



FINANCE, LICENSE & REGULATION COMMITTEE

MONDAY, JUNE 10, 2013 – 6:00 PM

COUNCIL CHAMBERS, CITY HALL

AGENDA

1. Call to Order
2. Roll Call
3. Approve the following Finance, License and Regulation Committee Meeting minutes of May 28, 2013, as published and distributed.
4. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes
5. **LICENSES & PERMITS**
 - A. Park Permit Application filed by Geneva Lake Area Chamber of Commerce for Post Winterfest Activities Week using Riviera Park on February 6, 2014 from 3 p.m. to 8 p.m. (*recommended by Board of Park Commissioners 6/5/13*)
 - B. Alcohol License Premises Extension Application filed by Harry's Café and Place Inc. d/b/a Harry's Café, 808 Main Street, Lake Geneva, James Chironis, Agent for sidewalk café area
 - C. Request to amend Renewal "Class A"/Class "A" Liquor & Fermented Malt Beverage License filed by Lake Geneva Grassroots, Inc. d/b/a The Backyard, 252 Center Street, Lake Geneva, Robert Schmalung, Agent to include front patio area in the premises description
 - D. **Renewal "Class B"/Class "B" Intoxicating Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
 - 1) 422 S Wells St Ltd d/b/a Celebration on Wells, 422 S. Wells Street, Lake Geneva, Charles Lorenzi, Agent
 - 2) American Legion Post 24, 735 Henry Street, Lake Geneva, Charles J. Schlehlein, Agent
 - 3) Gleneagles LLC d/b/a Sopra, 724 Main Street, Lake Geneva, Alastair M. Cumming, Agent
 - 4) Harry's Café and Place Inc. d/b/a Harry's Café, 808 Main Street, Lake Geneva, James Chironis, Agent
 - 5) Medusa Grill & Bistro, 501 Broad Street, Lake Geneva, Gregory Anagnos, Agent
 - 6) Scuttlebutts, 831 Wrigley Drive, Lake Geneva, Steven H. Sundberg, Agent
 - 7) Swatek Sales Corp./SS2 Inc. d/b/a The Red Geranium Restaurant, 393 N. Edwards Boulevard, Lake Geneva, Mark P. Swatek, Agent

- 8) Meridien Bella Vista Suites Hotel LLC d/b/a Bella Vista Suites Hotel, 335 Wrigley Drive, Lake Geneva, Theodore M. Harig, Agent (Reserve)
- 9) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Sal Sardina, Agent (Hotel Exemption) (*continued 5/28/13*)
- 10) Jackson Wine, LLC d/b/a Studio Winery, 401 Sheridan Springs Road, Lake Geneva, Kathleen A. Jackson, Agent (Winery)

E. Renewal Class “B” Fermented Malt Beverage & “Class C” Wine License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

- 1) Beachside Hospitality, Inc. d/b/a Barrique Wine Bar & Beachside Cafe, 835 Wrigley Dr., Lake Geneva, Nancy Trilla, Agent
- 2) Delish Corporation d/b/a The Original Chicago Pizza Co., 150 Center Street, Lake Geneva, Stephanie Peffer, Agent
- 3) Guerrero Inc d/b/a Olympic Restaurant, 748 W. Main Street, Lake Geneva, Yolanda Zaveleta, Agent
- 4) Happy Restaurant, Inc, 526 Well Street, Lake Geneva, Min Ting Zhong, Agent
- 5) Lake Geneva Creperie, Inc, 234 Broad Street, Lake Geneva, Ralph Kennedy, Agent

F. Renewal “Class A”/Class “A” Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

- 1) Fischer’s on Buttons Bay Inc d/b/a Salami Sam’s Deli and Market, 880 W. Main Street, Lake Geneva, Deborah L. Dalzell, Agent
- 2) Geneva Country Store, 605 Williams Street, Lake Geneva, Thomas Kaczmarek Sr., Agent
- 3) Geneva Liquors Inc, 797 Wells Street, Lake Geneva, Navninder Toor, Agent
- 4) QuickNSave LLC d/b/a Quick Mart, 1231 Grant Street, Lake Geneva, Jatinder Singh Dhillon, Agent
- 5) Target Corporation d/b/a Target Store T-2348, 660 N Edwards Boulevard, Lake Geneva, Sanaz Rajabi, Agent
- 6) Walgreens #05600, 351 N. Edwards Blvd., Lake Geneva, Suzanne M. Tiedke, Agent

G. Renewal “Class A” Liquor License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

- 1) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent (*continued 5/28/13*)
- 2) Lake Geneva School of Cooking LLC, 727 Geneva Street, Lake Geneva, John Bogan, Agent

H. Renewal Class “A” Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

- 1) Tienda El Rancho, Inc., 1151 Elkhorn Road, Lake Geneva, Mercedes Jaramillo, Agent
- 2) Geneva Lakes Convenience Corporation d/b/a Lake Geneva Clark, 728 Williams St, Lake Geneva, Cindy Todd, Agent

I. Renewal Class “B” Fermented Malt Beverage License application filed by Lake Geneva Brewing Emporium, LLC, 640 Main Street, Lake Geneva, Troy Anderson, Agent, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds

J. Renewal Taxi Company License applications filed by the following:

- 1) N & T Enterprises, Inc., d/b/a Lakes Area Taxi, P.O. Box 382, Delavan, WI

- 2) A1 Limousine & Taxi, 515 Prairie View Road, Williams Bay, WI
- 3) Senior Cab Plus, LLC, W3099 Krueger Road, Lake Geneva, WI
- 4) Yellow Cab of Walworth/Hailey Transport LLC, 722 Faryl Avenue #8, Delavan, WI
- 5) All Star Cab, W1044 Evergreen Road, Pell Lake, WI
- 6) Kangaroo to the Rescue, 302 East Street, Lake Geneva, WI

K. Renewal Carriage Company License application filed by Field Stone Farm Carriage & Pony LLC, 6913 Womack Lane, Burlington, WI

L. Renewal 2013-2014 Operator (Bartender) License applications

Original 2013-2014 Operator (Bartender) License applications filed by Gregory A. Doremus, Leanya R. Kashuta, April K. Satter, Kaitlyn S. Bowlen, Courtney D. White, Max F. Hall, Dan Truttschel, Karen A. Powers, Anthony C. Cruz, Jenna C. Olson, April L. McCoy, Bonnie M. DeCola, Tracy A. Cantu, Nicole E. Newnum and Ashley R. McKenney

6. Discussion/Recommendation on concrete pads and manual scoreboard for softball field #5 at Veteran's Park in the amount not to exceed \$3,000.00 funded by the park fund (*recommended by Board of Park Commissioners 6/5/13*)

7. Discussion/Recommendation on purchase of two 55' batting cages at Veteran's Park funded by the park fund (*recommended by Board of Park Commissioners 6/5/13*)

8. Presentation of Accounts

A. Purchase Orders

B. Prepaid Bills in the amount of \$4,966.06

C. Regular Bills in the amount of \$186,133.47

D. Acceptance of Monthly Treasurer's Report for February 2013

9. Adjournment

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

6/7/13 3:20PM

cc: Committee Members, Mayor & remaining Council, Administrator, City Clerk, Attorney, Treasurer

FINANCE, LICENSE & REGULATION COMMITTEE

TUESDAY, MAY 28, 2013 - 6:00PM

COUNCIL CHAMBERS, CITY HALL

Chairperson Hill called the meeting to order at 6:07 p.m.

Roll Call. Present: Aldermen Kupsik, Lyon, Hougen, Mott and Hill. Also Present: City Administrator Jordan, DPW Winkler, Comptroller Pollitt and City Clerk Hawes.

Approval of Minutes

Hougen/Lyon motion to approve Finance, License and Regulation Committee meeting minutes of May 13, 2013, as distributed. Unanimously carried.

Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes. None.

LICENSES & PERMITS

Street Use Permit Application filed by Tara Trent on behalf of Maple Park Homeowners Association for a block party using Geneva St., from Warren St. to Maxwell St., on June 22, 2013 from 5 to 9 p.m.

Hougen/Kupsik motion to recommend approval. Unanimously carried.

Park Permit Application filed by Geneva Lake Area Chamber of Commerce for Concerts in the Park using Flat Iron Park on July 3, 11, 18, 25 and August 1, 8, 22, 29, 2013 from 6 to 8 p.m. (recommended by Board of Park Commissioners 5/1/13)

Kupsik/Mott motion to recommend approval. Unanimously carried.

Park Permit Application filed by Geneva Lake Area Chamber of Commerce for Winterfest using Riviera Park on January 26 – February 2, 2014 (recommended by Board of Park Commissioners 5/1/13)

Kupsik/Hougen motion to recommend approval. Unanimously carried.

Renewal Alcohol Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by GE Geneva, LLC d/b/a Gino’s East, 300 Wrigley Drive, Lake Geneva, Jeff Whiteman, Agent
Kupsik/Lyon motion to recommend approval. Unanimously carried.

“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by Capitol Geneva, LLC d/b/a Sprecher’s Restaurant & Pub, 111 Center Street, Lake Geneva, Stephen J. Schroeder, Agent
Kupsik/Lyon motion to recommend approval. Unanimously carried.

“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by Two Thumbs Up, LLC d/b/a Thumbs Up, 260 Broad St., Lake Geneva, Benjamin Barels, Agent
Kupsik/Hougen motion to recommend approval. Unanimously carried.

“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage (Hotel Exemption) License application filed by Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent

City Clerk Hawes said the applicant did not complete the portion of the application relating to the premises description. The city attorney suggested continuing this item until the next meeting and asking the applicant to address the deficiency. Kupsik/Mott motion to recommend continuing to June 10, 2013 meeting. Unanimously carried.

Reserve "Class B"/Class "B" Intoxicating Liquor & Fermented Malt Beverage License application filed by The Tempura House, LLC d/b/a The Tempura House, 306 Center Street, Lake Geneva, Pai Tsung Wang, Agent
Kupsik/Hougen motion to recommend approval. Unanimously carried.

Class "B" Fermented Malt Beverage & "Class C" Wine License applications filed by Simple Café, LLC, 525 Broad Street, Lake Geneva, Thomas A. Hartz, Agent
Hougen/Kupsik motion to recommend approval. Unanimously carried.

"Class A" Liquor License application filed by Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent
City Clerk Hawes said the applicant did not fill out the premises description correctly. Kupsik/Mott motion to recommend continuing to the June 10, 2013 meeting. Unanimously carried.

Original 2013-2014 Operator License applications filed by Richard D. Carls, Casey A. Coulter, Keena M. Graziano, Alejandro D. Garcia, Wendi S. Gustafson, Terra L. Malom, April M. Steele, Kristen N. Mihelich and Pamela A. Quiller
Kupsik/Hougen motion to recommend approval. Unanimously carried.

Discussion/Recommendation on directing staff to solicit bids for north Broad St. lighting replacements funded by TID #4 (*recommended by Public Works Committee 5/16/13*)
Kupsik/Hougen motion to forward to Council without recommendation. Unanimously carried.

RESOLUTIONS

Resolution 13-R36, a budget amendment to fund an increase in fireworks contributions to the Lake Geneva Jaycees
Kupsik/Hill motion to recommend approval. Alderman Hougen asked what portion of the fireworks display the City would be funding. Comptroller Pollitt said the Jaycees submitted an invoice that included \$18,000.00 for fireworks. With approval of Resolution 13-R36, the City would be contributing a total of \$10,000.00 toward the display. Unanimously carried.

Resolution 13-R37, establishing wages for certain part-time and seasonal employees (*recommended by Personnel Committee 5/23/13*)
Chairperson Hill said wages for seasonal employees was not discussed during the budget sessions last Fall. She noted most of the seasonal staff had not been given wage increases since 2009. Ms. Hill said the resolution outlines proposes rate increases and sets wage rates for the new positions of Beach Attendant – Year 4, Beach Kiosk Attendant, Parking Enforcement – Year 4 and Street Seasonal – Year 4.

Kupsik/Hill motion to recommend approval. Unanimously carried.

Presentation of Accounts

Kupsik/Hougen motion to recommend approval of Prepaid Bills in the amount of \$5,402.16. Unanimously carried.

Kupsik/Lyon motion to recommend approval of Regular Bills in the amount of \$122,271.33. Unanimously carried.

Adjournment

Hougen/Kupsik motion to adjourn at 6:42 p.m. Unanimously carried.

/s/ Michael D. Hawes, City Clerk

**THESE MINUTES ARE NOT OFFICIAL UNTIL APPROVED
BY THE FINANCE, LICENSE & REGULATION COMMITTEE**



REGULAR CITY COUNCIL MEETING
MONDAY, JUNE 10, 2013 – 7:00 PM
COUNCIL CHAMBERS, CITY HALL

AGENDA

1. Council President Kupsik calls the meeting to order
2. Pledge of Allegiance – Alderman Kupsik
3. Roll Call
4. Awards, Presentations, and Proclamations
5. Re-consider business from previous meeting
6. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will be limited to 5 minutes.
7. Acknowledgement of Correspondence
8. Approve Regular City Council Meeting minutes of May 28, 2013, as prepared and distributed
9. **CONSENT AGENDA.** Any item listed on the consent agenda may be removed at the request of any member of the Council. The request requires no second, is not discussed, and is not voted upon.
 - A. Park Permit Application filed by Geneva Lake Area Chamber of Commerce for Post Winterfest Activities Week using Riviera Park on February 6, 2014 from 3 p.m. to 8 p.m. (*recommended by Board of Park Commissioners 6/5/13*)
 - B. Alcohol License Premises Extension Application filed by Harry's Café and Place Inc. d/b/a Harry's Café, 808 Main Street, Lake Geneva, James Chironis, Agent for sidewalk café area
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- 8) Meridien Bella Vista Suites Hotel LLC d/b/a Bella Vista Suites Hotel, 335 Wrigley Drive, Lake Geneva, Theodore M. Harig, Agent (Reserve)
- 9) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Sal Sardina, Agent (Hotel Exemption) (*continued 5/28/13*)
- 10) Jackson Wine, LLC d/b/a Studio Winery, 401 Sheridan Springs Road, Lake Geneva, Kathleen A. Jackson, Agent (Winery)

E. Renewal Class “B” Fermented Malt Beverage & “Class C” Wine License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

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- 5) Target Corporation d/b/a Target Store T-2348, 660 N Edwards Boulevard, Lake Geneva, Sanaz Rajabi, Agent
- 6) Walgreens #05600, 351 N. Edwards Blvd., Lake Geneva, Suzanne M. Tiedke, Agent

G. Renewal “Class A” Liquor License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

- 1) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent (*continued 5/28/13*)
- 2) Lake Geneva School of Cooking LLC, 727 Geneva Street, Lake Geneva, John Bogan, Agent

H. Renewal Class “A” Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:

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J. Renewal Taxi Company License applications filed by the following subject City Attorney..:

- 1) N & T Enterprises, Inc., d/b/a Lakes Area Taxi, P.O. Box 382, Delavan, WI

- 2) A1 Limousine & Taxi, 515 Prairie View Road, Williams Bay, WI
- 3) Senior Cab Plus, LLC, W3099 Krueger Road, Lake Geneva, WI
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- 5) All Star Cab, W1044 Evergreen Road, Pell Lake, WI
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K. Renewal Carriage Company License application filed by Field Stone Farm Carriage & Pony LLC, 6913 Womack Lane, Burlington, WI

L. Renewal 2013-2014 Operator (Bartender) License applications

M. Original 2013-2014 Operator (Bartender) License applications filed by Gregory A. Doremus, Leanya R. Kashuta, April K. Satter, Kaitlyn S. Bowlen, Courtney D. White, Max F. Hall, Dan Truttschel, Karen A. Powers, Anthony C. Cruz, Jenna C. Olson, April L. McCoy, Bonnie M. DeCola, Tracy A. Cantu, Nicole E. Newnum and Ashley R. McKenney

10. Items removed from the Consent Agenda

11. Referral of Southeastern Regional Planning Commission Year 2035 Regional Housing Plan for Southeastern Wisconsin to the Plan Commission for review

12. Finance, License and Regulation Committee Recommendations – Alderman Hill

A. Discussion/Action on concrete pads and manual scoreboard for softball field #5 at Veteran’s Park in the amount not to exceed \$3,000.00 funded by the park fund (*recommended by Board of Park Commissioners 6/5/13*)

B. Discussion/Action on purchase of two 55’ batting cages at Veteran’s Park funded by the park fund (*recommended by Board of Park Commissioners 6/5/13*)

13. Presentation of Accounts – Alderman Hill

A. Purchase Orders

B. Prepaid Bills in the amount of \$4,966.06

C. Regular Bills in the amount of \$186,133.47

D. Acceptance of Monthly Treasurer’s Report for February 2013

14. Closed Session

Motion to go into Closed Session pursuant to Wis. Stat. 19.85 (1)(b) for considering licensing of Christopher C. Cummings by a board or commission or the investigation of charges against such person and the taking of formal action on any such matter (City Attorney Draper)

15. Motion to return to open session pursuant to Wisconsin Statutes 19.85 (2) and take action on any items discussed in Closed Session

16. Adjournment

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

6/10/13 3:20PM

cc: Aldermen, Mayor, Administrator, Attorney, Department Heads, Media

CITY COUNCIL MEETING
TUESDAY, MAY 28, 2013 – 7:00 PM
COUNCIL CHAMBERS, CITY HALL

Mayor Connors called the meeting to order at 7:00 p.m.

The Pledge of Allegiance was led by Alderman Kehoe.

Roll Call. Present: Aldermen Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon. Also present: Administrator Jordan, DPW Winkler, City Attorney Draper and City Clerk Hawes.

Awards, Presentations, and Proclamations.

Mayor Connors presented an Arbor Day Proclamation, announcing the months of April and May 2013 as “Arbor Day Months” in the City of Lake Geneva.

Re-consider business from previous meeting. None.

Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will be limited to 5 minutes.

Tom Romano, 3851 N. Southport, Chicago, spoke on behalf of Tuscan Tavern and Grill located at 430 Broad St. Mr. Romano asked the Council to approve the conditional use permit for their proposed outdoor dining area. He also expressed support for updating the street lighting fixtures on Broad St.

