bre	weries \( \sum \) No e applicant must
RETAIL AREA, BI	CK ROOM, BI	CK COOLET	ζ		
					<del></del>

5.	Legal description (omit if street addres	s is given on previous p	age):			
6.	a. Since filing of the last application, member, officer, director, manager organization licensee been conviction for violation of any federal laws, are or municipality? If yes, complete	r or agent for either a lir cted of any offenses ( ny Wisconsin laws, any	mited liability compar excluding traffic offer laws of other states,	ny licensee, or nonprofit uses not related to alcohol) or ordinances of any county	☐ Yes	<b>⊠</b> No
	b. Are charges for any offenses pre- the named licensee or any other pe				☐ Yes	™ No
7.	Except for questions 6a and 6b, have by you on your last application for thi				☐ Yes	°⊠ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee				Yes	□No
9.	Does the applicant understand they m [phone (608) 266-2776]	ust hold a Wisconsin Se	eller's Permit?		Y⊈ Yes	□No
	Does the applicant understand that alc from the date of invoice and made ava				Yes	□No
11.	ls the applicant indebted to any whole	saler beyond 15 days fo	or beer or 30 days for	liquor?	☐ Yes	No No
	Does the applicant owe municipal prop ( <b>Note:</b> Renewal of licenses may be do assessments or other fees).				☐ Yes	<b>⊠</b> No
bee app and voic this thar	AD CAREFULLY BEFORE SIGNING: In truthfully answered to the best of the lication; that the applicant has read and correct. The undersigned further under, and under penalty of state law, the application. Any person who knowingly \$1,000.  act Person's Name (Lest, First, M.I.)	knowledge of the signer. I made a complete answ rstands that any license oplicant may be prosecu	. The signer agrees the ver to each question, to issued contrary to C uted for submitting fals	at he/she is the person name and that the answers in each chapter 125 of the Wisconsin se statements and affidavits i application may be required	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
			MANAGER	Date 5/15/20	023	
Sigr	Signature Phone Number Email Address  Michael Whiche Mike. hluber				kp cha	letchees
				haus.c.	0 01	
	BE COMPLETED BY CLERK					
Date	received and filed with municipal clerk 5.15.23	Date reported to council / b	1 VR 6/20	Date license granted		
Lice	ise number issued	Date license issued	10	Signature of Clerk / Deputy Clerk		
	73313			1 Dearna young	K	
AT-11:	(R. 5-19)	-	2 -	U U	33	

# 23-09

Renewal Alcohol E	3everage Lic	ense App	lication	Applicant's Wisconsin Seller's Per	mit Nun	nber
(Submit to municipal clerk. Re	ead instructions or	n page 3.)		456-1030678405-04		
			n savan - vananamanna	FEIN Number 85-4084873		
For the license period beginning: 07 01 2023 ending: 06 30 2024 (mm dd yyyy) (mm dd yyyy)				TYPE OF LICENSE REQUESTED		FEE
	Town of			Class A beer	\$	
To the Governing Body of the:	Village of Z	w Glarus		Class B beer	-	l no
	☐ City of			Class C wine	\$	00.
County of Green		Aldormonia	n Diet Ne	Class A liquor	\$	
County of		Aldermanic	by ordinance)	Class A liquor (cider only)	\$	N/A
		(ii roquirou	by ordinariou,	Class B liquor	\$	
Check one:  Individual	✓ Limited Liability	Company		Reserve Class B liquor	\$	
☐ Partnership	Corporation/Nor	profit Organizati	ion	Class B (wine only) winery	\$	
·	_ ,			Publication fee	\$	
Complete A or B. All must c	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership:				M		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Kube	Keith	A	406 2nd Ave 1	New Glarus WI 53574		
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Hanson	Leah	L		New Glarus WI 53574		
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zlp Code)		
Tuli Name (Last)	(1 1151)	(Middle (Valle)	Florite Address (Street,	City of Post Office, & Zip Code)		
B. LLC or Corporation (and A	Agent):					
Full Legal Name of Corporation / Nonpo	rofit Organization / Limited	Liability Company A	Address of Corporation / Li	imited Liability Company (if different fro	m licen	sed premises)
Dirty Dog Taphaus and	d Eatery LLC	1	101 6th Ave Ne	w GLarus WI 53574		
All corporations/organizations of liquor must appoint an agent.	or limited liability cor	mpanies applying	for a license to sel	Il fermented malt beverages a	nd/or	intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
			t			
All Officer(s) Director(s) of C	orneration and Ma	mboss / Manage	era of Limited Lieb	ility Company		
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
	,		1			
Kube	Keith	Allen		New Glarus WI 53574		
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Hanson	Leah	Lynne		New Glarus WI 53574		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
T	(Final)	(Bathalla Nana)	Name Address (Obs.)	07		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, 6	City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 6	City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
<u></u>	L					
C. Business Information						
1. Trade Name Dirty Dog	Taphaus and F	Eatery LLC	Business Pho	ne Number 608 636 2048		
						T. 4
2. Address of Premises 101	6th Ave PO Bo	x 38	Post Office & A	Zip Code New Glarus WI	535	/4
3. Does the applicant understand brewpubs?					ewerie	es No
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters, if us	sed, for the sale:	s, service, consump	otion, and/or storage of alcoho		
Single story histo	rical building	g with fence	ed outside pat	cio area.		

5.	Legal description (omit if street address	is given on previous pa	ge):	41		
6.	a. Since filing of the last application, h member, officer, director, manager of organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lin ed of any offenses (e Wisconsin laws, any l	nited liability company excluding traffic offense aws of other states, or	licensee, or nonprofit es not related to alcohol ordinances of any coun	) ty	<b>☑</b> No
	<ul> <li>b. Are charges for any offenses prese the named licensee or any other per</li> </ul>					<b>☑</b> No
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any change license? <b>If yes, expla</b>	es in the answers to th	e questions as submitte	d ∐ Yes	<b>☑</b> No
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?					□No
					_	
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?	*******	✓ Yes	□No
	Does the applicant understand that alco from the date of invoice and made avail					□No
11.	Is the applicant indebted to any wholes	aler beyond 15 days fo	r beer or 30 days for li	quor?	Yes	<b>☑</b> No
12.	Does the applicant owe municipal propo ( <b>Note:</b> Renewal of licenses may be de- assessments or other fees).					<b>☑</b> No
app and voic this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kication; that the applicant has read and correct. The undersigned further under, and under penalty of state law, the application. Any person who knowingly \$1,000.	nowledge of the signer. made a complete answ stands that any license plicant may be prosecu	The signer agrees that wer to each question, a e issued contrary to Ch ted for submitting false	t he/she is the person na nd that the answers in ea apter 125 of the Wiscon a statements and affidavi	med in the fo ach instance sin Statutes ts in connect	regoing are true shall be ion with
Con	tact Person's Name (Last, First, M.I.)		Title / Member	Date		
_	ah Hanson		Owner/ Member	05/05/20	23	
Sigi	ature Mark Man	cen	Phone Number 608 347 8082	Email Address	e@gmail.c	com
	DE COMPLETED BY CLEDY			CONTRACTOR OF THE STREET		
-	BE COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / b	oard .	Date license granted		
	5-8-23	PW 6/12	VB 6/20	<b>J.</b>		
Lice	nse number issued 23-09	Date license issued		Signature of Clerk / Deputy Cl	erk	
AT-11	5 (R. 5-19)		2-	0		

-2-

general \*

Renewal Alcohol I	Beverage Lic	— ense Apr	lication	Applicant's Wisconsin Seller's Perr	
(Submit to municipal clerk. R	_			456-000-319	155450
•		,		FEIN Number 20 - 863 - 70	047
For the license period beginning	ng: (e   SO   Z	<b></b> ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of			Class A beer	\$
To the Governing Body of the:	Village of }	ew woo	arus	Class B beer	\$ 100.
	☐ City of			Class C wine	\$ 100.
County of (DYCEV)		Aldermani	ic Dist. No.	Class A liquor	\$
outly of Col			d by ordinance)	Class A liquor (cider only)	\$ N/A
	_			Class B liquor	\$
Check one: Individual	Limited Liability			Reserve Class B liquor	\$
☐ Partnership	Corporation/No	nprofit Organiza	tion	Class B (wine only) winery	\$
Complete A or B. All miret -	omplete C			Publication fee	\$
Complete A or B. All must c	umpiete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Horne Address (Stree	et, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	
All corporations/organizations	ce WOYKS or limited liability con	mpanies applyin	g for a license to s	read St. sell fermented malt beverages a	nd/or intoxicat
iquor must appoint an agent.	1			The artery of the transport of the second of	
Agent Last Name	(First) Alexande	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	01
50gre	HURSHAK	Claire	146494	Poplar Grove	KO.
All Officer(s) Director(s) of C	orporation and Me	mbers / Manag	ers of Limited Lia	ability Company:	
President / Member Last Name	(First)	(Middle Name)	Horne Address (Stree	et, City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name	(First)	(Middle Name)		et, City or Post Office, & Zip Code)	
	<u>ì</u>		Home Address (Street		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	
Secretary / Member Last Name Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street Home Address (Street Home Address (Street	et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code)	
Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name	(First) (First)	(Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street Home Address (Street Home Address (Street	et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code)	
Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name Fat (	(First)  (First)  (First)  (First)	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street Home Address (Street Home Address (Street Borne Address (Street Business Ph	et, City or Post Office, & Zip Code)	5-050
Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name Fat (2)  2. Address of Premises	(First)  (First)  (First)  (First)	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street Home Address (Street Home Address (Street Business Ph Post Office of	et, City or Post Office, & Zip Code)	5.050 US 53

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.)

Legal description (omit if street address is given on previous page):		
member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been <b>convicted of any offenses</b> (excluding traffic offenses not related to alcohor for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any co	ol) unty	XV°
		DOM:
Except for questions 6a and 6b, have there been any changes in the answers to the questions as submit by you on your last application for this license? If yes, explain	ted Yes	TOKNO
Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Incor Franchise Tax return of the licensee? If not, explain	ome Wes	□No
[phone (608) 266-2776]		□No
	Des	□ No
Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	□ Yes	Mo
		No
en truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person olication; that the applicant has read and made a complete answer to each question, and that the answers in d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisc d, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affid s application. Any person who knowingly provides materially false information on this application may be req in \$1,000.	named in the for each instance onsin Statutes avits in connec	oregoing are true shall be tion with
ntact Person's Name (Last, First, M.I.)  Date Geneval manager 5/1  Phone Number  Email Addre  UN 198-695-6507  Ally	0 23 Prigge@	mail.
BE COMPLETED BY CLERK		-co
te received and filed with municipal clerk  5.10.23  Date reported to council / board  Date license granted		
ense number issued Signature of Clerk / Deputy		
	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or a member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee benc convicted of any offensee (excluding traffic offenses not related to alcoho for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any con or municipality? If yes, complete page 3  b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) again the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.  Except for questions 6a and 6b, have there been any changes in the answers to the questions as submit by you on your last application for this license? If yes, explain  Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin locor Franchise Tax return of the licensee? If not, explain  Does the applicant understand they must hold a Wisconsin Seller's Permit?  [phone (608) 266-2776]  Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 yr from the date of invoice and made available for inspection by law enforcement?  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Does the applicant owe municipal property taxes, assessments, or other fees?  (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes assessments or other fees).  BD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the nuthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person licetion; that the applicant has read and made a complete answer to each question, and that the answers in correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wiscol, and under penalt	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 or organization licensee been convolted of any offensee (southing traffic offenses not related to alcohol) for violation of any federal laws, any Vilsconsin taws, any laws of other states, or ordanaces of any county   Yes    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    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    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    Was 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    Ses 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?    Ses 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?    Ses 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?    Ses the applicant understand that alcohol beverage invoices must be kept at the licensee owes municipal taxes, alcohol to any wholesaler beyond 15 days for beer or 30 days for liquor?    Ses the applicant nove municipal property taxes, assessments, or othe

Dear New Glarus Village,

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

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

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

Thank you for your consideration!

Sincerely,

Ally Sayre

# 23-22

Renewal Alcohol Beverage License Application (Submit to municipal clerk. Read instructions on page 3.)				Applicant's Wisconsin Seller's Permit Number		
				FEIN Number		
For the license period beginning	ng: 6+/01/202	ending:06	130/2024	39-159663		
				TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the:	Town of	Mari Elacus	ς.	Class A beer	\$	
To the Governing Body of the:	Village of	New arain	)	Class B beer	\$ 100.	
_	☐ City of 丿			Class C wine	\$	
County of Green		Aldermani	c Dist. No	Class A liquor	\$	
County of Great		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A	
		(ii roquii ot	a by oralliance,	Class B liquor	\$ 250:	
Check one: Individual	Limited Liab	ility Company		Reserve Class B liquor	\$	
☐ Partnership	Corporation	Nonprofit Organizat	tion	Class B (wine only) winery	\$	
	A			Publication fee	\$	
Complete A or B. All must o	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership	•			TOTALTER	14	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
(====,	(,	(,		, on, o, con omon, a <b>2</b> , p occo,		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
	,	(,		,,,		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
` '	, ,	`	,	,,,		
B. LLC or Corporation (and	Agent):					
Full Legal Name of Corporation / Nonp	rofit Organization / Li	mited Liability Company	Address of Corporation /	Limited Liability Company (if different from	m licensed premises)	
	rises Inc					
	or limited liability	companies applying	g for a license to s	ell fermented malt beverages a	nd/or intoxicating	
Agent Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
Gobeli	John				10 52-70	
Selection to the latest the selection of				nington St. Montscel	10, 37370	
All Officer(s) Director(s) of C						
President / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
Cobeli	John	Christian	630 west	index St Monticelle	53570	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	ting for 91 Montice 16 t, City or Post Office, & Zip Code)	7,0,	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zlp Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
,	(*=0)	(	(2,000	, any or real amost a zip acce,		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
Direction Managero East Manie	(1 1101)	(wilddie stallie)	Tionic Address (blide)	t, only of those office, a zip code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)		
C. Business Information	01 1			·		
1. Trade Name Glarne	s stah		Business Ph	one Number 608 527 7	2216	
2. Address of Premises S(X			Post Office &	Zip Code Po Box 157	53574	
3. Does the applicant unders and brewpubs?	tand that they me	ust purchase alcoho	ol beverages only fr	rom Wisconsin wholesalers, bre	eweries 🔲 No	
	living quarters,	if used, for the sale	s, service, consum	are to be sold and stored. The aption, and/or storage of alcohoribed.)		
floors of	518 1	st stree:	+			
	-					