Acknowledgement of Correspondence.

City Clerk Hawes reported the City received a letter dated May 27, 2013 from Scott Lowell, Lowell Management Services, Inc., indicating the property owners at 63 Hillside Dr. agreed to change the proposed fence from the 6’ wood fence to a tubular black aluminum fence (approximately 4’).

The City also received a letter on May 28, 2013 from Rob Gurske, General Manager of Tuscan Tavern and Grill, expressing support for the addition of ornamental light fixtures along the north area of Broad St.

Mr. Hawes said copies of the letters were distributed to the Mayor and Council and the original copies will be kept on file in the City Clerk’s office.

Approval of Minutes

Kehoe/Hougen motion to approve the regular meeting minutes of May 13, 2013, as distributed. Unanimously carried.

Consent Agenda

Street Use Permit Application filed by Tara Trent on behalf of Maple Park Homeowners Association for a block party using Geneva St., from Warren St. to Maxwell St., on June 22, 2013 from 5 to 9 p.m.

Park Permit Application filed by Geneva Lake Area Chamber of Commerce for Concerts in the Park using Flat Iron Park on July 3, 11, 18, 25 and August 1, 8, 22, 29, 2013 from 6 to 8 p.m. (recommended by Board of Park Commissioners 5/1/13)

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“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by Capitol Geneva, LLC d/b/a Sprecher’s Restaurant & Pub, 111 Center Street, Lake Geneva, Stephen J. Schroeder, Agent

“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by Two Thumbs Up, LLC d/b/a Thumbs Up, 260 Broad St., Lake Geneva, Benjamin Barels, Agent

Reserve “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by The Tempura House, LLC d/b/a The Tempura House, 306 Center Street, Lake Geneva, Pai Tsung Wang, Agent

Class “B” Fermented Malt Beverage & “Class C” Wine License applications filed by Simple Café, LLC, 525 Broad Street, Lake Geneva, Thomas A. Hartz, Agent

Original 2013-2014 Operator License applications filed by Richard D. Carls, Casey A. Coulter, Keena M. Graziano, Alejandro D. Garcia, Wendi S. Gustafson, Terra L. Malom, April M. Steele, Kristen N. Mihelich and Pamela A. Quiller

Kupsik/Taggart motion to approve. Unanimously carried.

Items Removed from the Consent Agenda

Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage (Hotel Exemption) License application filed by Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent

“Class A” Liquor License application filed by Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent

Kupsik/Hill motion to continue to the June 10, 2013 meeting to allow the applicant time to correct the premises descriptions on the applications. Motion carried 7 to 1, with Alderman Kehoe opposed.

Resolution 13-R34, a resolution establishing Ward #13 boundaries for territory recently annexed to the City of Lake Geneva (Lake Geneva Economic Development Corporation)

Kupsik/Taggart motion to approve. City Clerk Hawes explained the City needs to create two new wards for the recently annexed land that does not share the same county supervisory district as the City.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted “yes.” Unanimously carried.

Resolution 13-R35, a resolution establishing Ward #14 boundaries for territory recently annexed to the City of Lake Geneva (Lake Geneva Economic Development Corporation)

Wall/Hougen motion to approve.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted “yes.” Unanimously carried.

Discussion/Action on notice of claim filed by Care for Lake Geneva, Inc.

City Attorney Draper said the City’s insurer assigned Attorney Joseph Wirth to review the claim. Mr. Draper said that Attorney Wirth has recommended denial of the claim. After denial of the claim, the claimant has 120 days to file an appeal in court.

Hill/Wall motion to deny the claim.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted “yes.” Unanimously carried.

Finance, License and Regulation Committee Recommendations – Alderman Hill

Discussion/Action on directing staff to solicit bids for north Broad St. lighting replacements funded by TID #4 (recommended by Public Works Committee 5/16/13)

DPW Winkler said he obtained additional information on LED light fixtures and poles. Mr. Winkler presented the option of the Granville ornamental fixture that would match the other fixtures in the downtown area. He presented a second option for the Post Top fixture, which is similar to the Granville style and costs 15% less. DPW Winkler also presented alternatives for steel or concrete poles. He commented the concrete poles cost less and would require less maintenance than the steel poles. Mayor Connors noted there would be additional costs for installing the new poles and fixtures. Mr. Connors asked if the poles included brackets for mounting planters or banners. DPW Winkler indicated they did not but the brackets could be purchased at a future time at little cost.

Hill/Kupsik motion to direct staff to solicit bids for the Post Top LED light fixtures on concrete poles with bases. Alderman Hill said she liked the Post Top fixtures because she couldn't tell them apart from the Granville fixtures and they cost less. Alderman Lyon disagreed, stating he felt the two fixtures look different; he suggested the difference in price wasn't enough to warrant purchasing a fixture that would be different than the rest of downtown. Alderman Mott stated the original idea was to purchase lighting that would match the rest of downtown.

Roll Call: Hougen, Wall, Hill, Kehoe and Kupsik voted "yes." Mott, Taggart and Lyon voted "no." Motion carried 5 to 3.

RESOLUTIONS

Resolution 13-R36, a budget amendment to increase to fund increase in fireworks contributions to the Lake Geneva Jaycees

Hill/Hougen motion to approve. Alderman Hill said the 2013 budget included a contribution of \$5,500.00 toward the Venetian Festival fireworks display. She said the Council later approved a total contribution of \$10,000.00. The resolution reflects the increase of \$4,500.00. Alderman Taggart commented that the increased contribution is appropriate considering the cost of fireworks and the good work the Jaycees do for the community.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Resolution 13-R37, establishing wages for certain part-time and seasonal employees (recommended by Personnel Committee 5/23/13)

Hill/Mott motion to approve. Alderman Hill said wages for seasonal employees was not discussed during the budget sessions last fall. She noted most of the seasonal staff had not been given wage increases since 2009. Ms. Hill said the resolution outlines proposed rate increases and sets wage rates for the new positions of Beach Attendant – Year 4, Beach Kiosk Attendant, Parking Enforcement – Year 4 and Street Seasonal – Year 4. Alderman Hill asked what accounts the seasonal wages are funded out of. Administrator Jordan said they are funded mostly by the lakefront and parking funds; he noted the Street Department seasonal staff are funded from the general fund.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Plan Commission Recommendations – Alderman Hougen

Resolution 13-R38, authorizing the issuance of a Conditional Use Application filed by Lake Geneva Food Services, Inc. d/b/a Rosati's Pizza, 595 Birch Hollow Dr., Antioch, IL, 60002, for indoor and outdoor commercial entertainment (dining) in the Planned Business (PB) zoning district at 240 N Edwards Blvd., Tax Key No. ZA21840002, including all staff recommendations

Hougen/Wall motion to approve. Alderman Hougen said the Plan Commission found the proposed use to be in harmony with the comprehensive plan and the zoning for that property.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Resolution 13-R39, authorizing the issuance of a Conditional Use Application filed by John Consolino on behalf of MWFLGS Inc., 501 Interchange N, Lake Geneva, WI 53147, to modify an existing non-conforming sign in

the Planned Business (PB) zoning district at 501 Interchange N., Tax Key No. ZYUP 00140B, including all staff recommendations

Hougen/Kupsik motion to approve. Alderman Hougen said the business is rebranding from a Shell station to a Mobil station. He said the conditional use permit is for a new sign that is closer to conforming with the City's sign code.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Resolution 13-R40, authorizing the issuance of a Conditional Use Application filed by Dave Hills on behalf of Hawk's View Golf Club, W7377 Krueger Rd., Geneva, WI, 53147, for Indoor Commercial Entertainment – golf simulator and beer sales for on-premises consumption in the Central Business (CB) zoning district at 728 W. Main St., Tax Key No. ZOP 00314, including all staff recommendations

Hougen/Wall motion to approve. Alderman Hougen said the proposed use is consistent with the downtown zoning standards. Alderman Hill asked if the applicant will still need to acquire an alcohol license to serve beer. City Attorney Draper confirmed they would still need to obtain a Class B beer license.

Hill/Kupsik motion an amendment that beer sales is subject to approval of the (Class B) beer license. Unanimously carried.

Roll call on amended motion: Hougen, Wall, Mott, Hill, Kupsik, Taggart and Lyon voted "yes." Kehoe voted "no." Motion carried 7 to 1.

Resolution 13-R41, authorizing the issuance of a Conditional Use Application filed by Lowell Management Services, Inc., P.O. Box 926, Lake Geneva, WI, 53147, for fence and landscaping (lawn care) in the lake shore overlay district and modification to a previously approved accessory structure (swimming pool) located between the house and the lake shore in the Estate Residential (ER-1) zoning district at 63 Hillside Dr., Tax Key No. ZYUP 000941, including all staff recommendations, and specifically, with the aluminum fence as presented in the amended application

Hougen/Lyon motion to approve. Alderman Hougen said some neighbors objected to the proposal for the wood fence so the applicant agreed to amend the plans to have a black aluminum fence.

Kupsik/Taggart motion an amendment that the black aluminum fence be 4' in height, as stated in the letter from Lowell Management Services dated May 27, 2013. Unanimously carried.

Roll call on amended motion: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Discussion/Action on Precise Implementation Plan Amendment filed by Tom Romano on behalf of Tuscan Tavern and Grille, 430 Broad St., Lake Geneva, WI 53147, for seasonal outdoor dining (commercial outdoor entertainment) in the Planned Development (PD) zoning district at 430 Broad St., Tax Key No. ZOP 00093, including all staff recommendations

Hougen/Wall motion to approve.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Discussion/Action on acceptance of dedication of land owned by Tostel, Ltd. located near 901 Maxwell St., with the recommendation to explore the potential for landscaping

Hougen/Hill motion to approve. Alderman Hougen said the Board of Park Commissioners would have a chance to review the property if there are opportunities for green space.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Presentation of Accounts – Alderman Hill

Hill/Kupsik motion to approve Prepaid Bills in the amount of \$5,402.16

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Hill/Kupsik motion to approve Regular Bills in the amount of \$122,271.33

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

Closed Session

Kupsik/Taggart motion to go into Closed Session pursuant to Wis. Stat. 19.85 (1)(b) for considering licensing of Scott Hardwick by a board or commission or the investigation of charges against such person and the taking of formal action on any such matter (City Attorney Draper), with Scott Hardwick present.

**Clerk's Note: The individual's last name, "Hardwick," was incorrectly listed as "Chadwick" on the agenda.*

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried.

The Council entered into Closed Session at 8:09 p.m.

Kupsik/Taggart motion to return to open session pursuant to Wisconsin Statutes 19.85 (2) and take action on any items discussed in Closed Session.

Roll Call: Hougen, Wall, Mott, Hill, Kehoe, Kupsik, Taggart and Lyon voted "yes." Unanimously carried. The Council reconvened in open session at 8:25 p.m.

Hougen/Wall motion to approve the renewal Operator (Bartender) License application filed by Scott Hardwick. Unanimously carried.

Adjournment

Mott/Hougen motion to adjourn at 8:27 pm. Unanimously carried.

/s/ Michael D. Hawes, City Clerk

THESE ARE NOT OFFICIAL MINUTES UNTIL APPROVED BY THE COMMON COUNCIL

Feb 23 - 8:00



CITY OF LAKE GENEVA EVENT PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. APPLICATIONS FOR STREET USE AND/OR PARK PERMITS SHALL BE SUBMITTED AT LEAST 10 WEEKS PRIOR TO THE PROPOSED EVENT DATE(S).

Section I - What type of Permit(s) will your event require?

- Parade & Public Assembly Permit.** Required for any public gathering or parade on public property.
 - If the event is a parade, please attach a map or description of the requested route to be traveled.

- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
 - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
 - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.

- Park Reservation Permit.** Required for reserving the use of a park facility or shelter. Please see the Parks Information Packet for more information about available parks and their amenities, park use policies and application procedures.

Section II - Applicant Information

1. Date of Application: April 25, 2013
2. Applicant Name: George F. Hennerley
3. Organization Name: Geneva Lake Area Chamber of Commerce
4. Organization Type: For Profit Non-Profit (501(c)³) Tax ID: _____
5. Mailing Address: 201 Wrigley Dr.
6. City, State, Zip: Lake Geneva, WI 53147
7. Phone: 262-248-4416 E-mail: george@lakegenewawi.com
8. Applicant's Drivers License #: _____ State license issued: WI
9. Event Chair/Contact Person: George F. Hennerley Phone: 262-248-4416
10. Day of Event Contact Name: George F. Hennerley Phone: 262-215-1000

13. Will there be fireworks or pyrotechnics at your event? Yes No
If yes, please attach a fireworks display permit or application.
14. Will your event include the sale of beer and/or wine? Yes No
If yes, please attach a completed Temporary Alcohol License Application.
15. Will you or any other vendors be selling food or merchandise? Yes No
If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.

Section IV - Street Use

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:
Lower Wrigley Drive from 7:00 a.m. till 10:00 a.m. Saturday, February 8, 2014
(See attached e-mail for more information)

2. Will any parking stalls be used or blocked during the event? Yes No

If yes, where and how many:

3. Description of signage to be used during event:

Minimal

Section III – Event Information

1. Title of Event: Post Winterfest Activities Week
2. Date(s) of Event: Monday, February 3, 2014 through Saturday, February 8, 2014
3. Location(s) of Event: Riviera Ballroom all day Feb.8, 2014; Lower Wrigley Dr. Feb. 6 and Feb.8 2014; Feb 4, 2014 Beach
4. Hours: Midweek 3:00 p.m. to 8:00 p.m. Saturday, February 8, 2014 10:00 a.m. till 12:00 midnight
Start Time End Time
5. Is the event open to the public? Yes No
6. Will you charge an admission fee? Yes No
7. Estimated Attendance Number: 50 to 100
8. Basis for Estimate: 'Well thought out guess'
9. Will there be any animals? Yes No
If yes, what type and how many: _____

10. Detailed description of proposed event (attach additional pages, if necessary):
To capitalize on the Winterfest excitement, the Geneva Lake Area Chamber of Commerce would like to organize a week-long celebration including the following:
Monday, February 3, 2014 - Laser Tag at YMCA
Tuesday, February 4, 2014 - Skating/Fires/Smores/Hot Chocolate on the Beach
Wednesday, February 5, 2014 - Cookie Sale at Horitcultural Hall and Nursing Homes
Thursday, February 6, 2014 - Human Dog Sleds at Riviera Park
Friday, February 7, 2014 - Scavenger Hunt in downtown area
Saturday, February 8, 2014 - Reindeer Run, Chili Cook-off, Winterfest Dance

11. Description of plan for handling refuse collection and after-event clean-up:
Organizers will clean area.

12. Description of plan for providing event security (if applicable):
All activities will be under adult supervision.

Other Anticipated Services

Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s).

- Electricity Explain: _____
- Water Explain: _____
- Traffic Control Explain: _____
- Police Services Explain: _____
- Fire/EMS Services Explain: _____
- Other Explain: _____

Section VI - Signature of Applicant

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

APPLICANT SIGNATURE:

Gary T. Huang DATE: 5.8.13

For Office Use Only

Date Filed with Clerk: 5-3-13 Payment with application: \$ 270.00 Receipt: C130503-29

Departmental review (all that apply):

- Police Chief: Approved Denied Signed: [Signature]
Additional services needed: _____
Additional fees or deposit: _____
- Fire Chief: Approved Denied Signed: _____
Additional services needed: _____
Additional fees or deposit: _____
- Street Dept: Approved Denied Signed: [Signature] 5/30/13
Additional services needed: _____
Additional fees or deposit: _____

Committee/Council review (all that apply):

- Park Board: Meeting Date(s): 6-5-13 Approved Denied
Reasons/Conditions: [Signature]
- Finance, License Regulation: Meeting Date(s): _____ Approved Denied
Reasons/Conditions: _____
- Council: Meeting Date(s): _____ Approved Denied
Reasons/Conditions: _____

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ _____ Receipt # _____
Permit(s) issued: Parade/PA Street Use Park Permit
Date of issue: _____ Deposit Returned: \$ _____ Deposit withheld: \$ _____
Reason withheld: _____

George Hennerly

From: tammie@harborshoreslg.com
Sent: Friday, April 12, 2013 10:43 AM
To: George Hennerly; Helen Johnson
Subject: winterfest

Good Morning George~
The times we would request to have wrigley drive blocked for winterfest are:
3-7 pm on Thursday evening and 7a-11a on Saturday

Thank you so much...let me know if you need anything else. Also, did you or Grace look at that email from Karen Bennett regarding the parenting magazine....looks like it could be a great opportunity for us and/or the small businesses in LG.

Have a Great weekend and good luck tomorrow!!!! Hopefully you will see one of the Gage boats out!

tammie

Tammie Carstensen
General Manager
Harbor Shores on Lake Geneva
300 Wrigley Drive
Lake Geneva, WI 53147
888-746-7371 x124
www.harborshoreslg.com



CITY OF LAKE GENEVA

ALCOHOL LICENSE PREMISES EXTENSION APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Request for premises extension to sidewalk café | <input type="checkbox"/> Request for temporary (special event) premises extension |
| <input type="checkbox"/> Request for premises extension to permanent outdoor area | <input type="checkbox"/> Other request for premises extension |

Application Checklist:

- Applicant must currently hold a valid alcohol license
- Applicant obtained a Temporary Use Permit or Conditional Use Permit from the Building and Zoning Department (for special events and permanent outdoor areas)
- Scaled diagram which accurately depicts the location of the premises extension. Such drawing shall include the access points, fencing (if applicable) and the location of where alcohol will be stored and/or served.
- Application Fee of \$25.00 to amend an already approved licensed premises. This fee is charged to defray the cost of review and re-issuance of the license. This fee does NOT apply to premises extensions requested at the time of annual renewal of the license.

APPLICANT INFORMATION

Applicant Name: HARRY S. CHIRONIS

Establishment Name: HARRY'S CAFE AND PLACE

Address: 808 MAIN STREET

Alcohol License No.: 2011-13 Phone: 248-3494

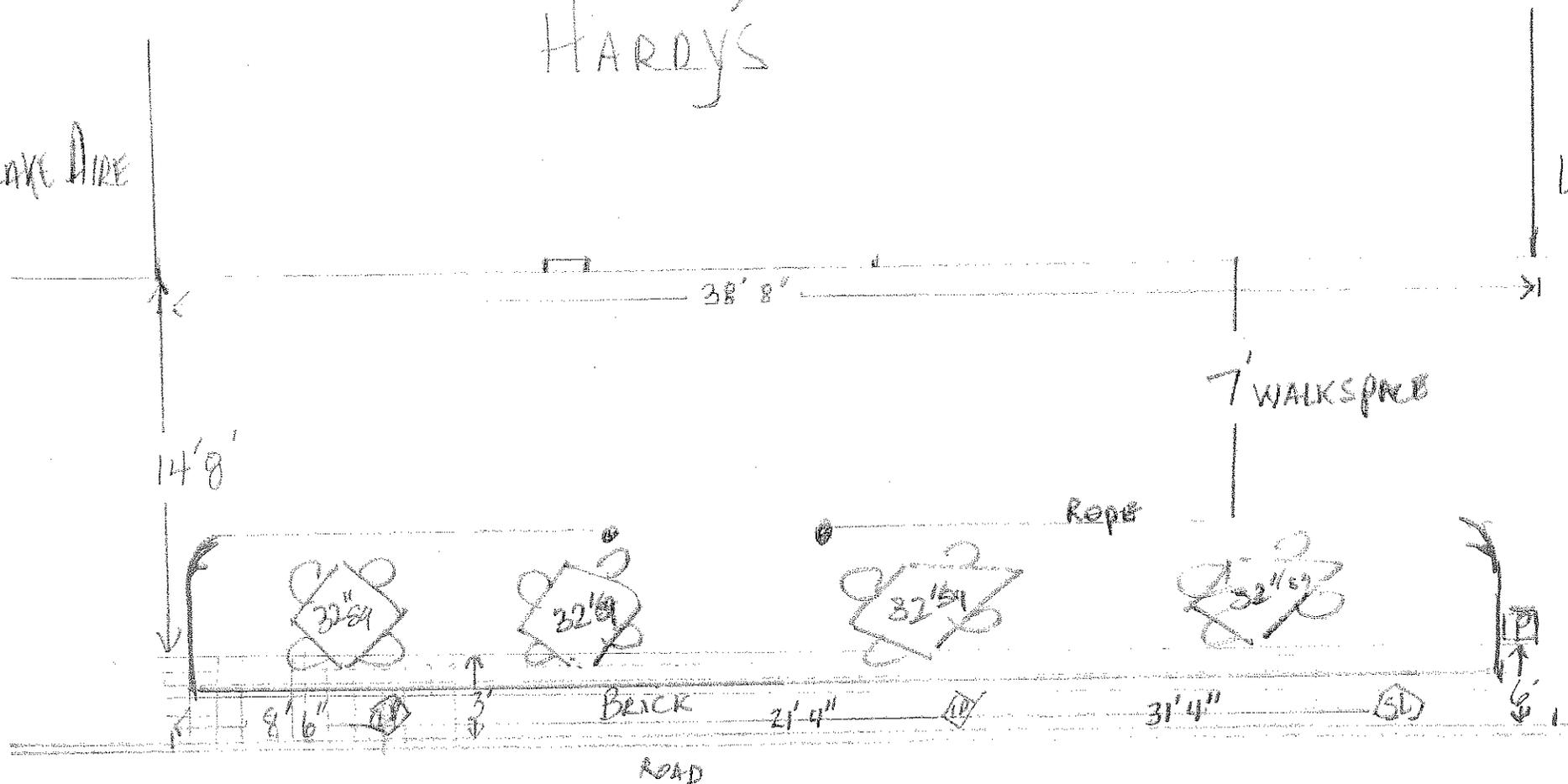
Describe area of premises extension:

See attached diagram.

HARDY'S

LAKE SIDE

LA LOOKER



Note. a bench and small flower box would have to be moved.
Each table will have umbrellas.



OFFICE OF THE CITY CLERK

MICHAEL D. HAWES
626 Geneva Street
Lake Geneva, WI 53147
262.249.4092 • mhawes@cityoflakegeneva.com

Date: June 6, 2013
To: Finance, License and Regulation Committee
Re: The Backyard Alcohol License Premises Extension Request

On May 13, the City Council approved the renewal of the "Class A"/Class "A" alcohol license for The Backyard, 252 Center St., for the license year beginning July 1, 2013.

The Backyard has subsequently submitted a request to amend the license so that the premises description would include the porch and patio area in front of their building. They would like to use this area to do wine samplings.

The "Class A"/Class "A" license allows them to sell beer, wine and intoxicating liquor in original packages for off-premises consumption only. In addition, the state statutes also allow holders of these licenses to provide samples of wine or beer between the hours of 11 a.m. and 7 p.m. Samples are limited to two, 3-ounce samples per day to any one person.

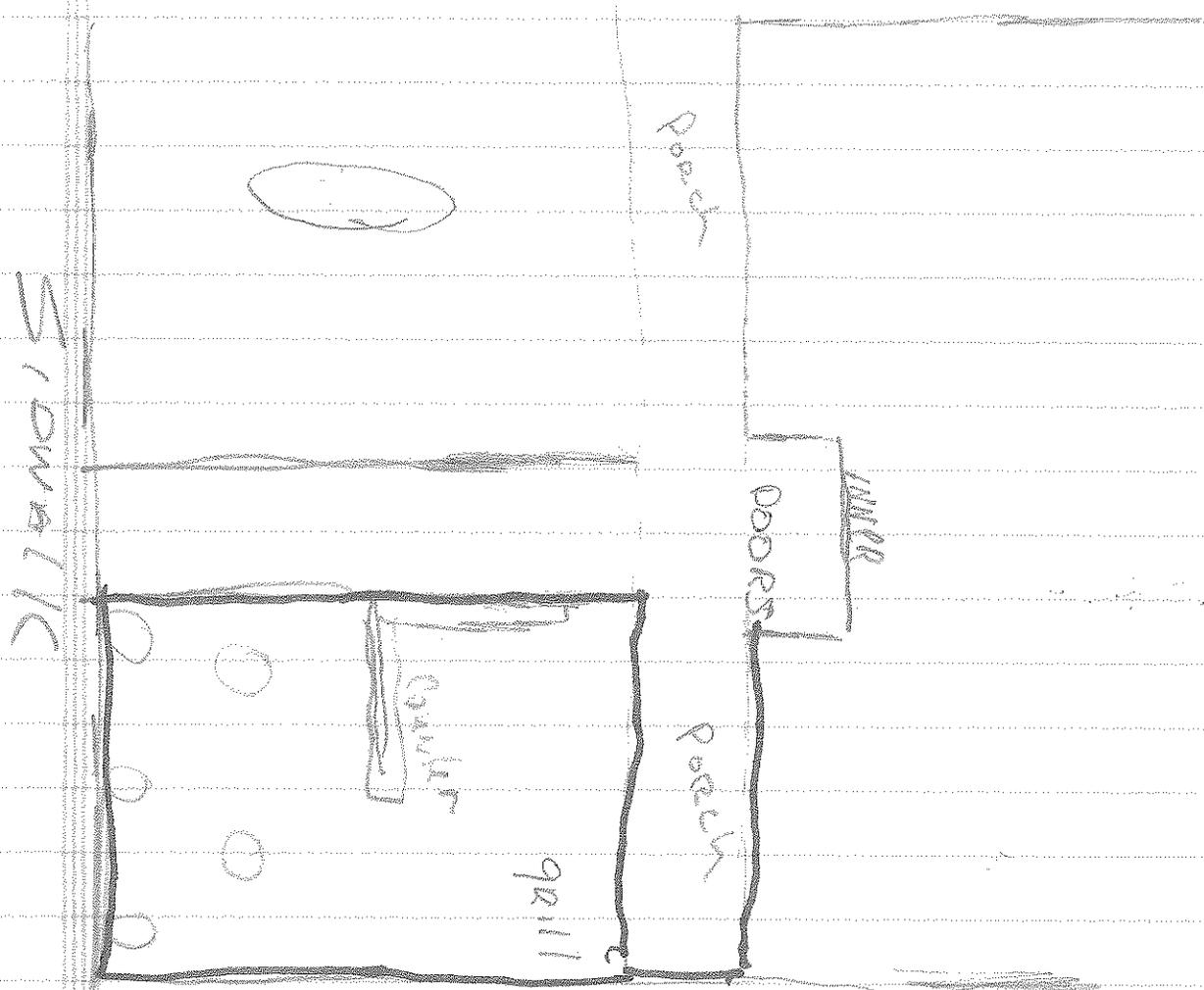
I asked Roger Johnson from Wisconsin Alcohol and Tobacco Enforcement if the premises could be extended in this manner for the purposes of sampling. As you can see from his e-mail response attached, it appears a lawn or patio could be considered as much the licensed premises as the building. Mr. Johnson suggested the City might consider if there would be concerns about noise or control of the proposed extended premises.

The Backyard currently has a conditional use permit that allows food and beverage service in its front patio area. The permit is up for review by the Plan Commission in July. The applicant's patio area is enclosed by a small fence, which would make it consistent with sidewalk cafes and other patios that the City has allowed alcohol.

Suggested motion:

If the Committee feels the applicant would have adequate control over its porch and patio area and there would not be noise or other issues, the Committee might make a motion to approve the request to extend the premises of the renewal alcohol license to include the porch and patio area for the purposes of wine sampling, conditioned upon the business owner holding a valid conditional use permit allowing outdoor beverages.

Request to
include porch & Grill Area outside
Tables to Sample (WINE & tastINGS)
Area HIGHLIGHTED



BLACKTOP DRIVE

Mike Hawes

From: Johnson, Roger B - DOR [Roger.Johnson@revenue.wi.gov]
Sent: Tuesday, May 28, 2013 2:07 PM
To: Mike Hawes
Cc: Dorn, Erin E - DOR
Subject: RE: Extension of premises for sampels?

Any reason they can't have tastings on current licensed premises per s. 125.06(13) and 125.25?

Once licensed, it (lawn, patio) is as much the licensed premises as the building - any municipal concerns about noise, control of the extended premises, etc.?

Sincerely,

Roger B. Johnson
Wisconsin Alcohol & Tobacco Enforcement
(608) 266-6757
FAX (608) 261-6240

WIS. STAT. 125.06(13) ON WINE SAMPLING

(13) WINE SAMPLING ON "CLASS A" PREMISES.

- (a) The provision of wine taste samples of not more than 3 fluid ounces each, free of charge, by a "Class A" licensee to customers and visitors for consumption on the premises. No "Class A" licensee may provide more than 2 taste samples per day to any one person. This subsection applies only between the hours of 11 a.m. and 7 p.m. Notwithstanding s. 125.07 (1) (a) 1., no "Class A" licensee may provide taste samples under this subsection to any underage person. No "Class A" licensee may provide as taste samples under this subsection wine that the "Class A" licensee did not purchase from a wholesaler.
- (b) Notwithstanding par. (a) and s. 125.10 (1), a municipality may prohibit the provision of wine under this subsection.

History: 1981 c. 79, 202; 1983 a. 222, 360, 538; 1985 a. 337; 1987 a. 399; 1989 a. 253; 1991 a. 269; 1993 a. 226; 1995 a. 225; 2001 a. 16; 2007 a. 9, 85, 216; 2011 a. 179, 200.

Alcohol License Renewal Status

6-6-13

License Type	Business Name	Filed	Published	Council	Issued
Class B Combo (Beer & Liquor)	Champs Sports Bar & Grill	5/6/2013	5/16/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Gino's East	5/15/2013	5/23/2013	5/28/2013	
Class B Combo (Beer & Liquor)	Harry's Cafe And Place, Inc.	5/16/2013	5/30/2013	6/10/2013	
Class B Combo (Beer & Liquor)	Hogs & Kisses, Inc.	5/8/2013	5/16/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Popeye's Galley & Grog	6/3/2013	6/13/2013	6/24/2013	
Class B Combo (Beer & Liquor)	Scuttlebutt's	5/31/2013	6/6/2013	6/10/2013	
Class B Combo (Beer & Liquor)	Sopra	5/29/2013	6/6/2013	6/24/2013	
Class B Combo (Beer & Liquor)	The Red Geranium Restaurant	5/31/2013	6/6/2013	6/24/2013	
Class B Combo (Beer & Liquor)	Tuscan Tavern & Grill	4/18/2013	5/2/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Lake Geneva Lanes	5/3/2013	5/9/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Fat Cats	4/18/2013	5/2/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Celebration On Wells	5/28/2013	6/6/2013	6/10/2013	
Class B Combo (Beer & Liquor)	The Next Door Pub	5/7/2013	5/16/2013	5/13/2013	
Class B Combo (Beer & Liquor)	American Legion Post #24	5/29/2013	6/6/2013	6/10/2013	
Class B Combo (Beer & Liquor)	Pop More Corks, Inc.	4/30/2013	5/9/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Baker House	4/26/2013	5/2/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Sprecher's Restaurant & Pub	5/16/2013	5/23/2013	5/28/2013	
Class B Combo (Beer & Liquor)	Carvetti's of Lake Geneva	4/30/2013	5/9/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Medusa Grill & Bistro, LLC	5/31/2013	6/6/2013	6/10/2013	
Class B Combo (Beer & Liquor)	Maxwell Mansion	4/26/2013	5/2/2013	5/13/2013	
Class B Combo (Beer & Liquor)	Two Thumbs Up LLC	5/16/2013	5/23/2013	5/28/2013	
Class B Combo Reserve License (Beer & Liquor)	The Restaurant Tempura House LLC	5/10/2013	5/23/2013	5/28/2013	
Class B Combo Reserve License (Beer & Liquor)	Lake Aire Restaurant	5/3/2013	5/16/2013	5/13/2013	
Class B Combo Reserve License (Beer & Liquor)	Harborside Cafe	4/26/2013	5/2/2013	5/13/2013	
Class B Combo Reserve License (Beer & Liquor)	Bella Vista Suites Hotel	5/22/2013	5/30/2013	6/10/2013	
Class B Combo Reserve License (Beer & Liquor)	Su Wing's Chinese Restaurant	4/25/2013	5/2/2013	5/13/2013	
Class B Combo (Winery)	Studio Winery	5/23/2013	5/30/2013	6/10/2013	
Class B Combo Hotel Exemption License	The Cove Of Lake Geneva	5/15/2013	5/23/2013	6/10/2013	
Class B Retail - Beer	Comfort Suites	6/5/2013	6/13/2013	6/24/2013	
Class B Retail - Beer	Lake Geneva Brewing Emporium LLC	5/31/2013	6/6/2013	6/10/2013	
Class B (Beer) & Class C (Wine)	Bistro 220	4/19/2013	5/2/2013	5/13/2013	
Class B (Beer) & Class C (Wine)	Happy Restaurant	5/20/2013	5/30/2013	6/10/2013	
Class B (Beer) & Class C (Wine)	Olympic Restaurant	5/22/2013	5/30/2013	6/10/2013	
Class B (Beer) & Class C (Wine)	Pizza Hut	4/15/2013	5/30/2013	6/10/2013	
Class B (Beer) & Class C (Wine)	Simple Cafe LLC	5/15/2013	5/23/2013	5/28/2013	
Class B (Beer) & Class C (Wine)	Lake Geneva Creperie Inc.	5/23/2013	5/30/2013	6/10/2013	
Class B (Beer) & Class C (Wine)	Mama Ciminis		Not received as of 6/6/13		
Class B (Beer) & Class C (Wine)	Original Chicago Pizza Company	5/29/2013	6/6/2013	6/10/2013	
Class B (Beer) & Class C (Wine)	Barrique Wine Bar and Café	5/22/2013	5/30/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	Salami Sam's	5/31/2013	6/6/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	Geneva Country Store	5/31/2013	6/6/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	Lake Geneva Mobil	4/25/2013	5/9/2013	5/13/2013	
Class A Retail Combo (Beer & Liquor)	Northside Mobil	6/3/2013	6/13/2013	6/24/2013	
Class A Retail Combo (Beer & Liquor)	QuickNSave LLC	5/17/2013	5/30/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	Stop N Go #265	4/29/2013	5/9/2013	5/13/2013	
Class A Retail Combo (Beer & Liquor)	Target Corporation	5/28/2013	6/6/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	Wal-Mart Supercenter #910	4/24/2013	5/2/2013	5/13/2013	
Class A Retail Combo (Beer & Liquor)	Stinebrink's Piggly Wiggly	4/30/2013	5/9/2013	5/13/2013	
Class A Retail Combo (Beer & Liquor)	Bruno's Liquors	4/25/2013	5/2/2013	5/13/2013	
Class A Retail Combo (Beer & Liquor)	H&P Enterprises LLC	5/29/2013	6/6/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	Village Gourmet	6/3/2013	6/13/2013	6/24/2013	
Class A Retail Combo (Beer & Liquor)	Walgreen's #5600	5/31/2013	6/6/2013	6/10/2013	
Class A Retail Combo (Beer & Liquor)	The Backyard	5/1/2013	5/9/2013	5/13/2013	
Class A Retail Liquor License	The Cove Of Lake Geneva	5/15/2013	5/23/2013	6/10/2013	
Class A Retail Liquor License	Lake Geneva School Of Cooking LLC	5/21/2013	5/30/2013	6/10/2013	
Class A Beer	Clark Station	5/30/2013	6/6/2013	6/10/2013	
Class A Beer	Tienda El Rancho, Inc.	5/31/2013	6/6/2013	6/10/2013	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

RENEWAL CLASS B/B APPLICATIONS

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

Federal Employer Identification Number (FEIN): <u>39-1631275</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 422 S. Wells St.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 422 S. Wells St., L.G. 53147
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Charles Lorenzi 4570 W. Mann St. L.G. WI 53147
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Charles Lorenzi (cannot be absent)
 Directors/Managers _____

C.1. Trade Name Celebration in Wells Business Phone Number 262-248-2555
 2. Address of Premises 422 S. Wells St. Post Office & Zip Code _____

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) bar,quets, rest., bar, storage
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May, 20 13

[Signature]
 (Clerk/Notary Public)
 My commission expires (Permanent) City of Wauchesa