5.	Legal description (omit if street address	s is given on previous paç	je):				
6.	a. Since filing of the last application, is member, officer, director, manager organization licensee been conviction for violation of any federal laws, an or municipality? If yes, complete	or agent for either a lim ted of any offenses (ex y Wisconsin laws, any la	ited liability compan coluding traffic offen aws of other states,	y licensee, or ses not relate or ordinances	nonprofit d to alcohol) of any county	☐ Yes	<b>K</b> į No
	b. Are <b>charges</b> for <b>any offenses</b> pres the named licensee or any other pe	ently <b>pending</b> (excluding rsons affiliated with this	g traffic offenses not license? <b>If yes, exp</b>	related to alco	ohol) against page 3	☐ Yes	<b>∑</b> No
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any changes license? If yes, explain	s in the answers to t	the questions	as submitted	☐ Yes	<b>y</b> ZÍ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	cohol beverages for the	previous year reporte	ed on the Wisc	onsin Income	<b>∀</b> Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	ust hold a Wisconsin Seli	ler's Permit?	904 (ONE ROPOLE)	*********	<b>⊠</b> Yes	□ No
10.	Does the applicant understand that alco	ohol beverage invoices make the series in the series of th	nust be kept at the lidwellidw	censed premis	es for 2 years	<b>I</b> Yes	∐ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days for	beer or 30 days for	liquor?		☐ Yes	<b>⊠</b> No
12.	Does the applicant owe municipal prop ( <b>Note:</b> Renewal of licenses may be de assessments or other fees).	erty taxes, assessments nied pursuant to a local	, or other fees? ordinance, if the lice	ensee owes mi	unicipal taxes,	☐ Yes	<b>⊠</b> No
app and void this that	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further under, and under penalty of state law, the apapplication. Any person who knowingly \$1,000.	mowledge of the signer. The made a complete answerstands that any license plicant may be prosecuted.	The signer agrees the er to each question, sissued contrary to C ed for submitting fals	at he/she is the and that the ar hapter 125 of se statements	e person named nswers in each the Wisconsin and affidavits ir	d in the for instance a Statutes s r connecti	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)		Title / Member		S/24/	23	
Sign	ature		Phone Number	6	mail Address		
			108 SIA 2	383	NEW WEST COST NOW HOUSE	CGu	g, l, to
	DE COMPLETED BY C. TTY			11-1			
	BE COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / box	ard	Date license gra	anted	-1-11-111	
Lice	5 24 23 nse number issued	PW 6/12 Vf	6/20	Cianatus -f C	ole / Domitte Olevi		
	23-22	Date licerise issued		Signature of Cle	erk / Deputy Clerk		
AT-11	5 (R, 5-19)	- 2	!		0	40	

Renewal Alcohol	Beverage Li	icense App	olication	Applicant's Wisconsin Seller's Period 156-102860 79	mit Number
(Submit to municipal clerk.				EEIN Mumber	
For the license period because	7/1/2-27		12/	47-33322	18
For the license period beginni	For the license period beginning: 7/01/2023 ending: 6/30/2023  [Imm dd yyyy) ending: 6/30/2023  [Imm dd yyyy) character  To the Governing Body of the: 2 Pillage of City of				FEE
Table Ossession Ded. 10	☐ Town of	de land	2uS	Class A beer	\$
to the Governing Body of the	Village of }	vecc on		☐ Class B beer	\$ 100.
County of GRAN	☐ City of 7			Class C wine	\$
County of 6/2000		Alderman	ic Dist. No	☐ Class A liquor	\$
		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one:  Individual	Thimited Liabilit	v Company		Class B liquor	\$ 2SD.
Partnership	The state of the s	onprofit Organiza	4:	Reserve Class B liquor	\$
raitilership	Corporation/No	onprolit Organiza	uon	Class B (wine only) winery	\$
Complete A or B. All must of	omplete C.			Publication fee TOTAL FEE	\$
A. Individual or Partnership	•			TOTALTEL	Φ j
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
T diritario (Edut)	(i iist)	(Middle Name)	nome Address (Street,	City of Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
T diritanio (Eddi)	(1 1131)	(Middle Name)	Home Address (Street,	City of Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
P. I. Cor Corporation (and	A month.				
B. LLC or Corporation (and Full Legal Name of Corporation / Nonp		ad Liability Company	Address of Corneration / L	instead Liability Commany (if different from	er lineane d'avent de la l
HUNGO LLC	oront Organization / Limite	d Liability Company	200 - 5+4 AA	214E, UTW Giaru	m licerised premises)
	12 24 1 12 4 1414				
All corporations/organizations liquor must appoint an agent.					
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code) RET. HEW GUARU	114 535
LONCO	STEPHEN	-1	812-24	Rece 1. HEW OUTEN	3 -02 - 01
All Officer(s) Director(s) of C	orporation and M	embers / Manag	ers of Limited Liab	ility 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, 6	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 6	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	RS PUB AN	· GRIL		ne Number <u>6</u> 8 527-	
2. Address of Premises			Post Office & 2	Zip Code NEW GLARUS	W= 5357
3. Does the applicant unders and brewpubs?	tand that they must	purchase alcoho	ol beverages only fro	m Wisconsin wholesalers, bre	
4. Premises description: De include all rooms including	scribe building or I	ouildings where a	alcohol beverages a	,	l beverages and
DINING ROOM	- UPSTAIRS A	IND GROVE.		OUTSIDE BAR	, — — — — — — — — — — — — — — — — — — —
OUT STOE FO	PUCED PA	TTO			-

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 ·	_ <del> No</del>
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pending</b> (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? <b>If yes, explain fully on page 3</b>	☐ Yes	D NG
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? <b>If yes, explain</b>	☐ Yes	12 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	<b>≯</b> □¥es	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	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?	₽Ŷes	□No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	. Days
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name oblication; that the applicant has read and made a complete answer to each question, and that the answers in each discorrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsind, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	ed in the fo n instance n Statutes in connect	oregoing are true shall be tion with
	Intact Person's Name (Last, First, M.I.)  LONGS STEPHEN, J  OWNER  Phone Number  LONGS STEPHEN, J  Stevent	202	5. com
_	BE COMPLETED BY CLERK		
	te received and filed with municipal clerk		
	5.2.23 PW 6/12 + VB 6/20		
Lic	ense number issued  23-08  Date license issued  Signature of Clerk / Deputy Clerk  Dlawa Y.		

# **Application For License**

To the Clerk of the Village of New Glarus

County of Green, Wisconsin

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

Pool Table\*

\*No. of Pool Tables\_\_\_\_\_

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

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

Name and Address of Establishm	ent: HUNGO LLC	DBA TOFFLERS
PUR AND GRELL 200-5th	Ø	- 3
A receipt is submitted herewith, show payment of this license.		<i>*</i>
Dated: 5/2/2023	Signed:	

Renewal Alcohol	Beverage Lic	cense App	lication	Applicant's Wisconsin Seller's Perr	
(Submit to municipal clerk.	_			456-000 235 2298	- 07
(Guarrie to maniopar orom: 14	oud motifications o	n page o.,		FEIN Number	
For the license period beginni	ng: 7-1-23	endina:	6-32-24	76-0775776	
,	(mm dd yyyy)		6 - 35 - 24 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Committee Barbors the	Town of	01- 1		☐ Class A beer	\$
To the Governing Body of the	Village of	NEW GLAR	us	Class B beer	\$ 100.
Δ	City of			Class C wine	\$
County of GREEN		Aldermani	c Diet No	Class A liquor	\$
01-5-74			by ordinance)	Class A liquor (cider only)	\$ N/A
		, - ,	,,	∠ Class B liquor	\$ 250.
Check one: 🔲 Individual	X Limited Liability	Company		Reserve Class B liquor	\$
Partnership	☐ Corporation/Nor	nprofit Organizat	ion	Class B (wine only) winery	\$
				Publication fee	\$
Complete A or B. All must o	complete C.			TOTAL FEE	\$
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
KLEEMAN	GREGORY	BRIAN	312 Duger P	A New Proce wi 53	Less
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, (	City or Post Office, & Zip Code)	,,,,
Kissman	The .	Lyn	1 0		1
Full Name (Last)	(First)	(Middle Name)		DEW AVE BELLEVILLE City or Post Office, & Zip Code)	פטכפל וטו ש
Land Case,	(1.11.5)	(Wildale Hallie)	Trome Address (Silver, C	bity of 1 ost office, at 21b code)	
B. LLC or Corporation (and	• /				
Full Legal Name of Corporation / None	profit Organization / Limited	Liability Company	Address of Corporation / Li	mited Liability Company (if different from	n licensed premises)
KLEEMANS BAR + 6	RILL LLC				
All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applying	for a license to sel	I fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Tilama Addas as (Starat )	City or Post Office, & Zip Code)	
- 1/	A	1' - '			
KLEEMAN	bretory	BRIAN	312 DURST. 1	RD. NEW GLARYS, WI !	53574
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liabi	ility Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
KLEEMAN	GREGORY	BRIAN	312 11.000 1	On Abea Cases 211	53571
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	7777
KIEEMAN	DENNIS	Lyn			I
Secretary / Member Last Name	(First)	(Middle Name)		tw AVE BELLEVILLE  City or Post Office, & Zip Code)	נסכבה יותי
	( /	(made Hamb)	Tromo riadross (Silect, C	Sity of Fost Office, a Zip Gode)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
			(=	,,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
O. D					
C. Business Information					
1. Trade Name KLEEMAN	S BAR + GRIL	L	Business Phor	ne Number 605 - 507 -	5499
2. Address of Premises 116				Zip Code <u>P.o. Box 743</u>	53574
3. Does the applicant unders and brewpubs?	tand that they must p	ourchase alcoho	beverages only from	m Wisconsin wholesalers, bre	
					No ⊔ No
<ol> <li>Premises description: De include all rooms including records. (Alcohol beverag</li> </ol>	living quarters, if u	sed, for the sales	s, service, consump	tion, and/or storage of alcoho	e applicant must I beverages and
MAIN FLOOR AM	A BASEMENT	-			
-					

5.	Legal description (omit if street address	is given on previous pa	ge):				
6.	a. Since filing of the last application, h member, officer, director, manager organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lim ted of any offenses (e y Wisconsin laws, any l	nited liability company excluding traffic offens aws of other states, o	y licensee, or no ses not related to or ordinances of a	nprofit alcohol) any county	☐ Yes	Ŋ No
	b. Are <b>charges</b> for <b>any offenses</b> prese the named licensee or any other per					☐ Yes	M No
7.	Except for questions 6a and 6b, have by you on your last application for this					☐ Yes	X No
8.	Was the profit or loss from the sale of al or Franchise Tax return of the licensee?					¶ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	ıst hold a Wisconsin Se	ller's Permit?	enconner enco encon	KORON WOKONO EDEL	<b>∑</b> Yes	□ No
10.	Does the applicant understand that alco	ohol beverage invoices i able for inspection by la	must be kept at the licaw enforcement?	ensed premises	for 2 years	<b>☆</b> Yes	□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days fo	r beer or 30 days for I	iquor?	#18400000000#19# #C#1	☐ Yes	X No
12.	Does the applicant owe municipal proposition (Note: Renewal of licenses may be de assessments or other fees).					☐ Yes	No.
app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further under I, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license plicant may be prosecu	The signer agrees the ver to each question, a sissued contrary to C ted for submitting fals	at he/she is the p and that the answ hapter 125 of the se statements and	erson name vers in each Wisconsin d affidavits ir	d in the fo instance a Statutes s n connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)		Title / Member	Date	_		
K	LOGHAN GREGORY B.		President Phone Number	Em	4-33-3	3	
	Azh		608-574-456		eg Kleeman	@ gma	il.em
_	0						
то	BE COMPLETED BY CLERK						
Dat	e received and filed with municipal clerk 4.24.23	PW VI2	VB 6/20	Date license grante	ed		
Lice	nse number issued 23-07	Date license issued		Signature of Clerk			
AT-11	5 (R. 5-19)	74	2 =		0		

### Instructions for Renewal Alcohol Beverage License Application

#### THIS RENEWAL FORM CANNOT BE USED IF:

- 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:

		ONVICTIONS	
1.	NAME GREE LEARNEN	STATUTE NO./LOCAL ORDINANCE	
		WHERE CONVICTED NEW GENERAL	
	DATE 8-19 PENALTY FINE SUSPE	MISDEMEANOR	FELONY
2.	NAME GROW Kusman		
	CHARGE CLOSING HOUR VIOLATION	WHERE CONVICTED NEW GLARUS	
		MISDEMEANOR	
3.	NAME	STATUTE NO./LOCAL ORDINANCE	
	CHARGE	WHERE CONVICTED	
	DATE PENALTY	MISDEMEANOR	FELONY
	PEN	IDING CHARGE	
1.	NAME	STATUTE NO./LOCAL ORDINANCE	
	PENDING CHARGE	DATE	

\$ 50.00

## **Application For License**

To the Clerk of the Village of New Glarus

County of Green, Wisconsin

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

Pool Table\*

\*No. of Pool Tables\_\_\_\_

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

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

Naı	ne and Add	ress of Establi	shment: 🎉	MAN'S BAR	+ bene uc	
116	STH AUE	E. NEW	GLARUS, WI	53574		_
	payment of th	ubmitted herewith, is license.	showing the payn	nent of the sum of	\$ to the treasurer, in	

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

#23-18 Save







Renewal Alcohol	Beverage Lie	cense App	olication	Applicant's Wisconsin Seller's Per	
(Submit to municipal clerk.	lead instructions o	n page 3.)		456-10282541 FEIN Number	08-02
For the license period beginni	n 7/1/2022	and all and	120/2004	46-293910	17
ror the licerise period beginni		enaing:u	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	611/6/1019	<u>د </u>	Class A beer	\$
to the Governing Body of the	City of	eu Gran	3	∑lass B beer	\$ 100
^	☐ City of 7			Class C wine	\$
County of Over		Alderman	ic Dist. No	Class A liquor	\$
			d by ordinance)	Class A liquor (cider only)	\$ N/A
Observation D. C. P. C. L.	<b>—</b> /	_		Class B liquor	\$ 250
	Limited Liability			Reserve Class B liquor	\$
Partnership	Corporation/No	nprofit Organiza	tion	Class B (wine only) winery	
Complete A or B. All must o	omniete C			Publication fee	\$
	-			TOTAL FEE	\$
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, (	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
B. LLC or Corporation (and a	Agent):	10			
Full Legal Name of Corporation / Nonp	-	LI jability Company	Address of Corporation / Li	mited Lightlifty Company (if different fro	m lloopeed provided
Khstis Restaur		Clabinty Company	1195th		S, W 53574
All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applyin	g for a license to sel	I fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	- 11/- 5-25
(spez	Knst	K.	119 5	h AVE POBOX3	63 N9.575
All Officer(s) Director(s) of C	orporation and Me	mbers / Manag	ers of Limited Liabi	ility Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
10002	Krsti	12 mg		The Control of the Co	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street C	as above City or Post Office, & Zip Code)	
10002 Torves	Sugar artis	(madio riamo)		The second second second second	
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
,	(,	(Middle Halle)	Home radiess (offeet, c	on Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
			(X =		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
C. Business Information		(			
1. Trade Name	's Kestaw	rant	Rusiness Phor	ne Number 685527-	2012
2. Address of Premises	19 5th Auc		Post Office & 2		rus 53574
3. Does the applicant underst	tand that they must p	ourchase alcoho			weries
and brewpubs?		• • • • • • • • • • • • • • • • • • • •		· · · · Yes	No □ No
Premises description: De include all rooms including records. (Alcohol beverage AT 195 M)	living quarters, if us	sed, for the sale	s, service, consumpt	tion, and/or storage of alcoho	e applicant must beverages and building
east side	of the k	suidera	1		