[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-28-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company AMERICAN LEGION POST 24

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>LEONARD JEGERSKI</u>	<u>1804 COWANT ST</u>	<u>LAKE GENEVA 53147</u>
Vice President/Member	<u>THOMAS KEHL</u>	<u>938 ANN ST</u>	<u>GENEA CHY 53128</u>
Secretary/Member	<u>ROBERT MILLER</u>	<u>W965 CAMELIA RD</u>	<u>PELL LAKE 53157</u>
Treasurer/Member	<u>CHARLES J. SCHREIN</u>	<u>337 EUGENE DR</u>	<u>LAKE GENEVA 53149</u>
Agent	<u>CHARLES J. SCHLEHLEIN</u>	<u>"</u>	<u>"</u>

Directors/Managers

C. 1. Trade Name AMERICAN LEGION POST 24 Business Phone Number 2489767

2. Address of Premises 135 HENRY ST Post Office & Zip Code LAKE GENEVA 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1ST FLOOR of LOWER LEVEL STORAGE and fenced outdoor area July 27, 2013 9am - 6pm

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of May, 2013

Mary E. Schreiner
(Clerk/Notary Public)

My commission expires November 3, 2013
State of Wisconsin - Walworth County

Charles J. Schreiner
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Charles J. Schreiner
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

Charles J. Schreiner
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-29-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } LAKE GENEVA
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1026406289-02</u>	
Federal Employer Identification Number (FEIN): <u>26-1269448</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GLENEAGLES LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member AUSTIN M. CUMMING 13423 MIDWALD RD LAKE GENEVA 53147

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent AUSTIN M. CUMMING

Directors/Managers _____

C. 1. Trade Name SOPRA

Business Phone Number 262 249 0800

2. Address of Premises 724 MAIN ST. WAUWATERS

Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. NEW HOME ADDRESS 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of May, 20 13

Artis M. Roenapen
(Clerk/Notary Public)

My commission expires 8-17-14



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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-29-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
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President/Member	<u>LOUIE CHIRONIS</u>	<u>W3441 MCDONALD RD.</u>	<u>LAKE GENEVA, WI 53147</u>
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Vice President/Member	<u>HARRY CHIRONIS</u>	<u>1723 MILLER ROAD</u>	<u>LAKE GENEVA, WI 53147</u>
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Secretary/Member	"	"	"
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Treasurer/Member	<u>JAMES CHIRONIS</u>	<u>1103 PARK ROAD</u>	<u>LAKE GENEVA, WI 53147</u>
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Agent	<u>JAMES CHIRONIS</u>	"	"
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Directors/Managers

C. 1. Trade Name HARRY'S CAFE Business Phone Number 262-248-3474

2. Address of Premises 808 MAIN ST Post Office & Zip Code LAKE GENEVA 53147

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

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

5. Legal description (omit if street address is given above): SOLD IN BAR AND RESTAURANT

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 16th day of May, 20 13

Artis M. Roenspies
(Clerk/Notary Public)

My commission expires 8-17-14

James H. Chironis TREASURER
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Harry C. Chironis
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-16-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Gregory Anagnos Home Address N 1567 Clover Rd. Lake Geneva, WI 53147 Post Office & Zip Code 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Medusa Grill & Bistro LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 501 Broad St.
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Gregory Anagnos N 1367 Clover Rd. Lake Geneva, WI 53147
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Gregory Anagnos
 Directors/Managers _____

C. 1. Trade Name Medusa Grill & Bistro Business Phone Number 262-249-8644
 2. Address of Premises 501 Broad St. Post Office & Zip Code Lake Geneva WI 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant 2 dining rms. & full basement
5. Legal description (omit if street address is given above): Restaurant
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of May, 2013
[Signature]
(Clerk/Notary Public)
 My commission expires 4/17/2016

[Signature]
ROBERT A LIMOSANI
 Notary Public
 State of Wisconsin
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456000276526702</u>	
Federal Employer Identification Number (FEIN): <u>20-4154247</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$ <u>656.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Sundberg, Steven H. 43299 Hunt Ridge Dr. Elk Horn, WI 53121
Sundberg, Emily E. 43299 Hunt Ridge Dr. Elk Horn, WI 53121

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

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Emily & Steven Sundberg (sole proprietor)

Directors/Managers _____

C. 1. Trade Name Scuttlebuffs Business Phone Number 262-248-1110 or 7811

2. Address of Premises 831 WRIGHTLEY DR. Post Office & Zip Code LAKE GENEVA, WI 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached sheet (2 story Bldg.)

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]. Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 31st day of May, 20 13

Artis M. Roenspies
(Clerk/Notary Public)

My commission expires 8-17-14

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SWATEK SALES CORP/SSS, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 3937 EDWARDS BLVD, LAKE GENEVA, WI 53147
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (inc. Middle Name) Home Address Post Office & Zip Code
 President/Member LYLE H. SWATEK 2373 BERNOT RD DURKINGTON WI 53105
 Vice President/Member MARK P. SWATEK 3937 EDWARDS BLVD LAKE GENEVA WI 53147
 Secretary/Member _____
 Treasurer/Member _____
 Agent MARK P. SWATEK
 Directors/Managers _____

- C. 1. Trade Name THE RED GERANIUM RESTAURANT Business Phone Number 262-248-3637
 2. Address of Premises 3937 EDWARDS BLVD Post Office & Zip Code LAKE GENEVA, WI 53147
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) TWO STORY FRAMED RESIDENCE CONVERTED & PART
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30 day of May, 2013
David R. Colard
(Clerk/Notary Public)
 My commission expires 01/26/14

Mark P. Swatek Agent
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Mark P. Swatek
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-0000549839-03</u>	
Federal Employer Identification Number (FEIN): <u>39-1199424</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } LAKE GENEVA
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Corporation - Meridian County Assoc. - 1500, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title Name (inc. Middle Name) Home Address Post Office & Zip Code

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Charles Lorenzi, 1540 W. Main St., Lake Geneva, WI 53147

Directors/Managers J. Marie, 6587 Beerpark Bl., Lake Geneva WI 53147

C. 1. Trade Name Bella Vista Silver Hotel Business Phone Number 262-248-2100

2. Address of Premises 335 W. 100th Dr. Post Office & Zip Code Lake Geneva, WI 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 22nd day of May, 20 13
Antis M. Roenspies
(Clerk/Notary Public)
 My commission expires 8-17-14

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-22-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-0000087500-03</u>	
Federal Employer Identification Number (FEIN): <u>39-1946040</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>625.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>625.00</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) PATRICK J. McCarthy Home Address 10 Kingswood Cir Verona WI 53593 Post Office & Zip Code 53593

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

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JAMES PAUL PATRICK</u>	<u>1580 CREEK CROSSING DR ALGONQUIN IL 60102</u>	<u>60102</u>
Vice President/Member	<u>CAROLINE ONBARGI MENCINI</u>	<u>149 JEFFERSON LN BLOOMINGDALE IL 60108</u>	<u>60108</u>
Secretary/Member	<u>PATRICK J. MCCARTHY</u>	<u>10 KINGSWOOD CIRCLE VERONA WI 53593</u>	<u>53593</u>
Treasurer/Member	<u>MARC WILLIAM BUSK</u>	<u>1504 S. ELIZABETH ST LOMBARD IL 60148-4822</u>	<u>60148-4822</u>
Agent	<u>PATRICK J. MCCARTHY</u>	<u>10 KINGSWOOD CIRCLE VERONA WI 53593</u>	<u>53593</u>

C. 1. Trade Name Cove of Lake Geneva Business Phone Number 800 770 7107

2. Address of Premises 111 CENTER ST LAKE GENEVA, WI Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

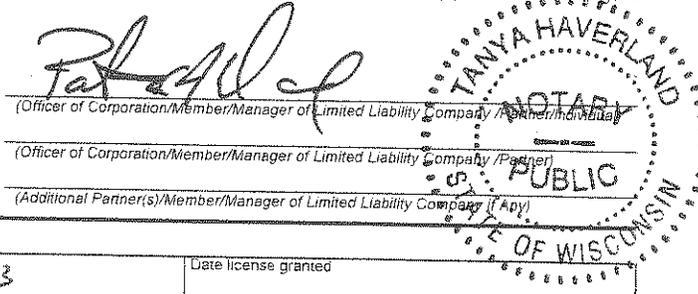
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of May, 2013
Tanya Haverland
(Clerk/Notary Public)

My commission expires June 19 2016



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-15-13</u>	Date reported to council/board <u>5-29-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>4561020120042-03</u>	
Federal Employer Identification Number (FEIN): <u>39-2003351</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company JACKSON WINELLC dba Studio Winery

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member KATHLEEN ANN JACKSON 401 Sheridan Sp. Rd, Lake Geneva

Vice President/Member DONALD ALBERT JACKSON " " 53147

Secretary/Member _____

Treasurer/Member _____

Agent _____

Directors/Managers _____

C.1. Trade Name STUDIO WINERY Business Phone Number 262 348 7100

2. Address of Premises 401 Sheridan Sp. Rd Post Office & Zip Code Lake Geneva 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) lower level of 401 Sheridan Sp. Rd including patio

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of May, 20 13

Artis M. Rochapies
(Clerk/Notary Public)

My commission expires 8-17-14

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-23-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456-0003399252</u> -02	
Federal Employer Identification Number (FEIN): <u>26-1237673</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

RENEWAL CLASS B/C APPLICATIONS

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICAT.

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-01-13 ending: 6-30-14
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Seller's Permit Number <u>456-1028131918-02</u>	
Federal Employer Identification Number (FEIN): <u>46-2588851</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BEACHSIDE CASUALTY, INC.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
-------	-------------------------	--------------	------------------------

President/Member	<u>THOMAS W. TRILLA</u>	<u>4612 BURMAN DR, CRYSTAL LAKE, IL 60014</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>NANCY L. TRILLA</u>	<u>424 WAUBUN, FONTANA, WI 53125</u>	
Directors/Managers			

- C. 1. Trade Name BARRIQUE WINE BAR & CAFE Business Phone Number 262-248-1948
 2. Address of Premises 835 WIGLEY DR, LAKE GENEVA Post Office & Zip Code 53147
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1100 SQ FT DINING ROOM, 2 RESTROOMS, 11 RESTROOMS & PATIO
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. NOT OPEN YET - PROJECTED OPENING 6-1-13 Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 22nd day of May, 20 13
Antia M. Roenjes
(Clerk/Notary Public)
 My commission expires 8-17-14

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-22-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } LAKE GENEVA
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) DEINDA K MCCARTHY Home Address 637 LONGVIEW DR NE, ANTIUCH, IL 60002 Post Office & Zip Code 60002

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DELISH CORPORATION
 Address of Corporation/Limited Liability Company (if different from licensed premises) 637 LONGVIEW DR. ANTIUCH, IL 60002

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 60002

Title	Name (inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member	<u>DEINDA K MCCARTHY</u>	<u>637 LONGVIEW DR. ANTIUCH IL 60002</u>	<u>60002</u>
Treasurer/Member	" " "	" " "	" " "
Agent	<u>STEPHANIE PEPPER</u>	<u>4415 3300 AVE. BURLINGTON, WI 53105</u>	<u>53105</u>
Directors/Managers			

C. 1. Trade Name THE ORIGINAL CHICAGO PIZZA COMPANY Business Phone Number _____

2. Address of Premises 150 CENTER ST. LAKE GENEVA Post Office & Zip Code WI, 53147

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

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

5. Legal description (omit if street address is given above): FRONT BAR AREA & RESTAURANT

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of May, 2013

[Signature]
(Clerk/Notary Public)

My commission expires City Clerk

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-29-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>AS6 1027879689 02</u>	
Federal Employer Identification Number (FEIN): <u>AB-1452312</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>225.00</u>

Handwritten notes:
 C130529-28
 pd.
 \$225.00
 utt

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } LAKE GENEVA
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GUERRERO INC

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Yolanda Zavaleta</u>	<u>1728 State Rd 11</u>	<u>Burlington WI 53105</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Olympic Restaurant Business Phone Number 262-249-6541

2. Address of Premises 748 W. Main St Post Office & Zip Code Lake Geneva 53147

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

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

5. Legal description (omit if street address is given above): Restaurant + Sidewalk Cafe

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 22nd day of May, 20 13

Curtis M. Roenspues
(Clerk/Notary Public)

My Commission expires 9-17-13

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-22-13</u>	Date reported in council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number: <u>456000060164 2013</u>																		
Federal Employer Identification Number (FEIN): <u>39-1991315</u>																		
LICENSE REQUESTED																		
<table border="1"> <thead> <tr> <th>TYPE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Class A beer</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Class B beer</td> <td>\$ 100</td> </tr> <tr> <td><input checked="" type="checkbox"/> Class C wine</td> <td>\$ 100</td> </tr> <tr> <td><input type="checkbox"/> Class A liquor</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Class B liquor</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Reserve Class B liquor</td> <td>\$</td> </tr> <tr> <td>Publication fee</td> <td>\$ 25</td> </tr> <tr> <td>TOTAL FEE</td> <td>\$ 225</td> </tr> </tbody> </table>	TYPE	FEE	<input type="checkbox"/> Class A beer	\$	<input checked="" type="checkbox"/> Class B beer	\$ 100	<input checked="" type="checkbox"/> Class C wine	\$ 100	<input type="checkbox"/> Class A liquor	\$	<input checked="" type="checkbox"/> Class B liquor	\$	<input type="checkbox"/> Reserve Class B liquor	\$	Publication fee	\$ 25	TOTAL FEE	\$ 225
TYPE	FEE																	
<input type="checkbox"/> Class A beer	\$																	
<input checked="" type="checkbox"/> Class B beer	\$ 100																	
<input checked="" type="checkbox"/> Class C wine	\$ 100																	
<input type="checkbox"/> Class A liquor	\$																	
<input checked="" type="checkbox"/> Class B liquor	\$																	
<input type="checkbox"/> Reserve Class B liquor	\$																	
Publication fee	\$ 25																	
TOTAL FEE	\$ 225																	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } LAKE GENEVA
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Happy Cafe
 Address of Corporation/Limited Liability Company (if different from licensed premises) 526 Wells St. Lake Geneva WI 53147
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Yong Zhang Liang</u>	<u>900 S Edwards Blvd #257 Lake Geneva WI 53147</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Mingting Zhang</u>	<u>900 S Edwards Blvd #257 Lake Geneva WI 53147</u>	
Directors/Managers			

C. 1. Trade Name Happy Cafe Business Phone Number _____

2. Address of Premises 526 Wells St. Lake Geneva WI 53147 Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of May, 2013

Artis M. Roenspieer
(Clerk/Notary Public)

My commission expires 8-17-13

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-20-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

[Handwritten signature]

pd. 3310-03-09

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Happy Cafe
 Address of Corporation/Limited Liability Company (if different from licensed premises) 526 Wells St. Lake Geneva WI 53147
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Yang Zhong Liang</u>	<u>400 S Edwards Blvd #257 Lake Geneva WI 53147</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>MINTING ZHONG</u>	<u>70 900 S. EDWARDS BLVD #257 LAKE GENEVA WI 53147</u>	
Directors/Managers			

C. 1. Trade Name Happy Cafe Business Phone Number _____

2. Address of Premises 526 Wells St. Lake Geneva WI 53147 Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of May, 2013

Artis M. Roenspieck
(Clerk/Notary Public)

My commission expires 8-17-13

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-20-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

John Debra [Signature]

pd.
 456-102727 3310-03
 036-1027273310-09

pd

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>200102748769702</u>	
Federal Employer Identification Number (FEIN): <u>45-4231461</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$ <u>225.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name): ~~Christine A. Purich~~ Christine A. Purich Home Address: ~~6916 Waterford Dr. McHenry, IL 60050~~ 6916 Waterford Dr. McHenry, IL 60050 Post Office & Zip Code: _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company: Lake Geneva Creperie, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises): _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Christine A. Purich</u>	<u>6916 Waterford Dr. McHenry, IL 60050</u>	
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name: Lake Geneva Creperie, Inc. Business Phone Number: _____

2. Address of Premises: 234 Broad St. Lake Geneva, WI Post Office & Zip Code: 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 23rd day of May, 20 13
Artis M. Roensper
(Clerk/Notary Public)
My commission expires 3-17-14

Christine A. Purich
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Christine A. Purich
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Christine A. Purich
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-23-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

RENEWAL "CLASS A" APPLICATIONS

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } LAKE GENEVA
 City of

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Federal Employer Identification Number (FEIN):	<u>39-2003757</u>	
LICENSE REQUESTED		
<input type="checkbox"/> Class A beer	\$	
<input type="checkbox"/> Class B beer	\$	
<input type="checkbox"/> Class C wine	\$	
<input checked="" type="checkbox"/> Class A liquor	\$	<u>500</u>
<input type="checkbox"/> Class B liquor	\$	
<input type="checkbox"/> Reserve Class B liquor	\$	
Publication fee	\$	<u>25</u>
TOTAL FEE	\$	<u>525</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
PATRICK Joseph McCarthy 10 Kingswood Cir VERONA WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company THE COVE OF LAKE GENEVA Condo Assoc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JAMES PAUL PATRILIAN</u>	<u>1500 Creeks Crossing Dr.</u>	<u>Arlington IL 60104</u>
Vice President/Member	<u>CAROLINE GUBARGI MENCONI</u>	<u>149 Jefferson Ln</u>	<u>Bloomington IL 60108</u>
Secretary/Member	<u>PATRICK Joseph McCarthy</u>	<u>10 Kingswood Cir</u>	<u>VERONA WI 53593</u>
Treasurer/Member	<u>MARK WILLIAM DUSKI</u>	<u>1504 S. Elizabeth St</u>	<u>Lombard, IL 60148-4422</u>
Agent	<u>PATRICK Joseph McCarthy</u>	<u>10 Kingswood Circle</u>	<u>VERONA WI 53593</u>

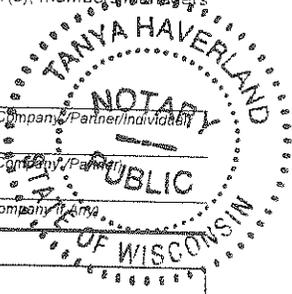
C. 1. Trade Name Cove of Lake Geneva Business Phone Number 800 770 7107
 2. Address of Premises 111 Center St, Lake Geneva WI Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Giftshop
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 8 day of May, 2013
Tanya Haverland
(Clerk/Notary Public)
 My commission expires June 19 2014

Peter Pulcinella
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company/Agent)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-15-13</u>	Date reported to council/board <u>5-28-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } LAKE GENEVA
 Village of }
 City of }
 County of WALWORTH Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-102667837</u> 03	
Federal Employer Identification Number (FEIN): <u>210-2852127</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>525.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Lake Geneva School of Cooking LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>John Bernard Bogan</u>	<u>79 Congress St.</u>	<u>Williams Bay, WI 53191</u>
Vice President/Member	<u>None</u>		
Secretary/Member	<u>None</u>		
Treasurer/Member	<u>None</u>		
Agent	<u>John Bogan</u>	<u>79 Congress St.</u>	<u>Williams Bay, WI 53191</u>
Directors/Managers	<u>None</u>		

C. 1. Trade Name Lake Geneva School of Cooking Business Phone Number 262-243-3933
 2. Address of Premises 727 Geneva St. Post Office & Zip Code Lake Geneva, WI 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Detail area within Geneva Village Shops, kitchen area for cooking, basement storage area
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 21 day of May, 20 13
Aubrina M. Wozniak
(Clerk/Notary Public)
 My commission expires 10/30/2013

John Bogan
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-21-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

RENEWAL CLASS A/A APPLICATIONS

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

Federal Employer Identification Number (FEIN): <u>0361025693648-04</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

TO THE GOVERNING BODY of the: Town of } LAKE GENEVA
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Fischer's on Bantons Bay LLC DBA SALAMI Sams
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Deborah Lynn Datzell W3274 S LAKE SHORE LG 53147
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Deborah L Datzell W3 LAKE SHORE 53147
 Directors/Managers _____

C. 1. Trade Name SALAMI Sams Deli Market Business Phone Number 262 203 5008
 2. Address of Premises 880 W MAIN ST Post Office & Zip Code LG-53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) DELI MARKET EAST WALK
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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. FILED AN EXTENSION Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 31st day of May, 2013
Artis M. Roersma
(Clerk/Notary Public)
 My commission expires 8-17-14

Deborah L Datzell
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
KACZMAREK THOMAS P 703 FOX TRAIL ISLAND LAKE, IL 60042 P.O. Box 331

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

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title Name (inc. Middle Name) Home Address Post Office & Zip Code

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent THOMAS KACZMAREK SR 33105 76th St. Burlington, WI 53105

Directors/Managers _____

C. 1. Trade Name Geneva Country Store

Business Phone Number 262-248-2248

2. Address of Premises 605 Williams St

Post Office & Zip Code Lake Geneva, WI 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail Sales Floor (1500 sq ft) w/ lockable doors

5. Legal description (omit if street address is given above): Walk in cooler + shelving behind sales counter

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

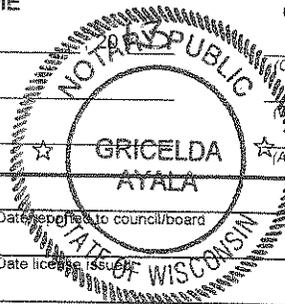
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME

this 31 day of May

[Signature]
(Clerk/Notary Public)

My commission expires 09/28/13



[Signature]
Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
[Signature]
Officer of Corporation/Member/Manager of Limited Liability Company /Partner
[Signature]
Additional Partner(s)/Member/Manager of Limited Liability Company if Any

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

999-03

Applicant's Wisconsin Seller's Permit Number: <u>456-0000606</u>	
Federal Employer Identification Number (FEIN): <u>39-1713796</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25
TOTAL FEE	\$

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: <u>456-1027927118</u> -02	
Federal Employer Identification Number (FEIN): <u>98-0853665</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) TOOR NAVINDER Home Address 9707 70th street Kenosha WI Post Office & Zip Code 53142

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company H & P ENTERPRISES LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>NAVINDER TOOR</u>	<u>9707 70th street Kenosha</u>	<u>53142</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>NAVINDER TOOR</u>	<u>9707 70th street Kenosha</u>	<u>53142</u>
Directors/Managers	_____	_____	_____

C.1. Trade Name GENEVA LIQUORS Business Phone Number 26-248-5000

2. Address of Premises 797 S WOLLS STREET LAKE GENEVA Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Change of Agent, Change of Home Address 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 29th day of May, 2013
Artis M. Roewspica
(Clerk/Notary Public)
 My commission expires 8-17-14

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

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

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-29-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd. \$750 incl. business and cigarette

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } LAKE GENEVA
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
PHILLON, JATINDER, PAL 1173 HIDDEN CREEK LN BURLINGTON WI 53105

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

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JATINDER SINGH PHILLON</u>	<u>1173 HIDDEN CREEK LN</u>	<u>BURLINGTON WI 53105</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>JATINDER SINGH PHILLON</u>		
Directors/Managers			

C. 1. Trade Name QUICK MART

Business Phone Number 762-248-1988

2. Address of Premises 1231 GRANT ST

Post Office & Zip Code LAKE GENEVA WI 53147

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

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

5. Legal description (omit if street address is given above):

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of May, 20 13

[Signature]
(Clerk/Notary Public)
 My commission expires 4-1-2017

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Target Corporation

Address of Corporation/Limited Liability Company (if different from licensed premises) 1000 Nicollet Mall, Minneapolis, MN

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	See attached list		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Sanza Rajabi</u>	<u>905 Patricia Ct. Elkhorn, WI 53121</u>	
Directors/Managers			

C. 1. Trade Name Target Store T-2348

Business Phone Number (262) 248-5610

2. Address of Premises 660 N. Edwards Blvd.

Post Office & Zip Code Lake Geneva 53147

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

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

5. Legal description (omit if street address is given above):

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone (609) 266-2776) Yes No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and regulations and responsibilities conferred by the license(s). If granted, will not be assigned to another. (Individual applicants and each partner in a partnership and each officer, director, manager, member or agent of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 23 day of May

Kristine M. Oster
(Clerk/Notary Public)

My commission expires January 31, 2015



KRISTINE M. OSTER
 Notary Public - Minnesota
 My Commission Expires Jan 31, 2015

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partners/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-28-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) N/A Home Address _____ Post Office & Zip Code _____

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 302 Wilmot Rd, Deerfield, IL 60015

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

Title Name (inc. Middle Name) Home Address Post Office & Zip Code

President/Member Corporate Rider Attached.

Vice President/Member _____

Secretary/Member Michael D. Felish, Asst. Secretary 2230 Butterfly Lane Glenview, IL 60026

Treasurer/Member _____

Agent

Directors/Managers Suzanne Tiedke, Store Manager 8029 S. 61st St. Franklin, WI 53122

C. 1. Trade Name Walgreens #05600

Business Phone Number 262-248-7885

2. Address of Premises 351 Edwards Blvd

Post Office & Zip Code Lake Geneva 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) retail drug store with sundries. one story building. 15,795 sq. ft.

5. Legal description (omit if street address is given above): _____

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

AND SWORN TO BEFORE ME
 _____ day of May, 20 13
(Clerk/Notary Public)

Michael Felish
 Assistant Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

pd. C130530

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

RENEWAL CLASS "A" APPLICATIONS

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

Federal Employer Identification Number (FEIN): <u>72-1555665</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>125.00</u>

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) Jacqueline Brewer Home Address 9220 Liberty Hill Ct Cincinnati OH Post Office & Zip Code 45242

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Geneva Lakes Convenience Corp.
Address of Corporation/Limited Liability Company (if different from licensed premises) 9220 Liberty Hill Ct Cincinnati OH
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (inc. Middle Name) Home Address Post Office & Zip Code
President/Member Jacqueline Brewer JAME AS ABOVE 45242
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Cindy Todd N683 Hillside Rd Lake Geneva WI 53147
Directors/Managers _____

C.1. Trade Name Clark Station Business Phone Number (262) 248-9982
2. Address of Premises 728 Williams St Lake Geneva Post Office & Zip Code 53147

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 11 day of May, 2013
Michaela K... Notary Public, State of Ohio
My commission expires 05-15-17
MICHAELA L... Notary Public, State of Ohio
My Comm. Expires 05-15-2017
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued <u>5-30-13</u>	Date license issued <u>6-10-13</u>	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } LAKE GENEVA

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Tienda El Rancho Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1151 Elkhorn Rd

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gerardo Jaramillo</u>	<u>529 Spring St Lake Geneva WI</u>	<u>53147</u>
Vice President/Member	<u>Mercedes Jaramillo</u>	<u>11 11 11 11 11</u>	<u>11 11</u>
Secretary/Member	<u>11</u>	<u>11 11 11 11 11</u>	<u>11 11</u>
Treasurer/Member	<u>Gerardo Jaramillo</u>	<u>11 11 11 11 11</u>	<u>11 11</u>
Agent	<u>Mercedes Jaramillo</u>	<u>11 11 11 11 11</u>	<u>11 11</u>

C. 1. Trade Name Tienda El Rancho Inc

Business Phone Number (262) 249-0698

2. Address of Premises

Post Office & Zip Code Lake Geneva WI 53147

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

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

5. Legal description (omit if street address is given above):

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

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

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

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 31st day of May, 20 13

Artis M. Roensch
(Clerk/Notary Public)

My commission expires 8-17-14

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL CLASS "B" APPLICATION

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1, 2013 ending: JUNE 30, 2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } LAKE GENEVA
 Village of }
 City of }

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Seller's Permit Number <u>936-1025613540-03</u>	
Federal Employer Identific Number (FEIN): <u>274210939</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Anderson, Troy Stephen Home Address 2789 Honey Creek Rd #617 Post Office & Zip Code 53125

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Troy Anderson 2789 Honey Creek Rd #617 53125
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

C. 1. Trade Name Lake Geneva Brewing Emporium LLC Business Phone Number 262-729-4005
 2. Address of Premises 640 Main St. Lake Geneva WI 53147 Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Throughout the entire space at
5. Legal description (omit if street address is given above): 640 Main St. Lake Geneva, WI 53147
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. home address 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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SUBSCRIBED AND SWORN TO BEFORE ME
 this 31 day of May, 2013
Artis M. Roenigges
(Clerk/Notary Public)
 My commission expires 8-17-14

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-31-13</u>	Date reported to council/board <u>6-10-13</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

City of Lake Geneva

Date: 6/07/2013

Time: 9:30 AM

Page: 1

Licenses Issued between 6/10/2013 and 6/10/2013

Operator's Regular

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>	<u>Total</u>		
6/10/2013	2013-33	Gregory A. Doremus Employer: Shell Wash Of Lake Geneva, LLC	311 E. South St. John Consolino	#3 501 Interchange North Lake Geneva, WI 53147	50.00	
6/10/2013	2013-22	Leanya R. Kashuta Employer: Sopra	513 S. 6th Street Gleneagles LLC	Delavan, WI 53115 724 W. Main Street Lake Geneva, WI 53147	50.00	
6/10/2013	2013-32	April K. Satter Employer: The Cove Of Lake Geneva	N6232 County Rd. NN Cove Condominium Assoc.	Burlington, WI 53 111 Center St. Lake Geneva, WI 53147	50.00	
6/10/2013	2013-23	Kaitlyn S. Bowlen Employer: Delish Corporation	6360 Tamarack Ridge Rd. d/b/a The Original Chicag	Elkhorn, WI 53121 150 Center St. Lake Geneva, WI 53147	50.00	
6/10/2013	2013-21	Courtney D. White Employer: Gino's East	W128 County Highway U GE Geneva, LLC	Genoa City, WI 53 300 Wrigley Drive Lake Geneva, WI 53147	50.00	
6/10/2013	2013-26	Max F. Hall Employer: Stop N Go #265	N2020 County Road H, #576 Stop N Go Of Madison, Inc	Lake Geneva, WI 5 896 Wells St. Lake Geneva, WI 53147	50.00	
6/10/2013	2013-24	Dan Truttschel Employer: Gino's East	N3239 Sycamore Rd. GE Geneva, LLC	Lake Geneva, WI 5 300 Wrigley Drive Lake Geneva, WI 53147	50.00	
6/10/2013	2013-34	Karen A. Powers Employer: Lake Geneva Grass Roots	223 N. Church St. D/B/A/ The Backyard	Elkhorn, WI 53121 252 Center Street Lake Geneva, WI 53147	50.00	
6/10/2013	2013-30	Anthony C. Cruz Employer: The Cove Of Lake Geneva	S77W32838 Country Ln. E Cove Condominium Assoc.	Mukwonago, WI 531 111 Center St. Lake Geneva, WI 53147	50.00	
6/10/2013	2013-25	Jenna C. Olson Employer: Thumb's Up, Inc.	W1424 N. Bloomfield Rd. 260 Broad St.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00	
6/10/2013	2013-29	April L. McCoy Employer: Studio Winery	N2451 Lincoln Dr. Attn.: Kathleen Jackson	Burlington, WI 53 401 Sheridan Springs Road Lake Geneva, WI 53147	50.00	
6/10/2013	2013-35	Bonnie M. DeCola Employer: Self	425 Main Street	Genoa City, WI 53 Lake Geneva, WI 53147	50.00	
6/10/2013	2013-28	Tracy A. Cantu Employer: Roddy's Liquor & Deli	7172 Lawton Ave. 880 W. Main Street	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00	
6/10/2013	2013-31	Nicole E. Newnum Employer: Midwest Fuel LLC	W4539 County Rd. B D/B/A Northside Mobil	Lake Geneva, WI 5 501 Interchange N. Lake Geneva, WI 53147	50.00	
6/10/2013	2013-27	Ashley R. McKenney Employer: Stop N Go #265	6 Danbury Ct. Stop N Go Of Madison, Inc	Lake In The Hills, 896 Wells St. Lake Geneva, WI 53147	50.00	
Operator's Regular			Count:	15	Totals for this Type:	750.00

SOUTHEASTERN WISCONSIN REGIONAL PLANNING COMMISSION

W239 N1812 ROCKWOOD DRIVE • PO BOX 1607 • WAUKESHA, WI 53187-1607 • TELEPHONE (262) 547-6721
FAX (262) 547-1103

May 30, 2013

Serving the Counties of:

KENOSHA
MILWAUKEE
OZAUKEE
RACINE
WALWORTH
WASHINGTON
WAUKESHA



Mayor and Members of the
City of Lake Geneva Common Council
c/o Mr. Mike Hawes, Clerk
626 Geneva Street
Lake Geneva, WI 53147

Dear Mr. Hawes:

In accordance with Section 66.0309(10) of the *Wisconsin Statutes*, the Southeastern Wisconsin Regional Planning Commission hereby provides a certified copy of SEWRPC Planning Report No. 54, *A Regional Housing Plan for Southeastern Wisconsin: 2035*. A copy of Commission Resolution No. 2013-04 adopting this plan as a guide for the physical development of the Region is bound in the front of the report.

The focus of the housing plan is providing an adequate supply of affordable housing for all current residents and the anticipated future population of the Region through the plan design year 2035, with a focus on providing housing affordable to the existing and projected future workforce of the Region. A summary of major plan findings and recommendations is included in the enclosed newsletter.

All of the plan recommendations are set forth in Part 3 of Chapter XII, beginning on page 731 of the enclosed report. Key recommendations of the plan for local governments include a recommendation that communities seek to provide a balance between the cost of housing and wages paid to job-holders in their community and that communities with sewer service designate areas in the local comprehensive plan and zoning map for the development of modest multi-family (minimum density of 10 units per acre and about 800 square feet for two-bedroom apartments) and modest single-family housing (minimum density of about four units per acre and about 1,200 square feet per housing unit). Table 214, beginning on page 732 of the report, summarizes the final plan recommendations and indicates the unit of government or agency that would need to take action to implement each recommendation. Several of the plan recommendations are directed to local governments, with different recommendations directed to sewerred communities and to non-sewerred communities.

It is respectfully requested that your Common Council refer the housing plan to your City Plan Commission for review. Should your Plan Commission, following their review, recommend endorsement of the regional housing plan, we request that the Common Council consider endorsing the plan. City endorsement of the housing plan is important to help assure a common understanding among the communities within the Region, as well as among the various state and federal agencies of government involved, and to enable work to continue on plan implementation. A sample resolution for Common Council endorsement of the plan is enclosed.

Please do not hesitate to call on us if the Commission or its staff can be of any assistance to the City in its consideration of the plan. Commission staff is available to make a presentation about the plan to the Plan Commission and Common Council, or to attend a meeting of City officials to answer questions about the

Mr. Mike Hawes
May 30, 2013
Page 2

plan. Please contact Nancy Anderson of the Commission staff at (262) 547-6721 or nanderson@sewrpc.org if you have questions about the regional housing plan, would like to schedule a presentation or meeting, or would like additional copies of the summary newsletter or the plan report.

Very truly yours,

A handwritten signature in black ink, appearing to read "David L. Stroik". The signature is fluid and cursive, with a large initial "D" and "S".

David L. Stroik
Chairman

DLS/KRY/NMA/pk
Docs #211593

Enclosures (#211174)

YEAR 2035 REGIONAL HOUSING PLAN FOR SOUTHEASTERN WISCONSIN



NEWSLETTER 5

PLAN SUMMARY

JUNE 2013

EXECUTIVE SUMMARY

On March 13, 2013, the Southeastern Wisconsin Regional Planning Commission adopted a new Regional Housing Plan. The plan has a design year of 2035 and represents a major element of the evolving comprehensive plan for the Southeastern Wisconsin Region. This newsletter provides a summary of the planning process and the major findings and recommendations of the new Regional Housing Plan.

The report documenting the new housing plan is being provided to each County and local government in the Region and to all concerned local, areawide, State, and Federal agencies. The Commission is requesting that each of the concerned agencies and units of government review the regional housing plan, and consider endorsement and integration of the recommendations of the plan into their planning, regulatory, and other activities related to the development and redevelopment of housing and land use, particularly community comprehensive plans and zoning ordinances.