5.	Legal description (omit if street address is given on previous page)				
6.	a. Since filing of the last application, has the named licensee, ar member, officer, director, manager or agent for either a limite organization licensee been convicted of any offenses (excl for violation of any federal laws, any Wisconsin laws, any laws or municipality? If yes, complete page 3	d liability company licensee, uding traffic offenses not rela s of other states, or ordinance	or nonprofit ted to alcohol) es of any county	☐ Yes	No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pending</b> (excluding the named licensee or any other persons affiliated with this lice	raffic offenses not related to a ense? If yes, explain fully o	lcohol) against n page 3	☐ Yes	No
7.	Except for questions 6a and 6b, have there been any changes is by you on your last application for this license? If yes, explain	n the answers to the question	ns as submitted	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol beverages for the profit or Franchise Tax return of the licensee? If not, explain	evious year reported on the W	isconsin Income	Yes	□No
				^\	
9.	Does the applicant understand they must hold a Wisconsin Selle [phone (608) 266-2776]	r's Permit?		Yes Yes	□No
	. Does the applicant understand that alcohol beverage invoices mu from the date of invoice and made available for inspection by law	enforcement?	/	X Yes	
	<ul> <li>Is the applicant indebted to any wholesaler beyond 15 days for b</li> <li>Does the applicant owe municipal property taxes, assessments,</li> <li>(Note: Renewal of licenses may be denied pursuant to a local or assessments or other fees).</li> </ul>	or other fees?	municipal taxes,	☐ Yes	XNº
bee app and voi this	EAD CAREFULLY BEFORE SIGNING: Under penalty provided by the truthfully answered to the best of the knowledge of the signer. The plication; that the applicant has read and made a complete answer and correct. The undersigned further understands that any license is ide, and under penalty of state law, the applicant may be prosecuted is application. Any person who knowingly provides materially false in \$1,000.	ne signer agrees that he/she is to each question, and that the sued contrary to Chapter 125 d for submitting false statemen	s the person named e answers in each i of the Wisconsin hts and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be tion with
Co	LORZ Kristi K.	tle / Member	Date 5-17-23		
Sig	Typolity of S	hone Number 608-558-4799	Email Address Knsti lop	86	gmal).
— то	D BE COMPLETED BY CLERK				
	ate received and filed with municipal clerk  Date reported to council / boa  PW 6 12 VB	0/20			
	cense number issued  # 23 - 18  Date license issued	<b>*</b>	of Clerk / Deputy-Glerk		
AI-1	-115 (R. 5-19) - 2	•	180		

TAB through to navigate. Us applicable boxes, press space		J #2	3-20	Save Print	Clear	
Renewal Alcohol E	Beverage Lic	cense App	lication	Applicant's Wisconsin Seller's Peri		
(Submit to municipal clerk. Re	_			45610285784921	02	
TELL MULLIPE						
For the license period beginning	(mm dd yyyy)	ending: <u>U6</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
	Town of	law Glan	1.0	☐ Class A beer	\$	
To the Governing Body of the:	Village of	iew olait	( )	☑ Class B beer	\$ 100.	
	City of			Class C wine	\$	
County of Green			Dist. No	Class A liquor Class A liquor (cider only)	\$ N/A	
		(if required	by ordinance)	Class B liquor	\$ 250.	
Check one:  Individual	★ Limited Liability	Company		Reserve Class B liquor	\$	
☐ Partnership		nprofit Organizat	ion	Class B (wine only) winery	\$	
				Publication fee	\$	
Complete A or B. All must c	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership:						
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
B. LLC or Corporation (and A Full Legal Name of Corporation / Nonposition / Nonpositio	rofit Organization / Limited	mpanies applying	801 Highway for a license to sell	fermented malt beverages a		
Agent Last Name	Michael	(Middle Name)		ity or Post Office, & Zip Code) H NEW Glarus, WI	53574	
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liabil	lity Company:		
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Nevil	Michael	A.	W6303 Count	y H New Glarus, W	1 53574	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Nevil	Shawna	D.	W6303 Count	y H New Glarus, W	11 53574	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
C. Business Information						
1. Trade Name Landh	aus Restau	rant	Business Phon	le Number 608-527-	5234	
2. Address of Premises 80	Highway	69	Post Office & Z	ip Code New Glarus	WI 53574	
3. Does the applicant understand brewpubs?	and that they must	purchase alcoho	l beverages only fror	n Wisconsin wholesalers, bre	eweries 🔲 No	
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters, if u	sed, for the sales	s, service, consumpt	re to be sold and stored. The cion, and/or storage of alcoholed.) See attached	ol beverages and	

5.	Legal description (omit if street address is given on previous pag	ie):						
6.	a. Since filing of the last application, has the named licensee, a member, officer, director, manager or agent for either a limit organization licensee been convicted of any offenses (ex for violation of any federal laws, any Wisconsin laws, any law or municipality? If yes, complete page 3	ted liability company li cluding traffic offenses ws of other states, or o	censee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	₩ No			
	or municipality: if yes, complete page 3			□ 163	A) 110			
	<ul> <li>Are charges for any offenses presently pending (excluding the named licensee or any other persons affiliated with this li</li> </ul>			☐ Yes	₩No			
7.	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							
8.	Was the profit or loss from the sale of alcohol beverages for the por Franchise Tax return of the licensee? If not, explain			Yes	□No			
9.	Does the applicant understand they must hold a Wisconsin Selle [phone (608) 266-2776]	er's Permit?		¥Yes	□ No			
10.	Does the applicant understand that alcohol beverage invoices m from the date of invoice and made available for inspection by lav	oust be kept at the licen wenforcement?	sed premises for 2 years	Yes	□No			
11.	Is the applicant indebted to any wholesaler beyond 15 days for	beer or 30 days for liqu	ıor?	☐ Yes	No			
12.	Does the applicant owe municipal property taxes, assessments, ( <b>Note:</b> Renewal of licenses may be denied pursuant to a local cassessments or other fees).			☐ Yes	⊠No			
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by in truthfully answered to the best of the knowledge of the signer. I lication; that the applicant has read and made a complete answer correct. The undersigned further understands that any license is and under penalty of state law, the applicant may be prosecuted application. Any person who knowingly provides materially false is \$1,000.	The signer agrees that I er to each question, and issued contrary to Cha ed for submitting false s	he/she is the person named that the answers in each pter 125 of the Wisconsin statements and affidavits in	d in the fo instance a Statutes of connect	regoing are true shall be ion with			
Cor		Title / Member	Date 25/23/3	א ר				
Sig	Jeuch Michael A	Phone Number	Email Address	<u>^                                    </u>				
_	mah	558-061	Shamay	nenta	otds.Inet			
— то	BE COMPLETED BY CLERK		**************************************					
Dat	e received and filed with municipal clerk  Date reported to council / box	1. [	Date license granted					
Lice	S 23 23  Date license issued  Date license issued	5 6/26	Signature of Clerk / Deputy Clerk					
AT-1	5 (R. 5-19) - 2	l (	() =	51				

## **Chalet Landhaus Restaurant Premises Description:**

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

Renewal Alcohol (Submit to municipal clerk. R	_		olication	Applicant's Wisconsin Seller's Perr	nit Number
	1 1001 -	000000 P.0100 640 - E00	120/211	FEIN Number	
To the Governing Body of the		23 ending: ( <i>(</i>		TYPE OF LICENSE REQUESTED	FEE
To the Coversing Deduction	Town of			Class A beer	\$
to the Governing Body of the	Village of	New Glar	05	Class B beer	S
	L. City of			Class C wine	SACA
County of Gre	en	Alderman	ic Dist. No.	Class A liquor	s 250.
		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
	~~ <sup>1</sup>			Class B liquor	\$
Check one: Individual	Limited Liabilit			Reserve Class B liquor	\$
Partnership	Corporation/No	onprofit Organiza	tion	Class B (wine only) winery	
Complete A or B. All must o	complete C			Publication fee	\$
				TOTAL FEE	S
A. Individual or Partnership Full Name (Last)		Tana an an	Tel est a		
ruii Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	City or Post Office, & Zip Code)	
(===-,	(1.1.54)	(Middle Halle)	Tionic Address (Gireet, C	only of 1 dat office, & zip code)	,
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
			` `	,	
B. LLC or Corporation (and					
Full Legal Name of Corporation / Nonr	orofit Organization / Limite	ed Liability Company	Address of Corporation / Lin	mited Liability Company (if different from	m licensed premises)
Long gag F	tutions:	111	16 65	Ave New	1av>
All corporations/organizations liquor must appoint an agent.			g for a license to sell	fermented malt beverages an	nd/or intoxicating
Agen Last Name	(First) Karer	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code) Ward Over K	Lan e blans
All Officer(s) Director(s) of C	orporation and M	embers / Manag	ers of Limited Liabi	lity Company:	
President / Member Last Name	(First)	(Middle Name)		city or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zlp Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
C. Business Information	200.00				
1. Trade Name しいしい	gag Antio	9085	Business Phon	ne Number 630 20	90423
2. Address of Premises	of PAN E	we		ip Code 53 New	
<ol><li>Does the applicant understand brewpubs?</li></ol>	tand that they must	purchase alcoho	ol beverages only from	m Wisconsin wholesalers, bre ···· Yes	weries
records. (Alcohol beverage	i living quarters, if ι es may be sold and δοί ♥	ised, for the sale distored only on t	s, service, consumpt the premises describ	ion, and/or storage of alcoho led.) ねんしいん し	l beverages and
DISPLAYED NIN	Shop o	nly. A	120HOLNWI	11 be Stored Le countet.	m Storeroom
Tecores with	, pe 2 10 · Q	- 61110	Ta Service		

AT-115 (R. 5-19)

5.	Legal description (omit if street address is	s given on previous pa	ige):			
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any vor or municipality? If yes, complete pa	agent for either a lim <b>d of any offenses</b> (e Wisconsin laws, any l	nited liability company excluding traffic offens laws of other states, o	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	☐ Yes	X No
	b. Are <b>charges</b> for <b>any offenses</b> preser the named licensee or any other pers				☐ Yes	No
7.	Except for questions 6a and 6b, have the by you on your last application for this li	ere been any change cense? <b>If yes, expla</b>	es in the answers to the ain	he questions as submitted	☐ Yes	X No
8.	Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? I have not start	ohol beverages for the f not, explain	previous year reporte	d on the Wisconsin Income	□ Yes	Мио
	Does the applicant understand they must [phone (608) 266-2776]				Xyes	□No
10.	Does the applicant understand that alcohorom the date of invoice and made available.	ol beverage invoices r ble for inspection by la	must be kept at the lic aw enforcement?	ensed premises for 2 years	† Yes	□No
11.	is the applicant indebted to any wholesal	er beyond 15 days for	r beer or 30 days for I	iquor?	Yes	X No
	Does the applicant owe municipal proper ( <b>Note:</b> Renewal of licenses may be deni assessments or other fees).	ty taxes, assessments ed pursuant to a local	s, or other fees? Fordinance, if the lice	nsee owes municipal taxes,	☐ Yes	ĭX No
bee app and voic this thar	AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the knowled correct. The undersigned further underst d, and under penalty of state law, the application. Any person who knowingly profits 1,000.	owledge of the signer. lade a complete answ ands that any license cant may be prosecut	The signer agrees that wer to each question, as issued contrary to Clated for submitting false information on this a	at he/she is the person name and that the answers in each napter 125 of the Wisconsir e statements and affidavits application may be required	ed in the fo i instance i Statutes in connect	regoing are true shall be ion with
٧	ntact Person's Name (Last, First, M.L.)  RodegNier Karen E		Title / Member	Date 3.28	3.23	3
Sigr	Lam Rodogs	<u>`</u>	Phone Number 630209	0423 rodesh	i & < 5 (a	3 ) gmail.com
	BE COMPLETED BY CLERK					
(	312812023	PW 612 - VI	1 1	Date license granted		
Lice	ense number issued 23.405	Date license issued		Signature of Clerk / Deputy Clerk		
AT-11	15 (R <sub>+</sub> 5-19)	76	2 -	0		

#23-10

Renewal Alcohol	_		olication	Applicant's Wisconsin Seller's Perr	mit Number
(Submit to municipal clerk.	lead instructions	s on page 3.)		FEIN Number	
For the license period beginni	ng: 07 01 202	3 ending: <u>0</u> 6		83-0577018	
			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	☐ Town of	Nov. Clares		☐ Class A beer	\$
To the Governing Body of the	: ☑ Village of }	New Graius		Class B beer	\$
	☐ City of			☐ Class C wine	\$
County of Green		Aldermani	ic Dist. No	✓ Class A liquor	\$ 250
obunty of		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
		(	, - · · · · · · · · · · · · · · · · ·	Class B liquor	\$
Check one: 🔲 Individual	Limited Liabi	lity Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/I	Nonprofit Organizat	tion	Class B (wine only) winery	\$
				Publication fee	\$
Complete A or B. All must o	complete C.			TOTAL FEE	\$
A. Individual or Partnership	:			·	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
(====)	(,	(madie mame)	Tromo radross (sucos	, only of 1 out office, a zip dode,	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nonp		sited Liability Company	Address of Corneration /	Limited Liability Company (if different from	m liganand prominen)
New Rose LLC	John Organization / Em	inted Elability Company	Address of Corporation?	Limited Clabinty Company (ii different no	ii liceriseu premises)
All corporations/organizations iquor must appoint an agent.	or limited liability	companies applyin	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Reinicke	Bryenna	M		center Rd Blanchardvil	IIO WT 5251
ROTHERO	Dr y cillia	11	NJIJO TOLK	Beneer Na Branchardvi	rre, wr 3333
All Officer(s) Director(s) of C	corporation and	Members / Manag	ers of Limited Lial	bility 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)	Hama Address (Chrost	City on Doct Office 9 7'- Onday	
Directors / Managers Last Name	(Filst)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name New Rose			Business Pho	one Number 608-527-4004	
2. Address of Premises 523	1ST Street	New Glarus	Post Office &	Zip Code <u>53574</u>	
3. Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bre	weries ☑ □ No
include all rooms including	ı living guarters, i	f used, for the sale	s. service. consum	are to be sold and stored. The ption, and/or storage of alcohoribed.) Second floor of	I beverages and
				tored in the cabinets	
<del>1</del>					

5.	Legal description (omit if street address	s is given on previous p	age):			
6.	<ul> <li>a. Since filing of the last application, hember, officer, director, manager organization licensee been convictor violation of any federal laws, an or municipality? If yes, complete</li> </ul>	or agent for either a lii ted of any offenses ( y Wisconsin laws, any	mited liability compan excluding traffic offens laws of other states, o	y licensee, or nonprofit ses not related to alcoho or ordinances of any cou	ol) unty	<b>⊌</b> N
	b. Are <b>charges</b> for <b>any offenses</b> pres the named licensee or any other pe	ently <b>pending</b> (excludi	ng traffic offenses not	related to alcohol) agair	nst	
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any chang license? If yes, expl	es in the answers to t	he questions as submit	ted ∐ Yes	<b>⊮</b> No
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?					□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]		eller's Permit?		— ✓ Yes	□ No
10.	Does the applicant understand that alcording the date of invoice and made available.					□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days fo	or beer or 30 days for l	liquor?	Yes	<b>☑</b> No
12.	Does the applicant owe municipal prop ( <b>Note:</b> Renewal of licenses may be de assessments or other fees).					<b>∠</b> No
app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the klication; that the applicant has read and correct. The undersigned further under and under penalty of state law, the apapplication. Any person who knowingly a \$1,000.	nowledge of the signer made a complete answ rstands that any licenso plicant may be prosecu	<ul> <li>The signer agrees the wer to each question, a e issued contrary to C uted for submitting fals</li> </ul>	at he/she is the person n and that the answers in e hapter 125 of the Wisco se statements and affida	named in the for each instance ensin Statutes vits in connect	oregoing are true shall be tion with
Cor	tact Person's Name (Last, First, M.I.)		Title / Member	Date		
Br	venna M Reinicke		Owner/ Agent	04/27/2		
1	Pydmalmtenudel	)	Phone Number 517-980-4559	Email Addres	s 7611c@gma:	il.cor
·	V	=				
то	BE COMPLETED BY CLERK					
Date	received and filed with municipal clerk	Date reported to council 15	VB 6/20	Date license granted		
Lice	nse number issued #2-3 -110	Date license issued	10-100	Signature of Clerk / Deputy C	Clerk	_
AT-11	5 (R. 5-19)		2 -	The (	56	

TAB through to navigate. Us applicable boxes, press space		1 4	23-21 1	Save	Print	Clear		
Renewal Alcohol Beverage License Application Applicant's Wisconsin Seller's Permit Number								
(Submit to municipal clark Pood instructions on page 3)								
For the license period beginning: 07/01/2023 ending: 06/30/2024  FEIN Number 47-2250255  TYPE OF LICENSE								
For the license period beginning	ng: 01/01/202	3_ ending:_06	(mm dd yyyy)	TYPE	OF LICENSE QUESTED	FEE		
	☐ Town of	(1-	4.0	Class A b	eer	\$		
To the Governing Body of the:	☑ Village of } _/V	ew Glar	us	Class B b		\$ 100-		
	☐ City of 】			Class C v	vine	\$		
County of Green		Aldermani	c Dist. No	Class A I		\$		
		(if required	l by ordinance)	(Married III)	iquor (cider only)	\$ N/A		
Check one:  Individual	`X`Limited Liability €	Company		Class B I	Iquor Class B liquor	s 250-		
Partnership	Corporation/Non		ion		wine only) winery	\$		
	ourpoid doing to it	prom organizat	1011		cation fee	\$		
Complete A or B. All must c	omplete C.			TOTAL F	EE	\$		
A. Individual or Partnership:	;			-		·······························//		
Full Name (Last)	(First)	(Middle Name)	Home Address (Stre	et, City or Post Office	, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	e, & Zip Code)			
B. LLC or Corporation (and a Steinbock LLC All corporations/organizations liquor must appoint an agent.	profit Organization / Limited		00 Sixth Av	enue New	Glarus, WI	53574		
Agent Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	, & Zip Code)			
Nevil	Michael	A	W6303 COL	unty Rall 1	vew Glarus,	WI 53574		
All Officer(s) Director(s) of C	orporation and Mer	nbers / Manage		J				
President / Member Last Name	(First)	(Middle Name)	Home Address (Street		0 -17			
Nevil	Michael	A	W6303 Cour	ity Rd It No	ew Glarus, v	VI 53574		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Stree					
Nevil	Shawna	D			w Glarus, W	1 53514		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	, & Zip Code)			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	, & Zip Code)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	, & Zip Code)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	et, City or Post Office	, & Zip Code)			
C. Business Information			<u> </u>					
1. Trade Name New Glo	arus Hotel Re	staurant	Business P	hone Number <u>(</u>	008-527-5	244		
2. Address of Premises 100	) Sixth Avenu	ue	Post Office	& Zip Code Ne	w Glarus,	WI 53574		
3. Does the applicant unders and brewpubs?			-		wholesalers, bre	weries 🔲 No		
include all rooms including	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.)  Sec. attached							
						():		

5.	Legal description (omit if street address is give	n on previous page):		
6.	member, officer, director, manager or ager organization licensee been <b>convicted of</b> a for violation of any federal laws, any Wisco	named licensee, any member of a partnership licensee, or any not for either a limited liability company licensee, or nonprofit any offenses (excluding traffic offenses not related to alcohol) onsin laws, any laws of other states, or ordinances of any county	☐ Yes	<b>⊠</b> No
		ending (excluding traffic offenses not related to alcohol) against filliated with this license? If yes, explain fully on page 3	☐ Yes	⊠ No
7.		een any changes in the answers to the questions as submitted e? If yes, explain	☐ Yes	⊠ No
8.		reverages for the previous year reported on the Wisconsin Income	<b>™</b> vaa	
	or Franchise Tax return of the licensee? If not,	, explain	Yes	∐ No
9.	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Seller's Permit?	<b>⊠</b> Yes	□ No
10.		verage invoices must be kept at the licensed premises for 2 years r inspection by law enforcement?	<b>⊠</b> Yes	□ No
11.	Is the applicant indebted to any wholesaler be	yond 15 days for beer or 30 days for liquor?	Yes Yes	X No
12.		res, assessments, or other fees?	☐ Yes	<b>⊠</b> No
app and void this	n truthfully answered to the best of the knowled lication, that the applicant has read and made a correct. The undersigned further understands i, and under penalty of state law, the applicant	enalty provided by law, the undersigned states that each of the above lige of the signer. The signer agrees that he/she is the person named a complete answer to each question, and that the answers in each in that any license issued contrary to Chapter 125 of the Wisconsin State may be prosecuted for submitting false statements and affidavits in each affidavits in the state of the wisconsin State of the Wiscons	in the fon Instance : Statutes : connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)	Title / Member  Date  O 3 / 3	-3	
Sign	leuik Michael A	Phone Number Email Address	1000 - 10	
	many cyl	608-55 8-06/1 Shamane	MIN	ds.ne
	DE COMPLETED DY CLEDY			
_	BE COMPLETED BY CLERK  received and filed with municipal clerk  Date re	eported to council / board Date license granted		
	5 23 23 PV	N 6/12/VB6/20		
Lice	Date lie  23-2)	Signature of Clerk / Deputy Clerk		
AT-11	5 (R <sub>x</sub> 5-19)	-2-	58	

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Return to Page 1

# **New Glarus Hotel Restaurant Premises Description:**

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

Renewal Alcohol I	Beverage Lic	ense App	lication	Applicant's Wisconsin Seller's Perm	nit Number
(Submit to municipal clerk. R	ead instructions o	n page 3.)	9 8	FEIN Number	007-04
For the license period beginning	7/1/200	3 ending: <i>[0]</i>	130/2024	07-225883	8
•	(mm dd yyyy)	,	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	OIL) RIANI	9	☐ Class A beer	\$
to the Governing Body of the:	City of	Cho Ollara		Class B beer	\$ 100 ·
610000	☐ City of			Class C wine	\$
County of Green		Aldermanio		Class A liquor	\$
		(if required	by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	Limited Liability	Company		Class B liquor Reserve Class B liquor	\$ 250.
☐ Partnership		profit Organizati	on	Class B (wine only) winery	\$
W. Sewson		apr		Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
			, ,		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
B. LLC or Corporation (and A	Agont\:				
Full Legal Name of Corporation / Nonp		Linkilih Company	ddenn of Commention (1 in	ited t teliffe Common of different for	a E I associate con
HBT Enterprise	1 1 4	Liability Company	A GLAN STATE	. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in licensed premises)
			VIOTA STAIC		
All corporations/organizations liquor must appoint an agent.	or limited liability coi	mpanies applying	for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	0.6.11
Herman	HMber	Lynne.	N9694 State	ERO 69 NEW GW	W W 535
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liabil	ity Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Tierman	Amber	Lynne	N9694 State	Rd 69 New Gland	S W 53574
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Tierman	Dana	James	N9694 State.	Rd 69 New Glarus	W/53574
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Horne Address (Street, Ci	ty or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Hama Addraga (Street, Ci	ty or Post Office, & Zip Code)	
District Managera East Name	(i iisi)	(white walle)	Tionie Address (Street, Or	ty of Post Office, a zip code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name OH Hav	SPuh & AM	71	Rusiness Phone	e Number 608-527-6	2218
2. Address of Premises 400	o The Street	F		ip Code New Clarus	53574
Does the applicant unders	tand that they must	purchase alcohol	beverages only fron	n Wisconsin wholesalers, bre	werjes
and brewpubs?					M □ No
<ol> <li>Premises description: De include all rooms including records. (Alcohol beverage)</li> </ol>	living quarters, if us	sed, for the sales	s, service, consumpti	on, and/or storage of alcoho	e applicant must I beverages and
Main fevel C	bar area), 1	busemen	t, upstairs	shelves,	
COOPERA	nd boor a	avdon 1	ho chana	10 mollipted	
to the	current 4	Beer dan	den adden	ia	

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 <b>convicted of any offenses</b> (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	<b>⊠</b> No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pending</b> (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? <b>If yes, explain fully on page 3</b>	☐ Yes	<b>X</b> No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	Yes	□ No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes	□ No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	Yes	□ No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	X No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	☐ Yes	AT NO
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above in truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name dication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin d., and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000.	d in the fo instance a Statutes s n connect	regoing are true shall be ion with
Con	Title / Member  Date 5/2/23  Email Address  Ambeu L Tievman  Email Address  Ambievse	2004	i e com
7	THUSE LITERINGUE TOUR SIGNED WITHOUT	gnul	CUIN
	BE COMPLETED BY CLERK		
Date	Preceived and filed with municipal clerk  Date reported to council / board  Pulla IVB 420  Date license granted		
Lice	nse number issued  Date license issued  Signature of Clerk / Deputy Clerk  Limanyung		

MUNICIPAL USE ONLY

License Number

# **Application for Cigarette and Tobacco Products Retail License**

S	ubmit to n	nunicipal clerk	•		Period Covered Linky 1, 23. June 39, 3
	Wisconsin 15-dig -/0307	it Sales Tax Account Nur 940:27 -06	[ ← Inis mus	st be issued in the same ame of the licensee below.	Date of Issuance
Legal Name	e (corporation, limite	d liability company, partnersh		and of the heeffeed below.	Federal Employer Identification No. (FEIN)
HB7	Enter	prises LL	<i>C</i> .		87-2258838
04	Haus	Rub & 60	1 1		Telephone Number (408) 214-1518
Business A 406	2nd SH	let		Business Located In City Village Town	Business Telephone (608) 527-22/8
Nunicipality	) Elani	S State	Zip Code 53574	of: New Blarus	Green
Ngb	94 Stat	ean Business Address)		New Clans	State Zip Code 53574
_	tion (check on	A*		2/20	121
Sole i	Proprietor	Wiscons	in Corporation – Ent	er date incorporated: 920	21
Partn	ership	Out-of-S	tate Corporation – A	re you registered to do business in	Wisconsin?  Yes No
Other	(describe)				
Yes	☐ No	Does the app distributors, j	olicant understand to obbers, or subjobbe	that they must purchase cigaret ers, who hold a permit with the V	tes and tobacco products only from Visconsin Department of Revenue?
Yes	☐ No	untaxed toba available fror	cco products from	an out-of-state company? (Tobepartment of Revenue at 608-20	oducts Distributor permit if purchasing pacco Products Distributor permit is 66-6701. See application form CTP-
Yes	☐ No	3. Does the app from another	licant understand t retailer, including tr	hat they cannot purchase/excharansferring existing stock to a ne	ange cigarettes or tobacco products w owner?
Yes	☐ No	4. Does the apply by the Wiscon	icant understand th	at they must provide employees Health Services? (https://witob	with tobacco sales training approved accocheck.org)
Yes	☐ No	5. Does the app products and	licant understand t nicotine products to	hat they may not sell, give or o	therwise provide cigarettes/tobacco
Yes	☐ No	6. Does the app	licant understand th	nat they may not sell single ciga	rettes?
Yes	□ No	licensed pren Wisconsin De	nises for two years partment of Reven	from the date of the invoice an	ducts invoices must be kept on the d be available for inspection by the lure to comply can result in criminal
Yes	☐ No	the Wisconsir	Department of Jus	at only cigarettes and roll-your-or tice's website labeled "Directory us/dls/tobacco-directory may be	wn (RYO) tobacco products listed on of Certified Tobacco Manufacturers e sold in Wisconsin?
Cigarette	s / Tobacco v	vill be sold	over counter	☐ through vending mac	hine Doth
been truth that the rig por-tion of grounds fo	fully answere ghts and resp f a licensed p or revocation	d to the best of the consibilities conferr remises during ins	knowledge of the ap red by the license(s) pection will be deen	oplicant. Applicant agrees to opera i, if granted, cannot be assigned ned a refusal to permit inspection ringly provides materially false in	that each of the above questions has ate this business according to law and to another. Any lack of access to any. Such refusal is a misdemeanor and formation on this application may be of Limited Liability Company / Partner / Individual)

### **Applicable Laws and Rules**

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

#23-25

Renewal Alcohol E	Beverage Lic	ense App	lication	Applicant's Wisconsin Seller's Perr	
(Submit to municipal clerk. R	_			456-162964290 FEIN Number	17.02
Facility Bases and districtions	7/1/10	n2 . 6	122/1000	FEIN Number	
For the license period beginning	(mm då yyyy)	23ending: 6	(mm da yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Covering Deduction	Town of	00 x / 10x	\1r<	Class A beer	\$
To the Governing Body of the:	City of	ew Brew	7 0 3	ズ.Class B beer	\$ 100
1	City of			Class C wine	\$
County of 68 Cen			Dist. No	Class A liquor	\$
		(if required	by ordinance)	Class A liquor (cider only)	\$ N/A
Charles and Individual	Di impitant I inditita	C		Class B liquor	\$ 250
Check one: Individual	Limited Liability			Reserve Class B liquor	\$
☐ Partnership	Corporation/Non	iprofit Organizati	ion	Class B (wine only) winery	\$
Complete A or B. All must c	omnlete C			Publication fee	\$
	-			TOTAL FEE	\$
A. Individual or Partnership:			Type Comments of the Comments		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
B. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonp	550		Address of Corporation / Lim	nited Liability Company (if different fro	m licensed premises)
Parkside De	Velopmen	+			
All corporations/organizations of liquor must appoint an agent.	or limited liability con	npanies applying	for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(Eirst)	(Middle Name)	Home Address (Street, Ci	ity or Post Office & Zip Code)	5 /A
Dreger	Randy	Scott	N0731 CTY	RDE Brooklyn	WI. 53531
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	lty or Post Office, & Zip Code)	1 1 1
Dieger	Kandy	Scott	11/07/31 (1	YKDE Brook	lyn W153521
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
					ή
1. Trade Name 110 Fe S	2 Have			100 20	7 7228
1. Irade Name 1 III CT CS	71 1.100	<del></del>	Business Phon	e Number <u>608 - 232 -</u>	- 0010
2. Address of Premises 106	3rd-AVE	*	Post Office & Z	ip Code New Glaru	<u> 53574</u>
3. Does the applicant unders breweries and brewpurbs?					✓Yes □No
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters, if us	sed, for the sale:	s, service, consumpt	ion, and/or storage of alcoho	
+ Duildings	two inc	loding in	the ally	between the	- buildings
		1			