The focus of the housing plan is to encourage the provision of an adequate supply of affordable housing for all current residents and the anticipated future population of the Region through the plan design year 2035. Implementing the plan recommendations will benefit current and future residents of the Region by helping to:

- Provide housing affordable to all residents of the Region, with a focus on housing affordable to the existing and projected workforce;
- Reinforce the need for improved and expanded public transit in Southeastern Wisconsin;
- Provide enough subsidized and tax credit housing to meet the needs of very low-income households, and help address the problem of dilapidated, substandard, and unsafe housing in the Region;
- Better meet the existing and future need for accessible housing for persons with disabilities;
- Reduce the concentration of minorities in the Region's central cities; and
- Promote more economical development and the preservation of farmland.



New townhomes constructed in downtown West Bend with Low Income Housing Tax Credit (LIHTC) financing.



New single-family homes for low- and moderate-income homebuyers in the Lincoln neighborhood provided through the City of Kenosha Home Ownership Program.

PLANNING PROCESS

SEWRPC is the areawide public planning agency for the Southeastern Wisconsin Region, which includes Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, and Waukesha Counties. The Commission's planning under State law is advisory, and addresses land use and infrastructure, including transportation, water quality, water supply, parks and open space, and floodplain management. The Commission exists to help the seven counties and 147 cities, villages, and towns in the Region consider issues and problems that may require the cooperation of multiple county and local governments for sound resolution.

Preparation of the regional housing plan was undertaken in response to requests from local governments and concerns that some areas of the Region do not offer enough housing options to meet housing needs. A 29-member Committee appointed by the Regional Planning Commission provided oversight and input throughout the preparation of the plan. The Advisory Committee included representatives from local, county, and State governments; housing advocacy organizations; home builders and realtors; and research and policy institutions. Members of the Advisory Committee are listed on page 2.

SEWRPC REGIONAL HOUSING PLAN ADVISORY COMMITTEE

William R. Drew, Chairman	Executive Director, Milwaukee County Research Park and Commissioner, Southeastern Wisconsin Regional Planning Commission
Julie A. Anderson	Director, Racine County Department of Public Works and Development Services
Andy M. Buehler.....	Director of Planning Operations, Kenosha County Planning and Development Department
David Cappon	Executive Director, Housing Authorities of the City and County of Waukesha
Michael P. Cotter	Director, Walworth County Land Use and Resource Management Department
Kalan R. Haywood, Sr.....	President, Vanguard Group, Milwaukee
Joseph G. Heck, Jr	Assistant Director (Retired), Racine Department of City Development
Rob Henken.....	President, Public Policy Forum, Milwaukee
Douglas J. Koehler.....	Planner, City of Waukesha
Gary Koppelberger.....	City Administrator, City of Hartford
Jeffrey B. Labahn.....	Director, Department of Community Development and Inspections, City of Kenosha
J. Scott Mathie	Senior Director, Government Affairs, Metropolitan Builders Association of Greater Milwaukee
Michael J. Murphy.....	Alderman, City of Milwaukee
Falamak Nourzad.....	Principal, Continuum Architects & Planners, Milwaukee
Linda Olson.....	Director, Aging and Disability Resource Center of Washington County
Antonio M. Pérez.....	Executive Director, Housing Authority of the City of Milwaukee
Brian Peters	Housing Policy Advocate, IndependenceFirst, Milwaukee and Member, SEWRPC Environmental Justice Task Force
Kim Plache.....	Senior Community Relations Officer, Milwaukee Office of WHEDA
Maria Prioletta	Redevelopment and Special Projects Manager, Milwaukee Department of City Development
Welford Sanders.....	Executive Director, M.L. King Economic Development Corporation
Mary Kay Schleiter	Associate Professor, Department of Sociology-Anthropology, University of Wisconsin-Parkside
Kori Schneider-Peragine	Senior Administrator, Inclusive Communities Program, Metropolitan Milwaukee Fair Housing Council
Dale R. Shaver	Director, Waukesha County Department of Parks and Land Use
Michael J. Soika	Director, Milwaukee Succeeds
Andrew T. Struck	Director, Ozaukee County Planning and Parks Department
Marne J. Stück	Governmental Affairs Director, Greater Milwaukee Association of Realtors
Scott Thistle	Principal, Halen Homes, Brookfield
Rev. James C. Thomas	Retired, Board of Ezekiel Community Development Corporation
John F. Weishan, Jr.	Supervisor, Milwaukee County Board

Special acknowledgment is due Mr. George E. Meicher, retired Director of the Kenosha County Planning and Development Department, and Mr. Michael Hoeft, retired City Planner for the City of Waukesha, who served on the Advisory Committee during much of the planning process.

The Commission also provided many opportunities for members of the public to participate in the planning process, including three series of public meetings at key points during the planning process. At least one meeting was held in each County, with three in Milwaukee County, during each series of meetings. Additional outreach was undertaken throughout the planning process through newsletters and shorter English and Spanish language brochures and bulletins; the SEWRPC website; and presentations to local government officials, housing advocacy groups, and at various conferences and other events. SEWRPC staff also had ongoing contact with groups across the Region representing the interests of minority and low-income populations and persons with disabilities, which provided numerous opportunities for input during preparation of the plan.

The Commission contracted with UW-Milwaukee to conduct a socio-economic impact analysis of the preliminary plan recommendations to evaluate the potential impacts of the plan on environmental justice populations, specifically, minority and low-income populations and persons with disabilities. The analysis concluded that none of the plan recommendations would be expected to have negative impacts on environmental justice populations. Of the 47 preliminary recommendations, 44 recommendations would be expected to have a significantly positive or positive impact on environmental justice populations, and three preliminary recommendations would have no impacts. A significantly positive impact finding means that environmental justice populations are likely to receive a greater proportion of benefits from the recommendation than the regional population as a whole. A positive impact finding means that environmental justice populations are likely to receive benefits from the recommendation in proportion to the regional population as a whole.

Inventories and Analyses

A number of inventories and analyses were conducted as part of the planning work to gain an understanding of the existing housing situation, the trends of change in that situation, and the factors influencing those trends. Inventories and analyses were conducted relating to new housing development, housing discrimination, the balance between jobs and housing, the availability of housing accessible to persons with disabilities, and the existing subsidized housing stock. These analyses were then used to develop the recommended housing plan for the Region.

Sub-regional housing analysis areas (sub-areas) were identified early in the planning process to assist in data collection and analysis. The factors used in determining sub-area boundaries included 2010 municipal boundaries and census tracts, existing and potential sanitary sewer and public water supply service areas, existing and potential areas served by transit, travel patterns centered on major commercial and industrial land use concentrations, and natural and manmade barriers such as environmental corridors and major transportation corridors.

PLAN VISION AND OBJECTIVES

Early steps in the planning process included defining the regional housing problem and developing objectives and standards to address each component of the housing problem. The housing objectives address housing affordability, subsidized and tax credit housing, accessible housing for persons with disabilities, fair housing, job/housing balance, and development practices. The Advisory Committee also developed a vision statement for the future development of housing in the Region, which provided a framework for preparation of the plan:

“Provide financially sustainable housing for persons of all income levels, age groups, and special needs throughout the entire Southeastern Wisconsin Region.”

MAJOR PLAN FINDINGS AND RECOMMENDATIONS

Provide Housing Affordable to all Residents of the Region

Safe and decent housing should be available to all residents of the Region. Housing fulfills a basic human need for shelter and protection from the elements, and safe and decent housing can provide a sense of mental well-being and security that contributes to a healthy society. The private housing market provides ample options for households with higher incomes. The regional housing plan therefore focuses on housing for lower- and moderate-income households. An analysis of median annual household incomes and housing costs in the Region determined that:

- Housing subsidized by the government, tax credit housing, or housing developed by nonprofit or faith-based organizations would likely be necessary to provide decent and affordable housing for households with incomes less than 50 percent of the Region's median income (less than \$26,940). Over 187,000 households, or just under 24 percent of households in the Region, have incomes of 50 percent or less than the Region's median income.
- Households with incomes between 50 and 80 percent of the Region's median income (\$26,940 to \$43,104 per year) would likely be able to afford higher-density multi-family housing at market (non-subsidized) rents. About 127,000, or 16 percent of Region households, fall within this income category.
- Households with incomes between 80 and 135 percent of the Region's median income (\$43,104 to \$72,737 per year) would likely be able to afford market-rate multi-family rents or modest single-family housing. About 191,000, or just over 24 percent of Region households, fall within this income category.
- Households with incomes more than 135 percent of the median income (more than \$72,737 per year) would be able to afford a variety of market-rate housing. Just over a third, or about 277,000 of Region households, fall within this income category.

Figure 1

POTENTIAL HOUSING NEED

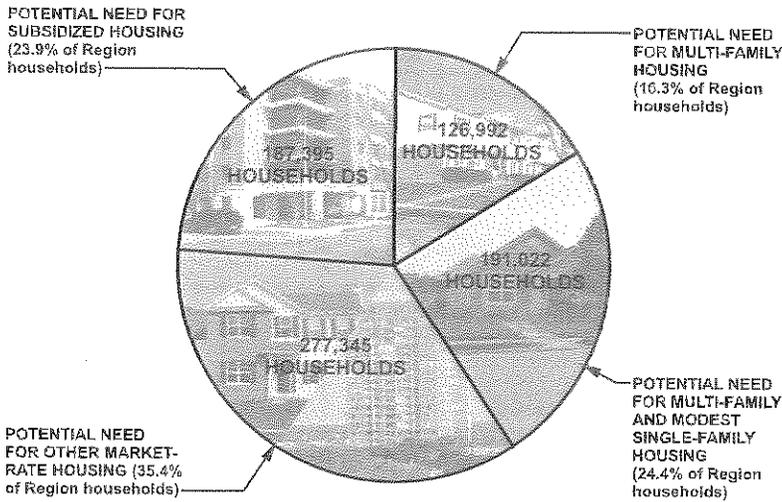


Figure 1 summarizes the potential need for various types of housing based on the analysis of household income and housing costs.

The regional housing plan recommends that local governments with sanitary sewer service review their comprehensive plans and zoning ordinances, and change the plans and ordinances if necessary, to address the need for additional affordable housing for lower- and moderate-income households. Comprehensive and neighborhood plans and zoning ordinances should encourage a variety of housing types in urban neighborhoods, including apartments, townhomes, duplexes, small single-family homes and lots, and live-work units. Specifically, the plan recommends that community plans and ordinances allow for the development of multi-family housing at a density of at least 10 housing units (apartments) per acre, and allow two-bedroom apartments to be 800 square feet or smaller, to provide market-rate (nonsubsidized) housing for households with incomes between 50

and 80 percent of the Region median income (\$26,940 to \$43,104). The plan also recommends that communities allow the development of new single- and two-family homes at densities equivalent to lots of 10,000 square feet or less, with homes sizes less than 1,200 square feet, to accommodate market-rate housing affordable to households with incomes between 80 and 135 percent of the Region median income (\$43,104 to \$72,737).

Housing plan recommendations for affordable multi-family and higher-density single- and two-family development are directed to cities, villages, and towns with existing or planned sanitary sewer service, because higher-density residential development is generally not appropriate on private wells and septic systems. Communities with sewer service that have adopted zoning regulations that may restrict the development of affordable housing are shown on Maps 1 and 2.

The plan also recommends that County and local governments consider establishing programs and ordinances to stabilize and improve established neighborhoods with the intent of maintaining the quality and quantity of existing lower- and moderate-cost housing stock. Examples of programs and ordinances include property maintenance ordinances, weatherization and lead paint abatement programs, and use of Community Development Block Grant (CDBG) and other funding to assist low- and moderate-income households in making needed home repairs. Funds should also be provided to assist landlords in making needed repairs to apartments that would be affordable to low- and moderate-income tenants.

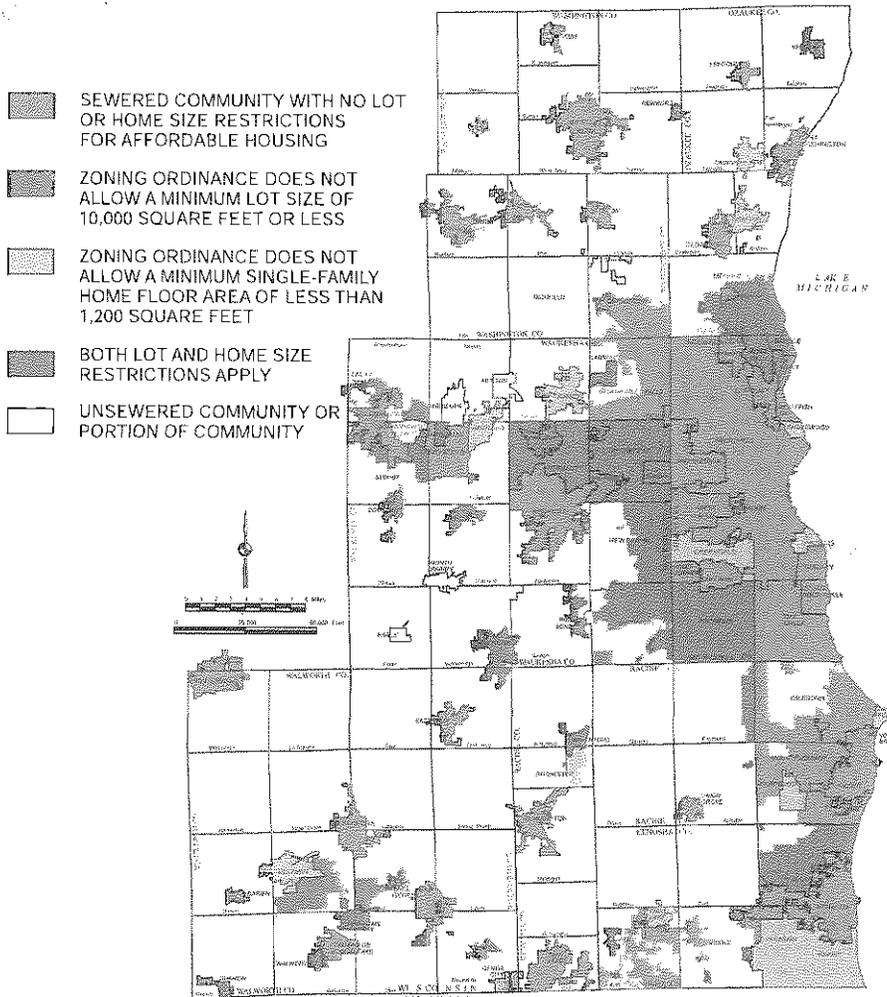


New two-bedroom single-family home with 1,080 square feet in the Village of Mount Pleasant.

All cities, villages, and towns are encouraged to review requirements that apply to new housing development to determine if changes could be made that would reduce the cost of development without compromising the safety, functionality, and aesthetic quality of new development. For example, communities could limit zoning ordinance restrictions on the size and appearance of housing by reducing or eliminating requirements for masonry (stone or brick) exteriors or minimum home sizes of 1,200 square feet or more in all single-family and two-family residential zoning districts. Subdivision ordinances could be reviewed to determine if street widths could be reduced to provide savings in street construction and maintenance costs while still providing appropriate traffic-carrying capacity.

Map 1

**SEWERED COMMUNITIES WHERE RESIDENTIAL ZONING DISTRICT
MINIMUM LOT SIZE AND/OR MINIMUM FLOOR AREA REQUIREMENTS
MAY RESTRICT AFFORDABLE SINGLE-FAMILY HOUSING: 2012**



Source: Community Zoning Ordinances and SEWRPC.

Housing costs for the modest housing recommended by the plan would meet the guideline established by the U.S. Department of Housing and Urban Development (HUD) that housing costs should not exceed 30 percent of household income. A similar standard is used by banks when considering loans for private mortgages. Currently, 36 percent of households in the Region pay more than 30 percent of their incomes for housing, including about 15 percent of households that spend more than 50 percent of their income on housing. Over two-thirds of the households with high housing costs are low- and moderate-income households.

Provide Affordable Workforce Housing Near Job Centers

Concerns have been raised by business groups, employers, and communities as to whether housing appropriate for the workforce essential to the Region's existing and future employers is being provided. For existing businesses to maintain their presence and consider expansion, and to have the potential to attract new business and industry, it is essential to have the necessary workforce located in proximity and accessible to existing and potential future business and industry. These concerns underscore the importance of having affordable workforce housing located in sub-areas with major employers and in sub-areas where communities have planned for future job growth.

An analysis was conducted as part of the housing plan to help determine the balance between job wages and housing costs in each sub-area. The projected job/housing balance analysis was limited to areas planned by local governments to be provided with sanitary sewer service by 2035, because the primary concern addressed by the analysis is determining if communities with a significant amount of existing and/or planned land uses that accommodate jobs have also planned for suitable workforce housing. Local governments in portions of the Region that are not served by sanitary sewer typically do not designate extensive areas for commercial and industrial land uses or medium to high density residential land uses, which would accommodate jobs and affordable housing, respectively.

The job/housing balance analysis was based on an analysis of community comprehensive plans to determine the number and type of jobs and housing units that could be expected to be developed by the year 2035. The number of jobs in 2035 was based on the number of jobs in 2010 and a determination of the potential number of additional jobs that could be accommodated in vacant areas designated by seweried communities for commercial, industrial, and institutional uses in local comprehensive plans. Jobs were classified as lower-, moderate-, or higher-wage jobs based on the annual average wage and the percentage distribution of the jobs in each sub-area in 2010, using 17 general classifications (such as retail, manufacturing, and professional/scientific, for example).