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	XNo
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pending</b> (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? <b>If yes, explain fully on page 3</b>		No 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
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
	Does the applicant owe municipal property taxes, assessments, or other fees?	☐ Yes	No
beei appl and void this than	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000.	d in the fo instance a Statutes s n connecti	regoing are true shall be ion with
Sign	Phone Number  608-527-3378  Parkside	develo	prient.
TO '	RE COMPLETED BY CLERK	VULL	
	received and filed with municipal clerk  Date reported to council / board  Date license granted		
Licer	5 25 25  6 12 PW 6 20 VB  Date license issued  Date license issued  Signature of Clerk / Deputy Clerk		
\T-115	- 2 -	6	 64

#23-15

Renewal Alcohol	_		olication	Applicant's Wisconsin Seller's Pern 456-0000034566-03	nit Number
(Submit to municipal clerk. R	lead instructions of	on page 3.)		FEIN Number	
For the license period beginni		ending: 06	/30/2024	39-1784775	1
	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	w Glarus		☐ Class A beer	\$
To the Governing Body of the	· Villago oi	:w Glalus		✓ Class B beer	\$ 100
	☐ City of			Class C wine	\$
County of Green		Alderman	ic Dist. No	Class A liquor	\$
		(if require	d by ordinance)		\$ N/A
Check one:  Individual	☐ Limited Liability	Company		Class B liquor	\$ 280
Partnership	Corporation/No		tion	Reserve Class B liquor	\$
□ Faithership	Corboration/Mo	Class B (wine only) winery Publication fee	\$		
Complete A or B. All must o	omplete C.			TOTAL FEE	\$
A. Individual or Partnership	-			TOTALTEL	Ψ
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
(2201)	( 1101)	(Middle Marile)	Tionic Address (Office)	, ony or rost office, a 21p code,	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	; City or Post Office, & Zip Code)	
i di Halio (Edel)	(1 1134)	(middle (42me)	Tionie Address (Direct	, city of 1 ost Office, it zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Tan Harris (Edol)	(i wat)	(widdle (valle)	Tionie Address (Street	, only or rost onice, a 21p code,	
	<u> </u>				
B. LLC or Corporation (and	- ,				
Full Legal Name of Corporation / Nonp				Limited Liability Company (if different from	n licensed premises)
Puempels Olde Tavern	Inc		18 6th Ave Ne	w Glarus,WI 53574	
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to so	ell fermented malt beverages ar	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Bigler	Charles			New Glarus WI 53574	
All Officer(s) Director(s) of C	Cornoration and Me	embers / Manag	ers of Limited Lia	hility Company:	
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
Bigler	Charles		PO Box 508 N	New Glarus, WI 53574	
Vice President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
Reynolds	MacAlister	,,		l St New Glarus WI 535	.74
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	74
Reynolds	MacAlister	(madio riamo)		l St New Glarus WI 535	:74
Treasurer / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	-/4
Bigler	Charles	(wild die (valifie)			
Directors / Managers Last Name	(First)	(Middle Name)		Jew Glarus, WI 53574  City or Post Office, & Zip Code)	
Director / Mariagero Last Marie	(1 1131)	(Middle Halle)	Tione Address (Odeel,	, only or rost office, at 21p code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
_	ĺ		1	, . ,	
C. Business Information	h				
1. Trade Name Puempels	Olde Tavern		Business Pho	one Number 608-527-2045	
·					50554
2. Address of Premises 18	oth Ave		Post Office &	Zip Code New Glarus WI	53574
3. Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bre	weries
				are to be sold and stored. The	_
include all rooms including	living quarters, if u	sed, for the sale	s. service, consum	ption, and/or storage of alcoholibed.) west 1/2 of build	I beverages and
				side decks and restro	

5.	Legal description (omit if street address	s is given on previous p	age):			
6.	a. Since filing of the last application, member, officer, director, manage organization licensee been convi- for violation of any federal laws, an or municipality? If yes, complete	r or agent for either a <b>l</b> ii <b>cted of any offenses</b> ( ny Wisconsin laws, any	mited liability compar excluding traffic offen laws of other states,	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	☐ Yes	<b>₽</b> No
	b. Are <b>charges</b> for <b>any offenses</b> pre- the named licensee or any other po	sently <b>pending</b> (excludi ersons affiliated with this	ng traffic offenses not s license? <b>If yes, exp</b>	related to alcohol) against blain fully on page 3	☐ Yes	<b>№</b> No
7.	Except for questions 6a and 6b, have by you on your last application for thi	there been any chang s license? If yes, expl	es in the answers to	the questions as submitted	☐ Yes	₩ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee	alcohol beverages for the	e previous year report	ed on the Wisconsin Income	<b>☑</b> Yes	□No
9.	Does the applicant understand they m [phone (608) 266-2776]		eller's Permit?		<b>E</b> Yes	□ No
10.	Does the applicant understand that alc from the date of invoice and made ava	ohol beverage invoices ilable for inspection by l	must be kept at the lid aw enforcement?	censed premises for 2 years	✓ Yes	□ No
11.	ls the applicant indebted to any whole	saler beyond 15 days fo	r beer or 30 days for	liquor?	☐ Yes	<b>☑</b> No
	Does the applicant owe municipal prop ( <b>Note:</b> Renewal of licenses may be deassessments or other fees).	perty taxes, assessment enied pursuant to a loca	ts, or other fees? Il ordinance, if the lice	nsee owes municipal taxes,	☐ Yes	<b>₽</b> No
beer appl and void this than	AD CAREFULLY BEFORE SIGNING: In truthfully answered to the best of the ication; that the applicant has read and correct. The undersigned further under, and under penalty of state law, the apapplication. Any person who knowingly \$1,000.  act Person's Name (Last, First, M.I.)	knowledge of the signer I made a complete ansv Irstands that any license oplicant may be prosecu	The signer agrees the ver to each question, and its issued contrary to Cotted for submitting false.	at he/she is the person name and that the answers in each hapter 125 of the Wisconsin se statements and affidavits in	d in the fo instance Statutes : n connect	regoing are true shall be ion with
Cha	rles Bigler		President	05/01/2023		
Sign	Sharles Bigle		Phone Number	Email Address		
	Maries 1 sage		608-558-5984	bigler@pue	mpels.c	om
то і	BE COMPLETED BY CLERK					
	received and filed with municipal clerk	Date reported to council / b	VB 0/20	Date license granted		
Licer	se number issued + 23-15	Date license issued		Signature of Clerk / Deputy Clerk		
AT-115	(R. 5-19)	-	2 -		66	

Renewal Alcohol I	Applicant's Wisconsin Seller's Permit Number				
(Submit to municipal clerk. R	ead instructions or	n page 3.)		456-1029354950-02	
		,	ra-er receiens	FEIN Number 82-0930494	
For the license period beginning	ng: 07 01 2023 (mm dd yyyy)	ending: <u>06</u>	30 2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of )	<b>61</b>		Class A beer	s
To the Governing Body of the:	W Tillage of	w Glarus		✓ Class B beer	\$ 100.00
	☐ City of			Class C wine	\$
County of Green			D1 4 44	Class A liquor	\$
County of Green		Aldermanie	by ordinance)	Class A liquor (cider only)	S N/A
		(ii required	by ordinance;	Class B liquor	\$
Check one:  Individual	☑ Limited Liability	Company		Reserve Class B liquor	S
Partnership	☐ Corporation/Non		ion		\$
				Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:	i				-
Full Name (Last)	(First)	(Middle Name)	Home Address (Street Ci	ty or Post Office, & Zip Code)	
To really	(i nat)	(whome Haire)	Home Address (Street, Ci	ty of Post Office, a 21p Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
B. LLC or Corporation (and A	Agent):				
Full Legal Name of Corporation / Nonp	rofit Organization / Limited	Liability Company /	Address of Corporation / Lim	ited Liability Company (if different from	m licensed premises)
Rusty Raven LLC				t Rd Monticello WI	
All corporations/organizations of liquor must appoint an agent.	or limited liability con	npanies applying	g for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Schultz	Kristiann	Joy		onsa Rd Stoughton W	53589
All Officer(s) Director(s) of C	orporation and Mer	mbers / Manage	ers of Limited Liabili	ity Company:	
President / Member Last Name	(First)	(Middle Name)		ly or Post Office, & Zip Code)	
Hovland	Jonathan	Todd		int Rd Monticello W	
Vice President / Member Last Name	(First)	(Middle Name)		ty or Post Office, & Zip Code)	L 33370
Cebulto		100			
Schultz Secretary / Member Last Name	Kristiann (First)	Joy (Middle Name)		onsa Rd Stoughton WI	53589
* 000000000000000000000000000000000000	` '	(Middle Name)		ty or Post Office, & Zip Code)	
Van Hove	Тамму			ve Elgin MN 55932	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ly or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
C. Business Information		L			2
1. Trade Name Rusty Rav	en		Business Phone	Number 608-636-2023	),
2. Address of Premises 500	1st St New Gla	arus WI	Post Office & Z	p Code <u>53574</u>	
3. Does the applicant understand brewpubs?	and that they must p	ourchase alcohol	beverages only from	Wisconsin wholesaters, bre	weries ☑ □ No
Premises description: De- include all rooms including records. (Alcohol beverage)	living quarters if us	ed for the ealer	e ean/ica consumnti	e to be sold and stored. The on, and/or storage of alcoho ed.) The premises for	I haversees and
				the building located	
business address.				V	

5.	Legal description (omit if street address is given	on previous page):				
6.	<ul> <li>a. Since filing of the last application, has the nember, officer, director, manager or agent organization licensee been convicted of all for violation of any federal laws, any Wiscom or municipality? If yes, complete page 3.</li> </ul>	for either a limited liand for either a limited liand for either a limited liand for either and for either and for either and for either a liand f	bility company licensee g traffic offenses not rel other states, or ordinan	, or nonprofit lated to alcohol) ces of any county	☐ Yes	<b>☑</b> No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>per</b> the named licensee or any other persons affi	nding (excluding traffi iliated with this license	c offenses not related to ? If yes, explain fully	alcohol) against on page 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have there be by you on your last application for this license?	en any changes in the	e answers to the question	ons as submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alcohol be or Franchise Tax return of the licensee? If not, e	explain			☑ Yes	□ No
	Does the applicant understand they must hold a [phone (608) 266-2776]	Wisconsin Seller's Po	ermit?		<b>∀</b> Yes	□No
	Does the applicant understand that alcohol beve from the date of invoice and made available for it	nspection by law enfo	rcement?		✓ Yes	□ No
11.	Is the applicant indebted to any wholesaler beyon	nd 15 days for beer o	r 30 days for liquor?		☐ Yes	<b>⊘</b> No
	Does the applicant owe municipal property taxes ( <b>Note</b> : Renewal of licenses may be denied purs assessments or other fees).	s, assessments, or ott uant to a local ordina	ner fees?	municipal taxes,	☐ Yes	<b>⊘</b> No
app and void this thar	AD CAREFULLY BEFORE SIGNING: Under penetruthfully answered to the best of the knowledge of that the applicant has read and made a correct. The undersigned further understands the figure of the same	e of the signer. The sig complete answer to ea aat any license issued ay be prosecuted for s	ner agrees that he/she is tch question, and that the contrary to Chapter 125 submitting false statemen	s the person name e answers in each i of the Wisconsin ots and affidavits in	d in the foli instance a Statutes s	regoing are true shall be on with
Con	fact Person's Name (Last, First, M.I.)  Schult 7 Kristann J	Title / Mo	ember	Date 5/9	122	
Sign	Schultz Kristiann J Hater Sulas	Phone N	1 hor - finance offs umber 1-501-7998	Email Address	/ 23	
	- The sung	608	-501-79 <b>9</b> 8	Kyschultz'	is Egm	4.1.(00
TO I	BE COMPLETED BY CLERK			III III AA III		
Date	10.1	rted to council / board	Date licens	e granted		
Licer	5.9.23 PW nse number issued Date licen	10		f Clerk / Deputy Clerk		
	23-10	kisi mortuned#A/S		una Young		
¥T-115	5 (R. 5-19)	-2-		U	68	

MUNICIPAL USE ONLY

23-02

License Number

# Application for Cigarette and Tobacco Products Retail License

Submit to mu	ınicipal (	clerk.			1	Covered Amo + l. 4 Au
Applicant's Wisconsin 15-digit	Salae Tay Ann	ount Num	thor		-	une 30, 2023- July 1, 24
456-10293549	st be issued in the same	Date of	ISSUANCE			
				ame of the licensee below.		
Legal Name (corporation, limited to		partnershi	p or sole proprietorship)		Federal	Employer Identification No. (FEIN)
RUSTY RAVEN I					82-	0930494
Trade or Business Name (if diff	ferent than Leg	al Name,	)			one Number
						636-2023
Business Address (License Loc	ation)			Business Located In	Busines	s Telephone
500 1ST ST Municipality		Ctata	To Code	City Village Town	_	)
NEW GLARUS		State	Zip Code	of: NEW GLARUS	County	TORY
Mailing Address (if different the	n Business Ad		53574	Municipality	GRE	Zip Code
PO BOX 1018		0.0007		NEW GLARUS	WI	53574
Organization (check one	)			INDIA CITATOR	MI	33374
Sole Proprietor		ieconei	n Comoration En	ter date incorporated:		
	_					
✓ Partnership	∐ O	ut-of-St	ate Corporation — A	ve you registered to do business in V	Viscons	in? Yes No
Other (describe)						
√ Yes  No	1. Dogg th			41-441		
A les   MO	distribu	ie appi tors in	ilcant understand ibbers or subjobb	that they must purchase cigarette ers, who hold a permit with the Wi	s and 1	tobacco products only from
✓ Yes No						
✓ Yes	2. DOES IN	e appıı	cant understand th	at they must obtain a Tobacco Prod	ucts Di	stributor permit if purchasing
	availab	le from	the Wisconsin D	an out-of-state company? (Toba epartment of Revenue at 608-266	CCO PR L6701	See application form CTP
25	129, 🙉	venue.	wi.gov/dorforms/c	tp-129.pdf.)		Oce application form CTF-
✓ Yes No			- Committee of the Comm	that they cannot purchase/exchan	ao cia	arattae ar tabassa producta
	from an	other	retailer, including t	ransferring existing stock to a new	ye diye	?
Yes No				nat they must provide employees wi		
	by the V	Viscon	sin Department of	Health Services? (https://witobac	coche	ck.org)
√ Yes  No				that they may not sell, give or oth		
	product	s and	nicotine products t	to minors (including electronic ciga	rettes	containing nicotine)?
✓ Yes No				hat they may not sell single cigare		<i>G</i>
A les   Ido	licensed	ie appi i orem	iicant understand ises for two vears	that cigarette and tobacco production the date of the invoice and	cts inv	oices must be kept on the
	Wiscon	sin De <sub>l</sub>	partment of Rever	nue/law enforcement and that failu	re to co	omply can result in criminal
	penaltie	s, incl	uding loss of cigar	rettes/tobacco products?		
✓ Yes □ No :	B. Does th	e appli	cant understand th	nat only cigarettes and roll-your-own	n (RYO	) tobacco products listed on
	the Wise	consin	Department of Just	stice's website labeled "Directory o	f Certif	ied Tobacco Manufacturers
	and Bra	ınds" a	www.doj.state.wi	.us/dls/tobacco-directory may be s	sold in	Wisconsin?
Cigarettes / Tobacco wil	ll be sold		ver counter	through vending machi	ne	☐ both
READ CAREFULLY BEI	ORE SIGN	NING:	Under penalty pro-	vided by law, the applicant states th	at each	of the above succtions bea
een truthtully answered	to the best	of the	knowledge of the a	pplicant. Applicant agrees to operate	this bu	usiness according to law and
nat the rights and respo	nsibilities c	conferre	ed by the license(s	<ol> <li>if granted, cannot be assigned to</li> </ol>	anothe	er. Any lack of access to any
out-won of a licensed pre prounds for revocation of	mises duri f this licen	ng insp	ection will be deer	med a refusal to permit inspection.	Such re	fusal is a misdemeanor and
equired to forfeit not mo	re than \$1.0	000.	Potour WIN KINA	vingly provides materially false info	imation	on this application may be
	,	_		the ship		
			(	Officer of Corporation / Member / Mapager of L	imited Li	ability Company / Partner / Individual)

### **Applicable Laws and Rules**

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

Renewal Alcohol I	_	Applicant's Wisconsin Seller's Permit Number 456-1030844531-04			
(Submit to municipal clerk, R		,	11C0C-05-)	FEIN Number 87-3625260	
For the license period beginning			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	y Clarus		Class A beer	\$ 500.
To the Governing Body of the:	Village of	w Glalus		Class B beer	\$
	_] City of J			Class C wine	\$
County of Green		Alderman	ic Dist. No	Class A liquor	\$ 250.
county of			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(1, 1, 2, 4, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	y - r aa	Class B liquor	\$
Check one: [] Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/Nor	nprofit Organiza	tion	Class B (wine only) winery	\$
				Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
(4224)	(1, 11,01)	(Wildaic Hairie)	Home Address (offeet, o	ity of 7 ost office, a zip code)	
Full Marga (Lost)	(FireA)	(8.8.1.11. 81			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
D 110 0	4				
B. LLC or Corporation (and	-				
Full Legal Name of Corporation / Nonp				nited Liability Company (if different fro	m licensed premises)
Shubh Self Service I	nc		619 State Hwy 6	59	
All corporations/organizations liquor must appoint an agent.	or limited liability cor	npanies applyin	ng for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C.	ity or Post Office, & Zip Code)	
SINGH	SIZCHINDE		IEDO RED TA	HILDR VERINH	UNI 53520
					011 3357
All Officer(s) Director(s) of C		mbers / Manag			
President / Member Last Name	(First)	(Middle Name)	Home Address (Sreet, C	ity or Post Office, & Zip Code)	A WIS359
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & 7 in Code)	-
SINGH	SUNDEEP		1119 Unpul	STLN VERON	A MI 5259
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	11001 3331
Societally (Maniper Edecitatine	(Tiroty	(winddie Hairie)	Trome Address (Street, O	ity of Post Office, a Zip Code)	
Treasurer / Member Last Name	(First)	(8.0 abile Nove)	Harra Address (Otas at O	St D+ Offi 0 7:- O	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	1
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
SINGH	SUCHINDEN				
Directors / Managers Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
SINGH	SUNDEED		TLIG HARVE	ST LIU VERONA	W152513
	30.000		1-11 1100-1-4	31 210 1010	
C. Business Information					
1. Trade Name Shubh Sel	f Service Inc		Rusiness Phon	e Number (608)527-226	6
			Dusiness i non	C Trumber (TTT)	
2. Address of Premises 619	State Hwy 69		Post Office & Z	ip Code <u>53574</u>	
3. Does the applicant understand brewpubs?	tand that they must p	ourchase alcoho	ol beverages only from	n Wisconsìn wholesalers, bre	eweries
Premises description: De include all rooms including records. (Alcohol beverage)	Hiving quarters, if us	sed for the sale	es service consumnt	e to be sold and stored. The ion, and/or storage of alcoho ed.) _ gas_station_and	I heverages and
store	Ca at			53574	
6FIHWY	1 4 11	U GLAR	111// 1.44 <	17 1 1 1 1 1	

5.	Legal description (omit if street address	s is given on previous	page):				
6.	a. Since filing of the last application, I member, officer, director, manager organization licensee been convic for violation of any federal laws, an or municipality? If yes, complete page 1.	or agent for either a ted of any offenses y Wisconsin laws, an	limited liability compan (excluding traffic offensy) y laws of other states, of	y licensee, c ses not relat or ordinance	or nonprofit ed to alcohol) s of any county	☐ Yes	<b>₽</b> Ne
	b. Are <b>charges</b> for <b>any offenses</b> pres the named licensee or any other pe	ently <b>pending</b> (exclures sons affiliated with the	ding traffic offenses not nis license? If yes, exp	related to ale	cohol) against	☐ Yes	<b>∠</b> No
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any chan license? If yes, exp	ges in the answers to to	he questions	s as submitted	☐ Yes	₩ No
	***************************************						
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	lcohol beverages for t	he previous year reporte	ed on the Wis	sconsin Income	☐ Yes	□No
					Е.		
9.	Does the applicant understand they mu [phone (608) 266-2776]		Seller's Permit?			<b>☑</b> Yes	□No
10:	Does the applicant understand that alcomom the date of invoice and made avail	ohol beverage invoice lable for inspection by	s must be kept at the lice law enforcement?	censed premi	ses for 2 years	<b>✓</b> Yes	□ No
11,	Is the applicant indebted to any wholes	aler beyond 15 days	for beer or 30 days for	liquor?		☐ Yes	<b>₽</b> No
12.	Does the applicant owe municipal prop (Note: Renewal of licenses may be de assessments or other fees).	erty taxes, assessme nied pursuant to a loo	nts, or other fees? cal ordinance, if the lice	nsee owes n	nunicipal taxes,	☐ Yes	<b>☑</b> No
app and void this	AD CAREFULLY BEFORE SIGNING: Use the truthfully answered to the best of the kalication; that the applicant has read and correct. The undersigned further under the did and under penalty of state law, the apapplication. Any person who knowingly a \$1,000.	mowledge of the signe made a complete and stands that any licen plicant may be prose	er. The signer agrees the swer to each question, a se issued contrary to C cuted for submitting fals	at he/she is t and that the a hapter 125 o se statements	he person name answers in each of the Wisconsin s and affidavits in	d in the fo instance a Statutes s n connecti	regoing are true shall be ion with
	tact Person's Name (Last, First, M.I.)	1	Title / Member		Date		
	ngh, Suchinder, P		President		05/19/2023		
Sigi	nature Sylvende Page	Sick "	Phone Number		Email Address	70.40	
-	1000000		(608)513-7084		ravisingh2	/94@gma	11.00
	DE COMPLETED BY CLERK						
	BE COMPLETED BY CLERK  received and filed with municipal clerk	Date reported to council	/ board	Date license g	ranted		
	5 22 23	PW 6/12 D	Wb/20	Date illetise (	granteu		
Lice	nse number issued	Date license issued	•	Signature of C	Clerk / Deputy Clerk		-
AT-11	5 (R. 5-19)		- 2 -	· · · /		71	

- 2 -

# **Application for Cigarette and**

Tobacco Products Retail License						e Number
Submit to m	unicipal (	Period	Covered			
Applicant's Wisconsin 15-digit 456-10308445		ount Num	← This mus	st be issued in the same ame of the licensee below.	Date of	Issuance
Legal Name (corporation, limited			p or sole proprietorship)	Ti and the state of the state o		Employer Identification No. (FEIN)
Shubh Self Se Trade or Business Name (if di			1			3625260 one Number
read of Business Harrie (if the	norom man Leg	iai ivaiiio,	,			) 513-7084
Business Address (License Lo	,			Business Located In		ss Telephone
619 State Hwy Municipality	7 69	State	Zip Code	City Village		) 527–2266
		WI	53574	of New Glarus	County Gre	en
Mailing Address (if different the	an Business Ad	dress)		Municipality	State <b>W</b> I	Zip Code 53574
Organization (check one	e)		1000	**		
Sole Proprietor	V	isconsi	in Corporation – Ente	er date incorporated: 06-	01-2022	
Partnership	0	ut-of-St	tate Corporation – A	re you registered to do busin	ess in Wiscons	sin? Yes No
Other (describe)						
✓ Yes No	Does the distribution	ne app tors, jo	licant understand t	that they must purchase ciers, who hold a permit with	garettes and the Wisconsi	tobacco products only from n Department of Revenue?
✓ Yes	untaxed availab	d tobac le from	cco products from	an out-of-state company? epartment of Revenue at 6	(Tobacco Pr	stributor permit if purchasing roducts Distributor permit is . See application form CTP
Yes No				hat they cannot purchase/oransferring existing stock to		arettes or tobacco products r?
Yes No				at they must provide emplo Health Services? (https://		acco sales training approved ck.org)
Yes No				hat they may not sell, give o minors (including electro		provide cigarettes/tobacco
✓ Yes No	6. Does th	e appl	icant understand th	hat they may not sell single	cigarettes?	
✓ Yes						
Yes No	the Wis	consin	Department of Jus		ectory of Certi	tobacco products listed on fied Tobacco Manufacturers Wisconsin?
Cigarettes / Tobacco w	ill be sold		ver counter	through vending	machine	both
peen truthfully answered hat the rights and resp por-tion of a licensed pr	d to the best onsibilities of emises duri of this licen	of the conferrency ing insp se. An	knowledge of the ap ed by the license(s) pection will be deen y person who know	oplicant. Applicant agrees to be if granted, cannot be assigned a refusal to permit inspendingly provides materially fa	operate this b gned to anoth ection. Such re lse information	n of the above questions has usiness according to law and er. Any lack of access to any efusal is a misdemeanor and n on this application may be hability 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.

MUNICIPAL USE ONLY

Renewal Alcohol E (Submit to municipal clerk. Re	Applicant's Wisconsin Seller's Permit Number 456 1031203840 0				
•	For the license period beginning: 7-1-2023 ending: 6-30-2024  (mm dd yyyy) ending: 6-30-2024  (mm dd yyyy)  To the Governing Body of the: Village of City of				
For the license period beginning	g: (mm dd yyyy)	ending: <u>V</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of Village of }	Jew Yla	ws	☐ Class A beer ☐ Class B beer	\$ 100.
	☐ City of			Class C wine	\$
County of Mreen		Dist. No	Class A liquor	\$	
<u> </u>			by ordinance)	Class A liquor (cider only)	\$ N/A
	/			Class B liquor	\$ 250.
Check one:  Individual	Limited Liability			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/Nor	profit Organizati	on	Class B (wine only) winery	\$
O				Publication fee	\$
Complete A or B. All must co	ompiete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Hook	Scott	D	9002 county re	oad G Mt Horeb WI 53	3572
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
B. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonport	rofit Organization / Limited				m licensed premises)
Hooked On Tap LLC		5	06 first st Ne	ew Glarus WI 53574	
All corporations/organizations of liquor must appoint an agent.	or limited liability cor	npanies applying	for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Hook	Scott	D			
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liabil	ity Company:	
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
	,				
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Past Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name Sportsman	s Reloaded		Business Phon	e Number 6084384665	
2. Address of Premises 506	first st New	Glarus WI	Post Office & Z	ip Code 53574	
3. Does the applicant understand brewpubs?					eweries
<ol> <li>Premises description: De include all rooms including records. (Alcohol beverage)</li> </ol>	living quarters, if u	sed, for the sales	s, service, consumpt	ion, and/or storage of alcoho	e applicant must bl beverages and
All rooms of 2 sto	ry building i	ncluding 2 E	Bars, basement	storage and patios	
	11				

5.	Legal description (omit if street address i	s given on previous page):			
6.	member, officer, director, manager or organization licensee been <b>convictor</b> for violation of any federal laws, any	as the named licensee, any member of a partnership lice or agent for either a limited liability company licensee, or ed of any offenses (excluding traffic offenses not relate Wisconsin laws, any laws of other states, or ordinances age 3	nonprofit d to alcohol) of any county	☐ Yes	<b>☑</b> No
		ntly <b>pending</b> (excluding traffic offenses not related to alcoons affiliated with this license? If yes, explain fully on		☐ Yes	<b>☑</b> No
7.		here been any changes in the answers to the questions license? If yes, explain		☐ Yes	<b>⊮</b> No
я	Was the profit or loss from the sale of alc	cohol beverages for the previous year reported on the Wis	consin Income		
0.		If not, explain		☐ Yes	<b>☑</b> No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?	CONTRACTOR CONTRACTOR	Yes Yes	□No
10.		nol beverage invoices must be kept at the licensed premisuble for inspection by law enforcement?		Yes	□ No
11.	Is the applicant indebted to any wholesa	ller beyond 15 days for beer or 30 days for liquor?		☐ Yes	✓ No
12.		erty taxes, assessments, or other fees?		☐ Yes	<b>☑</b> No
bee app and void this	n truthfully answered to the best of the kr lication; that the applicant has read and i correct. The undersigned further unders l, and under penalty of state law, the app	nder penalty provided by law, the undersigned states that nowledge of the signer. The signer agrees that he/she is the made a complete answer to each question, and that the astands that any license issued contrary to Chapter 125 oblicant may be prosecuted for submitting false statements provides materially false information on this application m	ne person named inswers in each ir f the Wisconsin S and affidavits in	in the fo estance a statutes s connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)	Title / Member	Date		
	ok, Scott D	Owner	05/08/2023		
Sigi	nature C C C	Phone Number 6084384665	Email Address secrets5@li	ve.com	l .
	/ /				
,,,	BE COMPLETED BY CLERK  received and filed with municipal clerk	Date reported to council / board . Date license g	ranted		
	510.23	PW 6/12 /VB 1/30			
LICE	nse number issued # 23-11	Date license issued Signature of C	lerk / Deputy Clerk		
AT-11	5 (R. 5-19)	-2-	U		

## Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

										1,23 June 2,24
	Wisconsin 15-di			r L 🗨 i nis mus					Date o	Issuance
4	156-10	218026	) Tol- 1	Legal Na	an	ne of the lie	ensee belov	v.		
Legal Nam	e (corporation, limit	ted liability compa	ny, partnershi	p or sole proprietorship)					Federa	Employer Identification No. (FEIN)
Hooke	ed On Ta	ap LLC								
Trade or Bu	usiness Name (if	different than L	egal Name	)						one Number
Sport	smans E	Reloade	d						(608	3) 527-3733
Business A	ddress (License	Location)			TE	Business Loca	ited In		Busine	ss Telephone
506	first st	t				City	Village	Town	(	)
Municipality	/		State	Zip Code	1	of Morr	Glarus		County	, = = =
New (	Glarus		WI	53574	1	or Men	Grarus		Gre	en
	lress (if different	than Business	Address)	-	N	/lunicipality			State	Zip Code
p.o.b	ox #357									
Organiza	tion (check o	ne)	_							
Sole	Proprietor		Wiscons	in Corporation – Ent	ter	date inco	porated:			-
Partn	ership	$\Box$	Out-of-S	tate Corporation - A	۱re	vou renisi	ered to do b	usiness in \	Wiscon	sin? Yes No
	(describe) _	RLC_	Out or o	tate corporation ***		you rogio			**100011	
✓ Yes	☐ No									tobacco products only from in Department of Revenue?
<b>✓</b> Yes	☐ No	2. Does untax availa	the appl ed toba able fron	icant understand th	at a ep	they must n out-of-s partment of	obtain a To	bacco Prod ny? (Toba	ducts D	istributor permit if purchasing roducts Distributor permit is . See application form CTP
✓ Yes	☐ No			licant understand tretailer, including t						parettes or tobacco products
✓ Yes	☐ No			icant understand th nsin Department of						acco sales training approved
✓ Yes	☐ No									e provide cigarettes/tobacco containing nicotine)?
✓ Yes	☐ No	6. Does	the app	licant understand t	tha	at they ma	y not sell s	ingle cigar	ettes?	
✓ Yes	☐ No	licens Wisco	ed pren onsin De	nises for two years	s fi	rom the d e/law enfo	ate of the in proement ar	nvoice and nd that fail	l be av	voices must be kept on the ailable for inspection by the comply can result in criminal
✓ Yes	☐ No	the W	isconsir/	icant understand the Department of Justin www.doj.state.wi	sti	ce's webs	ite labeled	'Directory	of Cert	tobacco products listed on lified Tobacco Manufacturers     Wisconsin?
Cigarette	s / Tobacco	will be solo	Ł	✓ over counter			hrough ven	ding mach	nine	both
been truth that the r por-tion of grounds f	nfully answer ights and res of a licensed	red to the be sponsibilitie premises d n of this lic	est of the s conferr uring ins ense. An	knowledge of the a red by the license(s pection will be deer by person who know	app s), me wir	olicant. Applif granted a refusionally provided a refu	olicant agree, cannot be at to permit les material control of the case of the	es to opera assigned t inspection. ly false inf	te this to anothe Such roomation	th of the above questions has business according to law and ner. Any lack of access to any refusal is a misdemeanor and on on this application may be ability Company / Partner / Individual,
This doc	ument provi	des statem	ents or i	Applicabl nterpretations of th				gulations i	n effec	t as of September 19, 2019:

CTP-200 (R. 9-19)

Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

MUNICIPAL USE ONLY

#23-23

Renewal Alcohol E	Beverage Lic	lication	Applicant's Wisconsin Seller's Permit Number 456-1026878316-03			
(Submit to municipal clerk. Re	ead instructions or	456-1026878316-03 FEIN Number				
For the license period beginning	na: 07 01 2023	ending: 06	30 2024	26-4304507		
Tot the license period beginning	(mm dd yyyy)	ending. 06	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Occupation Budgettin	Town of New		Class A beer	\$		
To the Governing Body of the:	Village of	w Giaius		✓ Class B beer	\$ 100.	
	City of		✓ Class C wine	\$ 100-		
County of Green		Aldermanic		Class A liquor	\$	
		(if required	by ordinance)	☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A \$	
Check one:  Individual	✓ Limited Liability	Company		Reserve Class B liquor	\$	
☐ Partnership	Corporation/Nor		on	Class B (wine only) winery		
				Publication fee	\$	
Complete A or B. All must c	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership:				1		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
B. LLC or Corporation (and A	Agent):					
Full Legal Name of Corporation / Nonpo		Liability Company A	ddress of Corporation / Lin	nited Liability Company (if different fro	m licensed premises)	
Sugar River Pizza Co						
All corporations/organizations of liquor must appoint an agent.	or limited liability cor	npanies applying	for a license to sell	fermented malt beverages a	nd/or intoxicating	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	lity or Post Office, & Zip Code)		
Dippen-Watterson	Debra	Rose	N8146 Marty R	d, New Glarus, WI	53574	
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liabi	lity Company	114	
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)		
Dippen-Watterson	Debra	Rose	N8146 Marty R	Rd, New Glarus, WI	53574	
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	303,1	
Watterson	Daryl	Lynn			53574	
Secretary / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	,,,,,	
		,	, ,			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
C. Business Information			1			
1. Trade Name Sugar Riv	er Pizza		Business Phon	e Number 608-527-5000	J	
2. Address of Premises 700				ip Code New Glarus, W		
3. Does the applicant understand brewpubs?					eweries	
<ol> <li>Premises description: De include all rooms including records. (Alcohol beverage</li> </ol>	Lliving quarters, if us	sed for the sales	s service consumnt	re to be sold and stored. The tion, and/or storage of alcoho ped.)	of heverages and	
adjacent patio des	cribe as two	deck areas a	and brick pati	o area adjacent to t	the south	
of the restaurant	building.					

5.	Legal description (omit if street address is give	n on previous pa	age):				
6.	a. Since filing of the last application, has the member, officer, director, manager or ager organization licensee been convicted of for violation of any federal laws, any Wisco or municipality? If yes, complete page 3	nt for either a lir <b>any offenses</b> (onsin laws, any	mited liability company excluding traffic offens laws of other states, o	/ licensee, or r ses not related or ordinances of	nonprofit to alcohol) of any county	☐ Yes	<b>☑</b> No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pe</b> the named licensee or any other persons a					☐ Yes	☑ No
7.	Except for questions 6a and 6b, have there be by you on your last application for this license					☐ Yes	☑ No
8.	Was the profit or loss from the sale of alcohol b or Franchise Tax return of the licensee? If not,	everages for the	e previous year reporte	d on the Wisco	onsin Income	✓ Yes	□No
9.	Does the applicant understand they must hold [phone (608) 266-2776]		eller's Permit?			<b>✓</b> Yes	□ No
10.	Does the applicant understand that alcohol ber from the date of invoice and made available for	verage invoices r inspection by l	must be kept at the lic aw enforcement?	ensed premise	es for 2 years	✓ Yes	□ No
11.	Is the applicant indebted to any wholesaler be	yond 15 days fo	or beer or 30 days for I	iquor?		☐ Yes	<b>√</b> No
12.	Does the applicant owe municipal property tax ( <b>Note:</b> Renewal of licenses may be denied pu assessments or other fees).	es, assessmen ursuant to a loca	ts, or other fees? al ordinance, if the lice	nsee owes mu	nicipal taxes,	☐ Yes	<b>✓</b> No
app and void this	AD CAREFULLY BEFORE SIGNING: Under poen truthfully answered to the best of the knowled blication; that the applicant has read and made at correct. The undersigned further understands d, and under penalty of state law, the applicant application. Any person who knowingly provided \$1,000.	lge of the signer a complete answ that any license may be prosecu	The signer agrees that wer to each question, a e issued contrary to Cl uted for submitting fals	at he/she is the and that the an hapter 125 of t e statements a	person named swers in each he Wisconsin and affidavits ir	d in the fo instance a Statutes s n connecti	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.)		Title / Member		ate		
_	ppen-Watterson, Debra R		Agent Phone Number		5/10/2022 mail Address		
J	+ elsather statement		608-527-5000		maii Address lwatters@to	de net	
	19 VOLED		1000 327-3000				
— то	BE COMPLETED BY CLERK						
_	AND	eported to council / ţ	poard	Date license gra	nted		
	6 24 23 6	12 PN 6	20 VB				
Lice	ense number issued Date lie	cense issued		Signature of Cle	rk / Deputy Clerk		/
AT-11	5 (R. 5-19)		2	4	~ / }		

### Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

In	dividual's Full Name (please print) (last name	)	(first name	9)		(middle na	me)	
D	IPPEN-WATTERSON	Di	EBRA			ROS	E	
H	ome Address (street/route)	Post Office		City		State	Zip Code	
N	8146 MARTY RD	NEW GLARUS	5	NEW GLARUS		WI	53574	
н	ome Phone Number	,	Age	Date of Birth		Place of B		-
6	08-669-0357		63	03/05/1958		MAUS	ron, Wi	
Th	ne <i>above named individual</i> provides the	following information	as a pers	on who is (check on	e):			
	Applying for an alcohol beverage lice	ense as an <b>individual</b> .						
	A member of a partnership which is	making application for	an alcoh	nol beverage license	э.			
<b>√</b>				VER PIZZA C		LLC		
-	(Officer / Director / Member / Manager /			me of Corporation, Limited			Organization)	
	which is making application for an al	cohol beverage license	<b>.</b>					
Th	e above named individual provides the	following information	to the lice	ensing authority:				
	How long have you continuously resid	-		,				
	Have you ever been convicted of any	·			verages) for			
	violation of any federal laws, any Wis					county		
	or municipality?						Yes	<b>√</b> No
	If yes, give law or ordinance violated,	trial court, trial date an	d penalty	/ imposed, and/or d	ate, descript	ion and		
	status of charges pending. (If more room	om is needed, continue o	n reverse :	side of this form.)				
2	As abore for an effective service.		/ 11 11					
٥.	Are charges for any offenses presentl for violation of any federal laws, any V							
	municipality?						Yes	<b>√</b> No
	If yes, describe status of charges pen					.3	tes	V NO
4.	Do you hold, are you making applicati	-	ficer, dire	ector or agent of a c	orporation/no	nprofit		
	organization or member/manager/age							
	beverage license or permit?						<b>✓</b> Yes	No
	If yes, identify. SUGAR RIVER	PIZZA - SUN	PRAI	RIE LLC, SU	N PRAIF	RIE WI		В
	· ·	(Nan	ne, Location	and Type of License/Permit	)		•	
5.	Do you hold and/or are you an officer,							
	member/manager/agent of a limited li							
	brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?							
	If yes, identify.							
_		holesale Licensee or Permittee)			(Address	By Cily and C	County)	
6.	Named individual must list in chronolo	·	ployers.					
	Employer's Name	Employer's Address			Employed From		То	
		1019 RIVER ST	r BELI		05/01/2	009	05/23/2	013
	Employer's Name	Employer's Address			Employed From		То	
	BRENDAS BLUMENLADEN	17 6TH AVE N	EW GL	ARUS WI	06/01/2	800	05/01/2	009

**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 confection with this application. Any person who knowingly provides materially false information on this application may be required to forfelt not more than \$1,000.

AT-103 (R. 7-18)

Wisconsin Department of Revenue

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

In	dividual's Full Name (please print) (last name)	e) (first name) (middle name)			ame)			
	ATTERSON	D	ARYL			LYI	IN	
H	ome Address (street/route)	Post Office		City		State	Zip Code	
N	8146 MARTY RD	NEW GLARU	S	NEW GLARUS	S	WI	53574	
	ome Phone Number	INDW GERMON	Age	Date of Birth		Place of B		
6	08-669-0357		60	10/18/1960	)	KANS.	AS CITY	MO
Th	ne above named individual provides the	-		son who is (check of	ne):			
L	Applying for an alcohol beverage licer	nse as an i <mark>ndividual</mark> .						
	A member of a <b>partnership</b> which is r	making application fo	r an alcol	hol beverage licens	se.			
<b>√</b>	MEMBER	of SUG	AR RI	VER PIZZA	COMPANY,	LLC		
	(Officer / Director / Member / Manager / Ag	gent)	(Na	ame of Corporation, Limited	d Liability Company	or Nonprofi	t Organization)	
	which is making application for an alco	ohol beverage license	θ.					
Th	e above named individual provides the t	following information	to the lice	ensing authority:				
1.	How long have you continuously reside	ed in Wisconsin prior	to this da	ite? 55 YEARS	S			
2.	Have you ever been convicted of any of	offenses (other than to	raffic unre	elated to alcohol be	everages) for			
	violation of any federal laws, any Wisco	onsin laws, any laws	of any ot	her states or ordina	ances of any o	county		
	or municipality?						✓ Yes	☐ No
	If yes, give law or ordinance violated, to				date, descript	ion and		
	status of charges pending. (If more roor OWI - 1993 (MT HOREB)	m is needed, continue o	n reverse	side of this form.)				
3.	Are charges for any offenses presently				to alcohol he	verage)		
٠.	for violation of any federal laws, any W	isconsin laws, any la	ws of oth	er states or ordinar	nces of any co	nunty or		
	municipality?						Tyes	✓ No
	If yes, describe status of charges pend						103	<b>V</b> 140
4.	Do you hold, are you making applicatio		fficer, dire	ector or agent of a	corporation/no	onprofit		
	organization or member/manager/agen							
	beverage license or permit?						<b>√</b> Yes	No
	If yes, identify. SUGAR RIVER I	PIZZA - SUN	PRAIR	IE LLC, SU	N PRAIRI	E WI	CLASS	В
		(Nai	me, Location	and Type of License/Perm	it)			
5.	Do you hold and/or are you an officer, of							
	member/manager/agent of a limited lial							
	brewery/winery permit or wholesale liqu	uor, manufacturer or i	rectifier p	ermit in the State of	of Wisconsin?		Yes	<b>√</b> No
	If yes, identify.							
_	•	olesale Licensee or Permittee)			(Address	By City and	County)	
	Named individual must list in chronolog		nployers.					
		mployer's Address			Employed From		То	
		019 RIVER S	r BEL	LEVILLE	10/01/2	011	05/23/2	013
		mployer's Address			Employed From		То	
	FDIC 1	.600 ASPEN M	IDDLE	TON WI	06/01/1	988	10/01/2	011

**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.

My voter (Signature of Named Individual)

#### **Application For License**

To the Clerk of the Village of New Glarus

County of Green, Wisconsin

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

#### Mobile Home Park

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

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

#### Name and Address of Establishment:

501 14TH AMME WWW GKENEDS, WI 53574

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

Dated: 5-5-2023

Signed:



319 Second Street ~ PO Box 399 ~ New Glarus, WI 53574 ~ 608.527.2510 www.newglarusvillage.com

#### FAÇADE IMPROVEMENT PROGRAM - GRANT APPLICATION

Applicant Information					
Contact Name:	Contact Address: ver				
Tory Hutchison	N814Z Zentner Rd Glass				
Business Name:	Project Address:				
Hutch + Hide CCC	600 First Street				
Day Phone:	Alt. Phóne:				
414-436-8669 (Cell)	608-636-2300				
E-Mail:					
Tory @hutchandhid	le. Com				
Type of Organization:					
Corporation					
Partnership					
Sole Proprietorship					
VILC SUBS COP.					
Other:					

Building Owner Information (if different than applicant)				
Owner Name:	Owner Address:			
Day Phone:	Alt. Phone:			
E-Mail:				
	owner of the building, please attach a letter, signed and expressing approval of the project application.			

General Proje	ect Information
Proposed Start Date:  July 24 - 2023	Proposed Completion Date:  Angust 4th - 2023
Contractor Name, Address & Contact Info:	Budget Estimates:
	Total Project Estimate: \$ 6, 687.65
	Façade Grant Request: \$ 3, 3 43, 82
	Private Funds: \$ 3,343.83
	Private Loans: \$A
	Other Funding: \$

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

#### **Project Description**

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

Replace all damaged + or worn out black Siding + Trim on exterior. Re-Caulk all seams.

Stain all Cedar Trim to extend 1, to of new siding.