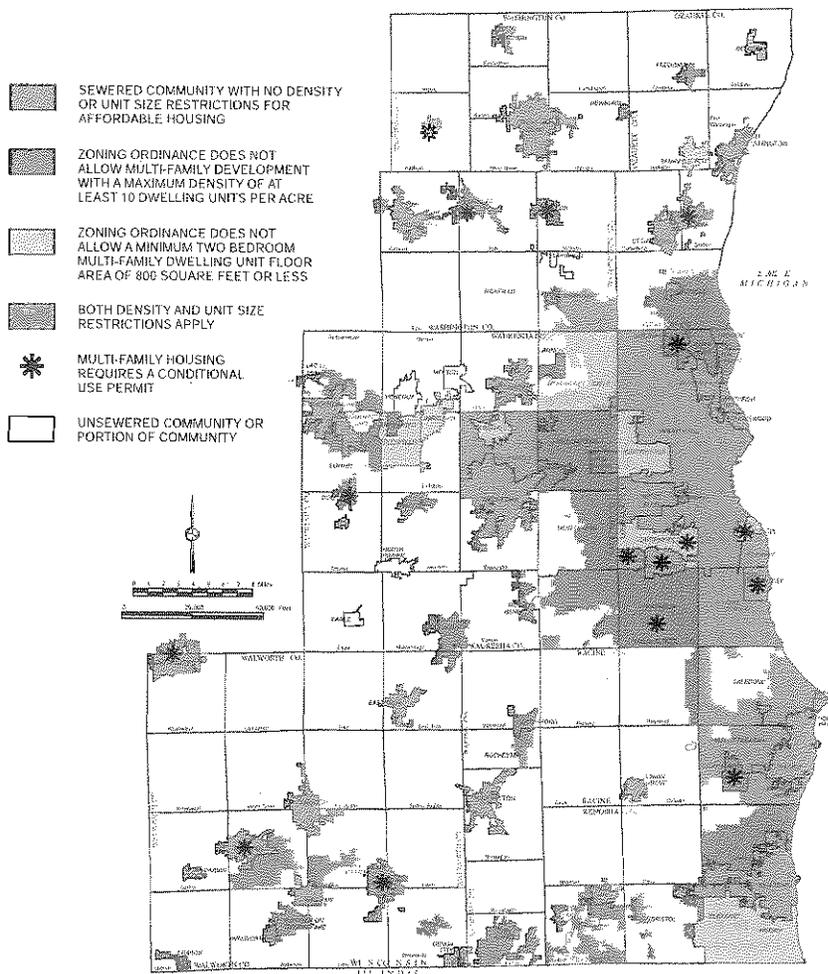
The number of housing units was based on the number of housing units in 2010 in each sewer community and a determination of the potential number of additional units that could be accommodated in vacant areas designated for residential use in local comprehensive plans. General housing cost categories were based on the density and housing type that would be allowed by the comprehensive plan. Housing that would be permitted at densities equivalent to one home per 6,000 square feet or less of lot size were assumed to be lower-cost housing, and typically would include multi-family housing, two-family housing, and mobile homes. Housing at densities equivalent to one home per 6,000 to 10,000 square feet of lot size were assumed to be moderate-cost housing, which typically would include two-family and smaller single-family homes. Housing at densities equivalent to lot sizes of more than 10,000 square feet were assumed to be higher-cost housing. Higher-cost housing would typically be single-family homes.

Map 3 summarizes the results of the regional job/housing balance analysis. A lower-cost job/housing imbalance is a sub-area projected to have a higher percentage of lower-wage jobs than lower-cost housing. A moderate-cost job/housing imbalance is a sub-area projected to have a higher percentage of moderate-wage jobs than moderate-cost housing.

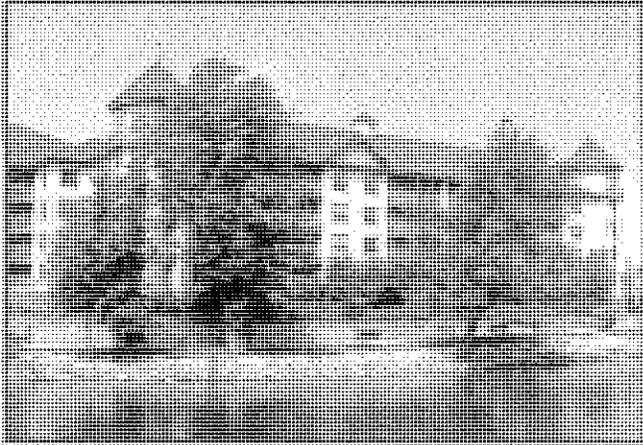
The analysis was necessarily based on a number of assumptions and generalized data for each community due to the regional scope of the analysis. In addition, information for some sewer communities was combined based on sub-areas identified early in the planning process, which combined certain communities based in part on the concentration of major commercial and industrial land uses. Individual sewer communities in a sub-area identified as having a job/housing imbalance may have a balance between jobs and housing. SEWRPC will update the analysis in the near future to determine the job/housing balance in each sewer community.

The housing plan recommends that sewer communities in sub-areas identified as having an imbalance between job wages and housing costs conduct a more detailed analysis based on specific conditions in their community as part of their comprehensive plan updates. The local analysis could consider, for example, specific housing values based on local assessment data. If the local analysis confirms an existing or future job/housing imbalance, it is recommended that the local government consider changes to the comprehensive plan that would provide housing appropriate for people holding jobs in the community,

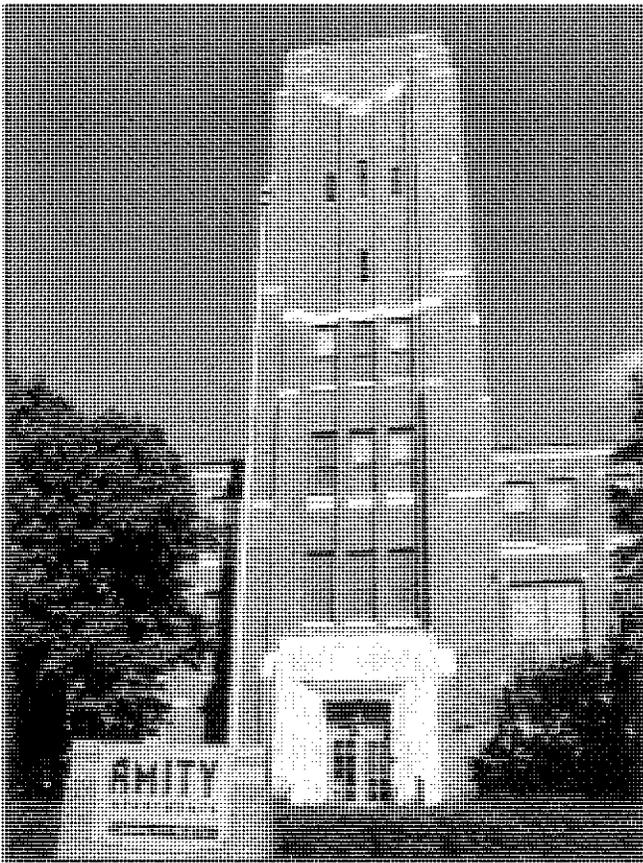
Map 2
SEWERED COMMUNITIES WHERE RESIDENTIAL ZONING DISTRICT
MAXIMUM DENSITY AND/OR MINIMUM FLOOR AREA REQUIREMENTS
MAY RESTRICT AFFORDABLE MULTI-FAMILY HOUSING: 2012



Source: Community Zoning Ordinances and SEWRPC.



Apartment building along the Fox River in the City of Burlington constructed with Low Income Housing Tax Credit (LIHTC) financing.



Former Amity Leather Products Company factory in the City of West Bend converted to apartments using Low Income Housing Tax Credit (LIHTC) and historic preservation tax credits.

thereby supporting the availability of a workforce for their community's businesses and industries. Additional multi-family housing is recommended in communities where the local analysis indicates a shortage of lower-cost housing in relation to lower-wage jobs. Additional modest single-family housing is recommended in communities where the local analysis indicates a shortage of moderate-cost housing in relation to moderate-wage jobs.

Economic Development in Economically Challenged Areas

The job/housing balance analysis was based on job wages and housing costs in seweried communities within each sub-area, and did not consider the number of jobs that might be held by residents from outside the sub-area, or the employment status of residents in each sub-area. Other analyses conducted as part of the housing plan determined that households in several sub-areas with a job/housing balance have high housing cost burdens despite having ample supplies of lower-cost housing and good-paying jobs. Higher household incomes and/or additional subsidized housing will be necessary to decrease high housing cost burdens in these economically challenged areas.

An overlay on Map 3 indicates those sub-areas where additional subsidized housing is recommended to address a need for affordable housing for low-income households. More than 25 percent of the households in sub-areas 13-16 (City of Milwaukee), 18 (Cudahy/St. Francis/South Milwaukee), 30 (City of Racine), and 34 (City of Kenosha) have incomes less than 50 percent of the Region median income. The housing plan also recommends increased economic development, job training, and education efforts to increase household incomes and decrease housing cost burdens in economically challenged areas.

Reinforce the Need for Improved and Expanded Public Transit in Southeastern Wisconsin

In addition to recommending a balance between housing costs and job wages in each sub-area, the housing plan recommends improving transit connections between areas of existing affordable housing and job locations. The Region's central cities have substantial concentrations of unemployed and under-employed individuals and low-income households. In many communities surrounding these central cities, there are significant job concentrations. A portion of these jobs pay moderate and lower wages, and many of these communities lack the modest single-family and multi-family housing which would be affordable to those earning moderate and lower wages. Many of these

communities also lack public transit service, even though in many instances they are immediately adjacent to the Region's public transit systems. Expansion of public transit service to these communities, in accordance with the recommendations of the regional transportation plan, will assist in providing employers with the necessary workforce, and will link moderate and lower income individuals with jobs in communities with limited supplies of affordable housing.



Olga Village was a joint venture by the United Community Center and the Housing Authority of the City of Milwaukee to provide affordable apartments for senior citizens. The building includes energy-efficient features, including a green roof and geothermal heating and cooling.



A new duplex and a second nearing completion on a redevelopment site in the City of Waukesha. Construction of the duplexes was sponsored by Habitat for Humanity.



Recently redeveloped portion of the Westlawn public housing development by the Housing Authority of the City of Milwaukee. The new "Westlawn Gardens" provides a mix of housing types (single-family, duplexes, townhomes, and apartment buildings) and both subsidized and market-rate housing. The development also features energy-efficient homes, enhanced stormwater management practices to reduce runoff from the site, and community gardens and parks.

care, transportation, health care, and other necessities. Households that cannot afford decent housing based on 30 percent of their income must often live in housing that is too small, poorly maintained, and/or has inadequate plumbing, kitchen facilities, or insulation. Providing an adequate supply of decent housing that tends to be affordable to a wide range of households would help reduce the market for dilapidated housing in the Region.

Addressing the Region's need for additional subsidized housing will also require greater public sector coordination, greater private sector participation, and interjurisdictional collaboration. The plan therefore recommends the establishment of a regional Housing Trust Fund for Southeastern Wisconsin (HTF-SW) to assist in the acquisition of land and the development of

Provide Enough Subsidized Housing to Meet the Need, and Address the Problem of Dilapidated Housing Households with incomes less than 50 percent of the Region's median income (less than \$26,940 per year) depend on or would benefit from housing assistance to ensure that decent housing is available to them at an affordable cost, particularly larger family households. Data gathered as part of the plan indicate that up to 187,000 households in the Region have incomes below \$26,940 per year, while only about 46,000 subsidized housing units and vouchers are available for those in need.

Public funding for the development of subsidized housing and for housing vouchers is limited. Due to funding challenges, the plan recommends that the development of new subsidized and tax credit housing and the allocation of vouchers be targeted to areas with the greatest need, which are shown on Map 4. The identified priority areas are those with the most low-income households, and areas with a major employment center and a shortage of lower-cost housing compared to lower-wage jobs. A major employment center is a concentrated area with 3,500 or more jobs. Existing and planned major employment centers in the Region, based on the year 2035 regional land use plan, are also shown on Map 4.

Increasing the supply of housing that meets affordability guidelines will help ensure that households have adequate funds after paying their housing costs to pay for food, child



Apartment building for senior citizens and persons with disabilities in the Village of East Troy, developed with tax-exempt bonds from the Wisconsin Housing and Economic Development Authority (WHEEDA) and funding from the U.S. Department of Housing and Urban Development (HUD).

affordable housing. The proposed HTF-SW could be formed initially through the merger of the existing Housing Trust Fund of the City of Milwaukee, Milwaukee County Special Needs Housing Trust Fund, and Milwaukee County Inclusive Housing Fund, and expanded to communities in other counties, and ultimately all seven counties in the Region.

Better Meet the Need for Accessible Housing for Persons with Disabilities

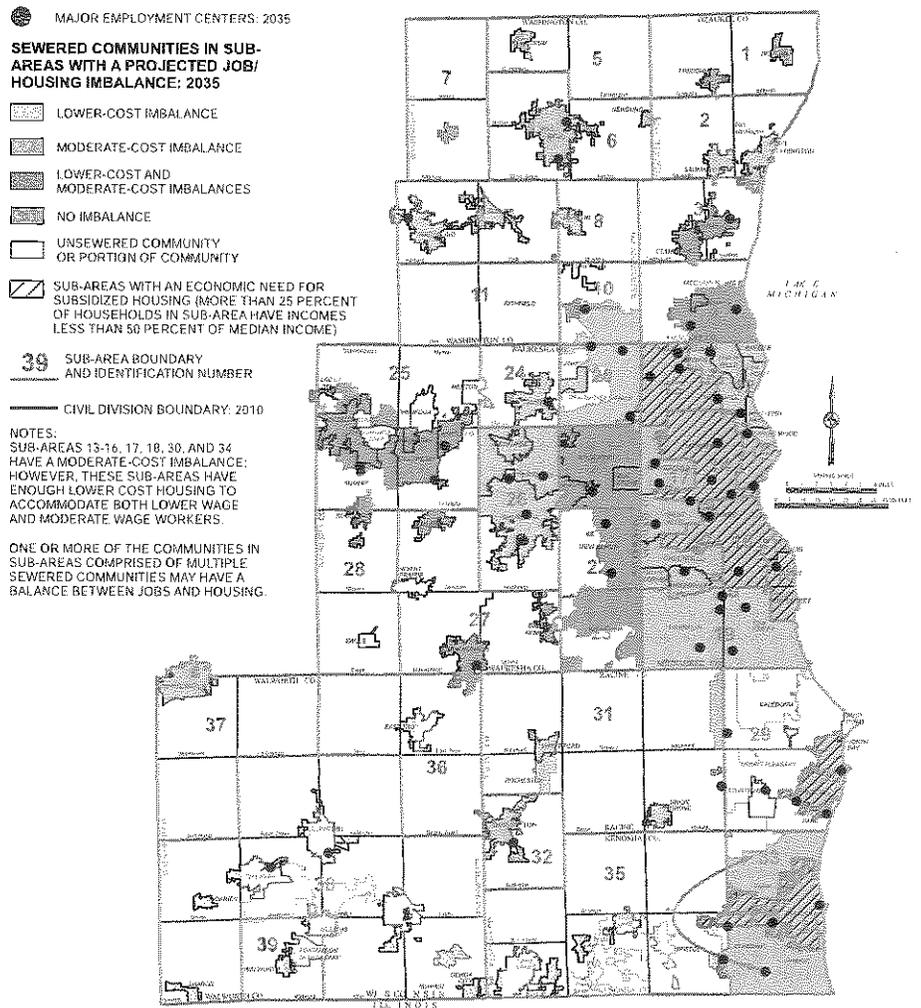
An adequate number of accessible housing units should be available throughout the Region to provide persons with disabilities increased housing choices and access to employment opportunities. Accessible housing will become increasingly important as the number of elderly residents in the Region continues to increase due to the aging of the baby-boom generation, because the incidence of disabilities increases as a person ages.

It is estimated there are up to 61,640 multi-family housing units in the Region constructed since 1991 that may be accessible to persons with disabilities, due to Federal and State fair housing laws. These laws require all apartments in new multi-family buildings with elevators and ground-level apartments in buildings without elevators to be accessible to persons in wheelchairs by providing features such as zero-step entrances and wider doorways and halls. In 2010, about 169,000 households in the Region reported a member with a disability, which shows a need for additional accessible housing. Housing affordability is also a concern to persons with disabilities, whose median annual earnings are about half that of a person without a disability.

The plan recommendation that calls for the development of more multi-family housing would help persons with disabilities obtain housing that would be both accessible and more affordable. Development of more multi-family housing outside the central cities of Kenosha, Racine, and Milwaukee would also increase the availability of accessible housing near job centers in outlying areas.

Map 3

PROJECTED JOB/HOUSING IMBALANCES IN SUB-AREAS IN THE SOUTHEASTERN WISCONSIN REGION: 2035



Source: Local Government Comprehensive Plans and SEWRPC.

Reduce the Concentration of Minorities in the Region's Central Cities

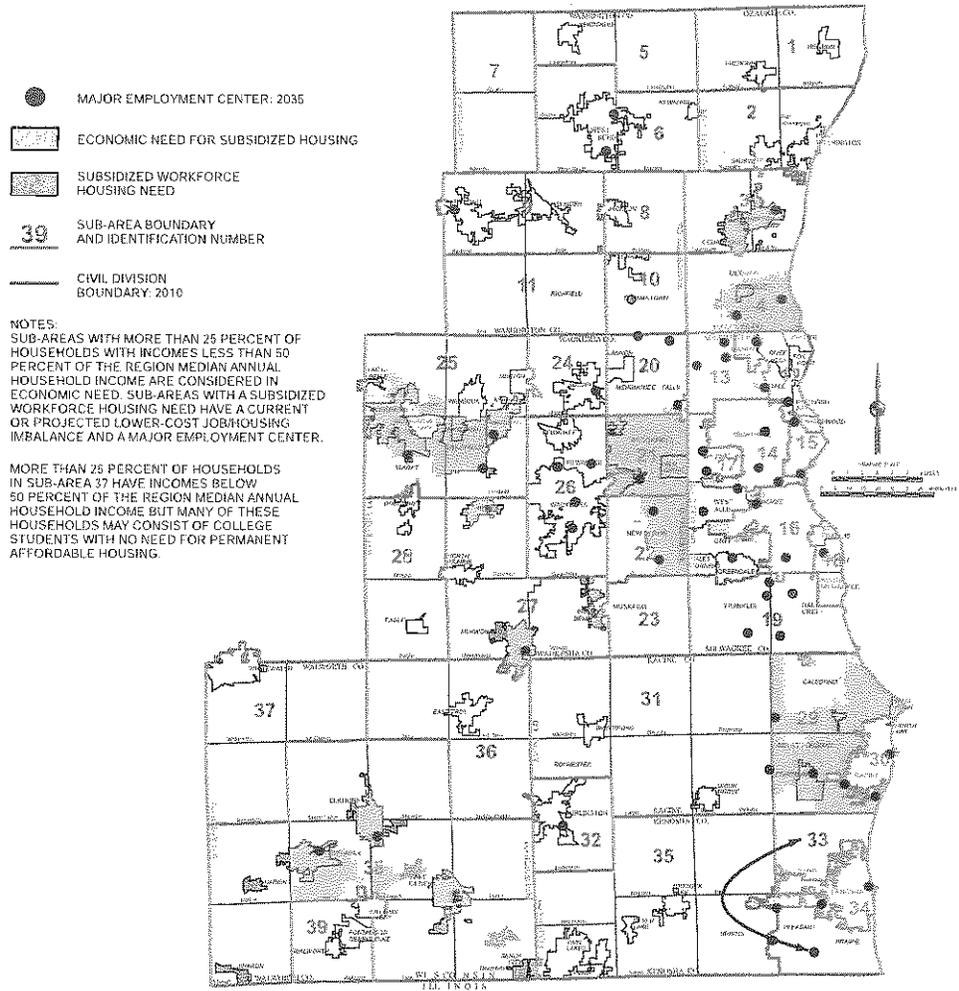
The Region's minority residents are concentrated in the central portions of the Cities of Milwaukee, Racine, and Kenosha, as shown on Map 5. Areas with concentrations of minority residents also have concentrations of low-income households. Minority households in the Region are much more likely than non-minority households to have low incomes. About 41 percent of minority households have incomes below 50 percent of the Region median income, compared to about 20 percent of non-minority households. Areas that are predominately low-income and minority typically suffer from dilapidated housing; over-burdened schools with high drop-out rates and low academic achievement; limited commercial establishments, including grocery stores that provide fresh and healthy food; high crime rates; and high unemployment.