How does this project meet the goals and objectives as detailed in the Façade Improvement			
Program Guidelines (attach additional pages if necessary):			
will help update limprove the facade of our			
building down town.			
,			
Please provide the required attachments listed below:			
Drawings / design plans (per Sec. IV.A.1.). Not Changing Trim/siding			
Contractor proposal (s) and Certificate of Liability Insurance (per Sec. IV.A.2.).			
Certificate of Insurance (per Sec. IV.A.11.).			
Historical photos of property if available.			
Current photo of property. Emailed			

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

Applicant Signature: Date: 5-11-23

Please send completed application and accompanying materials to:

Village Administrator 319 2<sup>nd</sup> Street, PO Box 399 New Glarus WI 53574 608.527.5971

Administrator@newglarusvillage.com



### **Hutch + Hide Facade Update Pricing**

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

#### VILLAGE OF NEW GLARUS RESOLUTION NO. 23-21

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

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

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

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

Adopted this	day of	, 2023.	
Village of New Glarus Green County, Wiscons	in		
		Lauren Freeman, Village Administrator	
ATTEST:  I hereby certify that the foregoing is a true and correct copy of the resolution introduce and adopted by the Village Board of the Village of New Glarus, Wisconsin on			
		Kelsey Jenson, Village Clerk	
		Dated:	

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

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

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

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

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

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

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

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

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

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

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

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

Adopted this day of	, 2023.	
Village of New Glarus		
Green County, Wisconsin		
	Lauren Freeman, Village Admir	nistrator
	ATTEST:	
I hereby certify that the foregoing is a tru	e and correct copy of the resolution in	itroduced and adopted
by the Village Board of the Village of No	* *	, 2023.
	Kelsey Jenson, Village Clerk	
	Dated:	

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

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

Prepared by



and

Issued and Published Jointly by









AMERICAN COUNCIL OF ENGINEERING COMPANIES
ASSOCIATED GENERAL CONTRACTORS OF AMERICA
AMERICAN SOCIETY OF CIVIL ENGINEERS

PROFESSIONAL ENGINEERS IN PRIVATE PRACTICE

A Practice Division of the

NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

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

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

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

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

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

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# AGREEMENT BETWEEN OWNER AND ENGINEER FOR PROFESSIONAL SERVICES

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

Owner and Engineer further agree as follows:

#### 1.01 Basic Agreement and Period of Service

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

#### 2.01 Payment Procedures

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

#### 3.01 *Termination*

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

#### 1. For cause,

a. By either party upon 30 days written notice in the event of substantial failure by the other party to perform in accordance with the Agreement's terms through no fault of the terminating party. Failure to pay Engineer for its services is a substantial failure to perform and a basis for termination.

#### b. By Engineer:

- 1) upon seven days written notice if Owner demands that Engineer furnish or perform services contrary to Engineer's responsibilities as a licensed professional; or
- 2) upon seven days written notice if the Engineer's services for the Project are delayed for more than 90 days for reasons beyond Engineer's control.

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

- c. Notwithstanding the foregoing, this Agreement will not terminate as a result of a substantial failure under Paragraph 3.01.A.1.a if the party receiving such notice begins, within seven days of receipt of such notice, to correct its substantial failure to perform and proceeds diligently to cure such failure within no more than 30 days of receipt of notice; provided, however, that if and to the extent such substantial failure cannot be reasonably cured within such 30 day period, and if such party has diligently attempted to cure the same and thereafter continues diligently to cure the same, then the cure period provided for herein shall extend up to, but in no case more than, 60 days after the date of receipt of the notice.
- 2. For convenience, by Owner effective upon Engineer's receipt of written notice from Owner.
- B. The terminating party under Paragraph 3.01.A may set the effective date of termination at a time up to 30 days later than otherwise provided to allow Engineer to complete tasks whose value would otherwise be lost, to prepare notes as to the status of completed and uncompleted tasks, and to assemble Project materials in orderly files.
- C. In the event of any termination under Paragraph 3.01, Engineer will be entitled to invoice Owner and to receive full payment for all services performed or furnished in accordance with this Agreement and all reimbursable expenses incurred through the effective date of termination.
- 4.01 Successors, Assigns, and Beneficiaries
  - A. Owner and Engineer are hereby bound and the successors, executors, administrators, and legal representatives of Owner and Engineer (and to the extent permitted by Paragraph 4.01.B the assigns of Owner and Engineer) are hereby bound to the other party to this Agreement and to the successors, executors, administrators, and legal representatives (and said assigns) of such other party, in respect of all covenants, agreements, and obligations of this Agreement.

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

#### 5.01 General Considerations

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

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

#### 6.01 Total Agreement

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

- 7.01 Basis of Payment—Hourly Rates Plus Reimbursable Expenses
  - A. Using the procedures set forth in Paragraph 2.01, Owner shall pay Engineer as follows:
    - 1. An amount equal to the cumulative hours charged to the Project by each class of Engineer's employees times standard hourly rates for each applicable billing class for all services performed on the Project, plus reimbursable expenses and Engineer's consultants' charges, if any.
    - 2. Engineer's Standard Hourly Rates are attached as Appendix 1.
    - 3. The total compensation for services and reimbursable expenses is not-to-exceed \$44,000.

Attachments: Appendix 1 and Attachment A

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

OWNER: Village of New Glarus, Wisconsin	ENGINEER: Town & Country Engineering, Inc.		
By:	By: Sun Beyn		
Print Name: Roger Truttman	Print Name: Brian Berquist, P.E.		
Title: Village President	Title: President		
Date:	Date:		
	Engineer License or Firm's Certificate No. (if required): 37471-006 State of: Wisconsin		
Address: 319 2nd Street, P.O. Box 399 New Glarus, WI 53574	Address: 6264 Nesbitt Road Madison, WI 53719		
E-Mail Address:	E-Mail Address: tce@tcengineers.net		
Phone:	Phone: (608) 273-3350		



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

#### **Engineer's Standard Hourly Rates**

#### A. Standard Hourly Rates:

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

#### B. Schedule of Hourly Rates:

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

Principal/Senior Project Manager\$15	5.00 per hour
Electrical Design Engineer\$15	
Water Specialist\$15	0.00 per hour
Senior Project Engineer\$13	5.00 per hour
Branch Office Engineer\$12	5.00 per hour
Project Engineer II\$12	5.00 per hour
Project Engineer I\$12	
Staff Engineer II\$10	5.00 per hour
Staff Engineer I\$9	5.00 per hour
Senior Engineering Technician\$9	5.00 per hour
Engineering Technician II\$8	
Engineering Technician I\$7	5.00 per hour
Resident Inspector II\$9	0.00 per hour
Resident Inspector I\$7	
Grant Writer\$7	
Administrative II\$6	5.00 per hour
Administrative I\$6	
Mileage\$	
Total Station/GPS Survey Equipment\$2	
Computer used for CADD\$1	5.00 per hour of actual use
Plotter\$1	5.00 per plan page

#### **ATTACHMENT A**

#### **MEMORANDUM**

Date: February 7, 2022

To: Mr. Drake Daily, Village Administrator

Village of New Glarus

319 2nd Street, P.O. Box 399

New Glarus, WI 53574

From: Brian Berquist, P.E.

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

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

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

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

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

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

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

Village of New Glarus Engineering Services Proposal – New Water Reservoir – Preliminary Design February 7, 2022 Page 2

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

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

#### BRB:sai

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

#### VILLAGE OF NEW GLARUS



#### ADMINISTRATION DEPARTMENT

#### **MEMORANDUM**

**To:** Village Board

From: Lauren Freeman, Village Administrator

**Date:** June 20, 2023

**Re:** Resource Recovery Fee

#### **Background:**

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

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

#### Discussion:

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

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

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

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

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

#### **Recommendation:**

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

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

#### Resolution Setting 2023-2027 Resource Recovery Fee

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

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

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

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

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

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

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

PRESENTED: 6/20/2023	Roger J. Truttmann, President
ADOPTED: 6/20/2023	
	Kelsey A. Jenson, Clerk-Treasurer



Klempel Agencies of WI, LLC

Klempel Agencies of IL, LLC

Phone: 708-506-8790; mcklempel@gmail.com

#### **GROUP LIFE AND SUPPLEMENTAL HEALTH COVERAGE:**

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

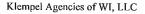
**Critical Illness** and **Cash Cancer** policies are designed to pay a lump sum upon diagnosis of cancer, heart attack, stroke, kidney failure, or major organ transplant. Requirements for payout are to have a physician statement regarding the specified event and employees will receive money paid directly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

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

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

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

- \*All policies are portable with no medical exams needed at any time\*
- \*Rates are designed to be 30-40% cheaper than individual policies\*
- \*Coverage is effective immediately for employees and families\*
- \*No participation limits per group and works in addition to ANY health insurance\*
- \*Policies are PRETAX through payroll deduction with guaranteed locked in rates\*





Klempel Agencies of IL, LLC

Contact: 708-506-8790; mcklempel@gmail.com

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

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

#### **NO COST Family Wellness Reimbursement Benefits:**

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

#### Additional LIFE & SUPPLEMENTAL HEALTH Benefits:

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

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

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

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

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

<sup>\*</sup>reduced group rates, no health exams\*

<sup>\*</sup>fully portable, level premiums, guaranteed renewable\*

<sup>\*</sup>cash paid to you within 24 hours without waiting periods\*

<sup>\*</sup>spouses, partners, dependents are eligible for coverage\*

#### COMPANY COMPARISON - AFLAC/LIBERTY NATIONAL PER SEMIMONTHLY PAYCHECK

Type Liberty Aflac Liberty				
THE MINE LIBERTY MINE LIBERTY				
single \$4.50 \$12.00-18.00 Hospital Confinement \$250/24hr \$5	gg			
one parent \$7.00 \$16.00-22.00 ICU \$400 \$6	00			
family \$9.75 \$28.00-32.00 Ambulance \$200 \$3	00			
ER Treatment \$120-170 \$5	00			
Accidental Death Benefit 150K 25	50K			
Dismemberment 30-40K 2	20K			
Cancer Treatment-based Policy Features: Cancer Treatment-based	Policy Englures: Cancer Treatment-hased			
Age Liberty Aflac Aflac Liberty				
0-20 \$2.94 \$4.50-8.00 Chemotherapy \$300-900/week 500/o	dav			
21-25 \$3.58 \$4.50-8.00 Radiation \$175/week 500/d				
•	0%			
31-35 \$5.16 \$10.24-14.50 Private Nursing \$50/day \$75/d				
	.5K			
41-45 \$9.30 \$10.24-14.50 Hospital Confinement \$150/day \$600/da	ΒV			
	2K			
51-55 \$14.00 \$25.75-40.90				
56-60 \$16.64 \$25.75-40.90				
61-65 \$18.88 \$25.75-40.90				
66-80 \$20.78 \$25.75-40.90				
Critical Illness Policy Features: Critical Illness				
Age Liberty Aflac Initial Payout Aflac Liberty				
18-35 \$1.72 \$3.80-12.90 7.5K 5	OK			
36-55 \$3.00 \$7.32-16.60				
\$5-80 \$6.62 \$10.00-32.50				
Hospitalization/ICU Policy Features: Hospital Stays				
Age Liberty Aflac				
0-30 \$3.24 \$5.95-8.00 ICU stay \$1000/day				
31-45 \$3.70-4.62 \$8.15-10.40 Hospitalization \$200/day				
46-70 \$5.08-6.24 \$11.45-13.15 Bloodwork/testing \$200/day				
Transportation \$300				
Life Insurance				
Age 50K 100K 150K 200K 300K				
18-25 \$3.22 \$6.01 \$9.35 \$14.88 \$18.76				
26-35 \$4.20 \$7.90 \$10.60 \$15.65 \$19.43				
36-45 \$5.21 \$8.03 \$12.56 \$16.01 \$20.33				
\$6.76 \$10.89 \$13.67 \$18.79 \$22.00				
56-70 \$8.38 \$11.67 \$15.48 \$20.99 \$23.99				

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

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

### PAYROLL DEDUCTION AGREEMENT

#### **BETWEEN**

# LIBERTY NATIONAL LIFE INSURANCE COMPANY AND

COMPLETE NAME OF EMPLOYER (FIRM)			
For the benefit and convenience of its employees,, (hereinafter referred to as the "Employer") agrees to provide for payroll deduction for insurance by Liberty National Life Insurance Company, McKinney, Texas (hereinafter referred to as "Liberty National Life").			
Each employee will authorize payroll deduction in a manner agreeable to the Employer and Liberty National Life. An employee may stop payroll deduction by providing appropriate notice to the Employer and Liberty National Life.			
Deductions on a schedule to be agreed upon by Liberty National Life and the Employer will be made from salary paid to employees and such deductions will be paid promptly by the Employer to Liberty National Life.			
The Employer assumes no responsibility for payroll deduction after the termination of employment of an insured employee, or after an employee stops payroll deduction by providing appropriate notice.			
The Employer agrees to continue deductions and remit all premiums as long as the employee agrees to pay for their coverage. Either the Employer or Liberty National Life may terminate this Agreement as of any date by giving at least 30 days written notice to the other prior to such date. After termination of this Agreement, the payment of premiums shall be entirely and directly between each employee and Liberty National Life.			
Signature of Employer:	AO #:		
Date: Agency:			
By: Title:	Agent Name:		
Signatures of Affiliated Employers:			
Ву:	; <del>**********************</del> **************		
Title:	Signature of Agency Director:		
Ву:	·		
Title:	Signature of Agency Owner:		

## APPLICATION FOR GROUP TERM LIFE

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

1. a. Group Policy Number:	LNGE0		
b. Holder:			
2. Group Effective Date:	Date of first premiun	n deduction	
3. Eligible Person: Current employees, retired employees, former employees and directors of			
the Holder, and their dependents			
+			
Authorized Signature for the P	olicy Holder	Date	
Agent Signature		AO#	Agency (Not required for 5 digit AOs)

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

#### **EMPLOYEE ENGAGEMENT PROCESS**

The most important part of a successful benefit enrollment is 100% participation by all employees.

This benefits you in three ways. (Please initial) \_\_\_ 1. Tax Savings: The more employees that participate in the plan by purchasing pre-tax products, the greater your tax savings as an employer. This works by reducing the amount of taxable payroll on which you pay Federal Insurance Contribution Act (FICA) tax and Federal Unemployment Tax Act (FUTA). \_ 2. Employee Goodwill: As discussed, we will provide an Accidental Death Policy to all eligible employees with no cost to them for the first policy year. We will also provide a Health Savings Discount card to all eligible employees at no cost. We will make sure your employees know that these benefits are being made available on your behalf. **3. Compliance:** Our goal is to make sure your plan stays in compliance with Section 125 guidelines. Your plan stays in compliance when you ensure that all employees have an opportunity to participate in the benefits. Enrollment Date(s): Enrollment Start Time: \_\_\_\_\_ Contact Person Day of Enrollment: \_\_\_\_\_ Person Who Will Receive Deduction Authorizations: Enrollment Location: \_\_\_\_\_ \_\_ Employee List With Names And Hire Dates Employer Verification Call **Location Checklist** Private location to discuss HIPAA sensitive health questions \_\_ Easily accessible to all employees \_\_ Table, chairs, power outlet, etc.

Liberty National Division does not provide tax or legal advice. If tax advice or legal advice or expert assistance is required, Liberty National Division recommends that you seek and consult with a competent professional prior to implementing any section 125 plan.