Additional lower- and moderate-cost housing is recommended by the plan in communities with public sanitary sewer service determined to have an inadequate supply of affordable housing through various plan analyses. This would increase housing opportunities for minority and low-income households near major employment centers outside central cities. It would also provide opportunities for minority and low-income households to live in areas with better schools and safer neighborhoods. The plan also recommends a regional voucher program to make it easier for households with a housing voucher to move to less-impovertised areas, and establishing programs to provide assistance to low-income families in moving to less impoverished areas. Such assistance could include help in finding suitable housing, work, enrolling children in school, and other services.

State, county, and local governments that receive funding under HUD Community Planning and Development (CPD) programs, such as Community Development Block Grant funding, are required to certify to HUD that they will affirmatively further fair housing (AFFH). A recipient of CPD funds must proactively identify and take action to reverse patterns of discrimination and segregation under AFFH requirements. Fair housing advocacy groups have expressed concerns that some communities in the Region have taken limited actions to address impediments to fair housing in their community. The plan recommends that cities and counties that receive funding directly from HUD (referred to as entitlement jurisdictions) and pass some of their funding on to other local governments or nonprofit agencies explicitly require the sub-grantees to certify that they will affirmatively further fair housing as a condition of receiving the pass-through funds.

Map 4

SEWERED COMMUNITIES IN PRIORITY HOUSING ANALYSIS AREAS FOR SUBSIDIZED HOUSING IN THE SOUTHEASTERN WISCONSIN REGION



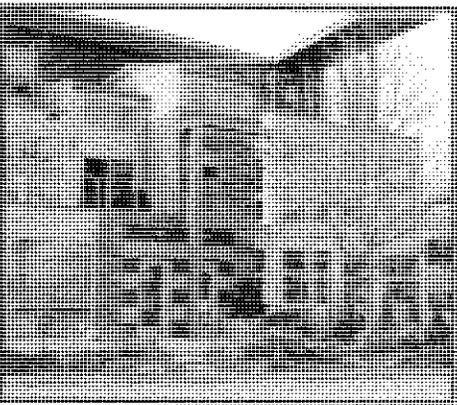
Source: U.S. Bureau of the Census, Local Comprehensive Plans, and SEWRPC.

Promote More Economical Development and the Preservation of Farmland

Multi-family housing and higher-density single-family housing, as recommended in the housing plan, can provide more affordable housing and at the same time provide for a more compact urban development pattern. Compact development allows housing to be located closer to jobs and services, such as shopping and schools, which minimizes vehicle travel and provides increased opportunities for walking and bicycling. Compact development also minimizes the cost of providing new roads and extending public sewer and water to serve new development and can be served more efficiently and economically by public transit. More compact urban development also helps to preserve farmland by minimizing the amount of land consumed by residential subdivisions and other urban development.



A mixed-use development in the City of Port Washington with retail and service uses on the ground floor and apartments on the upper floors.



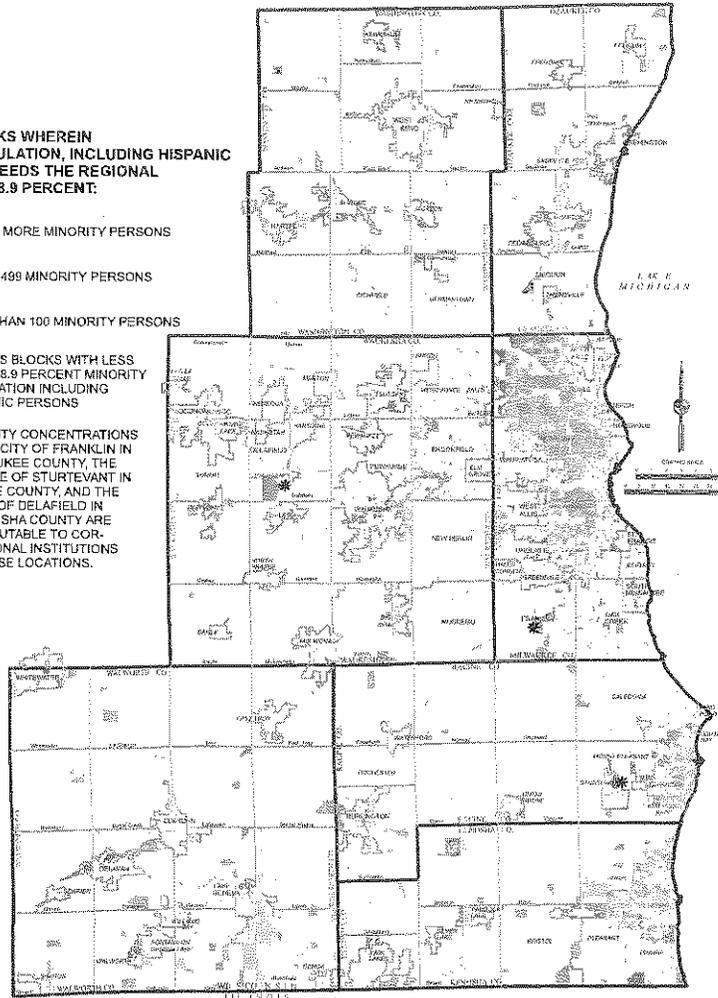
Live-work units in the City of Waukesha, which provide retail or office space on the ground floor and living quarters for the owner on the upper floors.

Map 5

CONCENTRATIONS OF MINORITY PERSONS WITHIN SOUTHEASTERN WISCONSIN: 2010

CENSUS BLOCKS WHEREIN MINORITY POPULATION, INCLUDING HISPANIC PERSONS, EXCEEDS THE REGIONAL AVERAGE OF 28.9 PERCENT:

-  500 OR MORE MINORITY PERSONS
-  100 TO 499 MINORITY PERSONS
-  LESS THAN 100 MINORITY PERSONS
-  CENSUS BLOCKS WITH LESS THAN 28.9 PERCENT MINORITY POPULATION INCLUDING HISPANIC PERSONS
-  MINORITY CONCENTRATIONS IN THE CITY OF FRANKLIN IN MILWAUKEE COUNTY, THE VILLAGE OF STURTEVANT IN RACINE COUNTY, AND THE TOWN OF DELAFIELD IN WAUKESHA COUNTY ARE ATTRIBUTABLE TO CORRECTIONAL INSTITUTIONS IN THOSE LOCATIONS.



Source: U.S. Bureau of the Census and SEWRPC.

PLAN IMPLEMENTATION

Implementation of the regional housing plan will depend on the actions of Federal, State, County, and local governments and nonprofit organizations to carry out the recommendations of the plan. The key recommendation, which is to accommodate the development of additional higher-density single- and multi-family housing in communities with sanitary sewer service, is directed to cities, villages, and towns with sanitary sewer service. The plan includes many other recommendations directed to local and county units of government, Federal and State agencies, and nonprofit organizations. SEWRPC will provide copies of the adopted plan to the governmental units and agencies concerned. SEWRPC will also conduct education and outreach efforts to encourage endorsement and implementation of the plan, and will conduct an ongoing data collection effort to monitor progress in plan implementation. A full reevaluation and update of the housing plan is expected to occur every 10 to 12 years, following adoption of updated regional land use and transportation system plans.

CONTACT INFORMATION

Contact information to obtain regional housing plan materials or request a briefing on the plan:

Staff:	Kenneth R. Yunker, P.E., Executive Director Nancy M. Anderson, A.I.C.P., Chief Community Assistance Planner	SEWRPC Planning Report No. 54, <i>A Regional Housing Plan for Southeastern Wisconsin: 2035</i> , is available at the SEWRPC website address on the left. Each issue of the study newsletters and English and Spanish language brochures; meeting minutes and agendas; and other materials related to the plan are also available on the SEWRPC website or can be requested by calling or emailing Commission staff. Printed copies of SEWRPC Planning Report No. 54 may be obtained from the Commission at a cost of \$30 each inside the Region and \$45 each outside the Region.
Website:	www.sewrpc.org/SEWRPC/housing.htm	
E-mail:	sewrpc@sewrpc.org	
Phone:	(262) 547-6721	
Fax:	(262) 547-1103	
Mail:	W239 N1812 Rockwood Drive P.O. Box 1607 Waukesha, WI 53187-1607	

Note: Certain photographs included in this newsletter were graciously provided by staff from UW-Extension.

THIS NEWSLETTER CONTAINS:

Executive Summary	p. 1
Planning Process	p. 1
Plan Vision and Objectives	p. 3
Major Plan Findings and Recommendations	p. 3
Plan Implementation	p. 11

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PERMIT NO. 646

SOUTHEASTERN WISCONSIN
REGIONAL PLANNING COMMISSION
W239 N1812 ROCKWOOD DRIVE
PO BOX 1607
WAUKESHA, WISCONSIN 53187-1607

**SAMPLE RESOLUTION FOR LOCAL (CITY, TOWN, OR VILLAGE)
ENDORSEMENT OF THE YEAR 2035 REGIONAL HOUSING PLAN
FOR SOUTHEASTERN WISCONSIN**

RESOLUTION NO. _____

WHEREAS, the Southeastern Wisconsin Regional Planning Commission, which was duly created by the Governor of the State of Wisconsin in accordance with Section 66.0309(2) of the *Wisconsin Statutes* on the 8th day of August 1960, upon petition of the Counties of Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, and Waukesha, has the function and duty of making and adopting a master plan for the physical development of the Southeastern Wisconsin Region; and

WHEREAS, the Southeastern Wisconsin Regional Planning Commission adopted on March 13, 2013, a housing plan for the development of the Region to the year 2035; and

WHEREAS, the year 2035 regional housing plan recommendations and the supporting inventories, analyses, objectives, principles, and standards are set forth in a published report titled SEWRPC Planning Report No. 54, *A Regional Housing Plan for Southeastern Wisconsin: 2035*; and

WHEREAS, the Commission has transmitted certified copies of its resolution adopting the housing plan, together with the aforementioned SEWRPC Planning Report No. 54, to the county and local units of government of the Southeastern Wisconsin Region; and

WHEREAS, the (Name of Local Governing Body) believes that the housing plan prepared by the Commission will be a valuable guide not only to the development of the Region but of the community as well, and that the endorsement of such plan by the (Name of Local Governing Body) will assure a common understanding by the several governmental levels and agencies concerned and enable their officials and staffs to plan and undertake the necessary areawide and local plan implementation work.

NOW, THEREFORE, BE IT RESOLVED that the (Name of Local Governing Body) hereby endorses the regional housing plan for the year 2035, as set forth in SEWRPC Planning Report No. 54, as a guide for regional and community development.

BE IT FURTHER RESOLVED that the (City) (Village) (Town) clerk transmit a certified copy of this resolution to the Southeastern Wisconsin Regional Planning Commission.

Dated this _____ day of _____, 2013.

Presiding Officer

Attest:

Clerk

CITY OF LAKE GENEVA TAXI COMPANY LICENSE APPLICATION

Please Check:

Original
Application

Renewal of
Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS
INCOMPLETE APPLICATIONS WILL BE REJECTED.
ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR.
FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH
ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.

Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.

Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

Renewals only

**ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED
DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.**

BUSINESS INFORMATION

Business Name: N+T Enterprises Inc dba: Lakes Area TAXI

Bus. Address (Physical): 112 S. 4th ST

Mailing Address (if different): PO Box 382

City, State, Zip: Delavan WI 53115

Bus. Phone: 262-248-4770

Fax: 262-728-0485

E-Mail: nrock1848@yahoo.com

Name of Liability Carrier: Coverra Insurance Services Inc - Integrity

Policy Number: CA 2014950-00

Taxi Company License Application Page 1 of 3

Revision Date: 02/2012

05/23/13

\$350.00

7

(Includes 9 Driver Licenses)

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Thomas E or Nancy A Rock
Owner/Agent Address: 112 S. 4th ST Po Box 382
City, State, Zip: Delavan WI, 53115
Phone: 262-728-0490

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO
If Yes, please state where: Delavan WI, Lake Geneva WI
2. Have you ever had a license revoked? YES NO
If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 4

Vehicle #1		
<u>2005 Dodge</u>	<u>Dodge Van</u>	<u>2005</u>
Make	Model	Year
<u>Driver + 6</u>	<u>Rock N</u>	
Capacity	License Plate No.	
<u>1D4GP 24 R65 B 407074</u>		
VIN	Certificate of Title No.	

Vehicle #2		
<u>Dodge</u>	<u>Van</u>	<u>2007</u>
Make	Model	Year
<u>Driver + 6</u>	<u>996 LK4</u>	
Capacity	License Plate No.	
<u>2D4G P 44L 07 R222157</u>		
VIN	Certificate of Title No.	

Vehicle #3		
<u>Ford</u>	<u>Van</u>	<u>2009</u>
Make	Model	Year

Dover + 12	190 BWR
Capacity	License Plate No.
1FBNE31LSSDA54308	
VIN	Certificate of Title No.

APPLICANT SIGNATURE

Thomas E. Hall

DATE: 05/09/13

For Office Use Only

Date Filed: <u>5-23-13</u>	Police Chief
Receipt No: <u>C130523-7</u>	Recommendation: <u><i>[Signature]</i></u>
Total Amount: <u>\$125.00</u>	<u>Approved</u> Denied
Forwarded to Police Chief: <u>5-28-13</u>	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	
FLR Approval: _____	License Date: _____
Council Approval: _____	License Number: _____

Vehicle #4
 Choys. van 2012
 Driver + 6 897 ACT
 2C4RC1C G7CR 124628

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

N&T Enterprises Inc / Thomas E or Nancy A Rod
 Vehicle Owner/Agent Name

1D4GP24R65B407074 Fleet # 5

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
2005	Dodge	van	silver	259592	ROCKN
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
Hunters Service			Thomas Purcell		728-5788
Address			City	State	Zip Code
235 S. 7th St			Delavan	WI	53115

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Date - Inspection

5-8-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

NET Enterprises Inc / Thomas E or Nancy A Root
 Vehicle Owner/Agent Name

1FBNE31L59DA54308 Fleet #15

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
<i>2009</i>	<i>Ford</i>	<i>Van</i>	<i>Silver</i>	<i>91588</i>	<i>190BWR</i>
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
<i>Hunters Service</i>			<i>Thomas Purcell</i>		<i>728-5788</i>
Address			City	State	Zip Code
<i>235 S. 7th St</i>			<i>Delavan</i>	<i>W.</i>	<i>53115</i>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Date - Inspection

5-8-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

NAT Enterprises Inc, Thomas E or Nancy A RodC
 Vehicle Owner/Agent Name

2012 CHRYSLER 124628 Fleet #12

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
2012	Chrys	van	BLK	15817	897ACT
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
Hunters Service			Thomas Purcell		728-5788
Address			City	State	Zip Code
235 S. 7th St			Delavan	WI	53115

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Date - Inspection

5-8-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

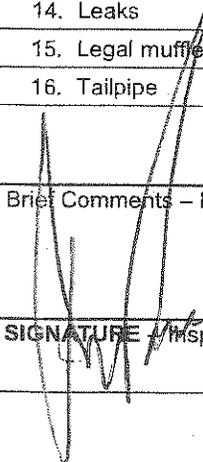
N+T Enterprises Inc / Thomas E + Nancy A Rock
 Vehicle Owner/Agent Name

2007 Dodge Van		Fleet #7	
Vehicle - Year	Make	Model	Color
2007	Dodge	Van	Silver
Name - Inspecting Company or Agency		Name - Inspector	
Hunters Service		Thomas Purcell	
Address		City	State
235 S. 7th St		DeLavan	WI
		Zip Code	53115
		Telephone Number	728-5788
		License Plate Number	
		996 LK4	

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE / Inspector	Date - Inspection
	5-8-13

CITY OF LAKE GENEVA TAXI COMPANY LICENSE APPLICATION



Please Check:

- Original Application
- Renewal of Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR. FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

- Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.
- Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.
- Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.

BUSINESS INFORMATION

Business Name: AL LAKE GENEVA LIMOUSINE & TAXI

Bus. Address (Physical): 612 CRAWFORD ST.

Mailing Address (if different): _____

City, State, Zip: LAKE GENEVA, WI 53147

Bus. Phone: 262-248-2619 Fax: _____

E-Mail: vitor@wi.net.com

Name of Liability Carrier: ZURICH

Policy Number: BAD 4559 389-00

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: VITO GIERON

Owner/Agent Address: 610 CRAWFORD ST.

City, State, Zip: JAKE GENEVA, WI 53147

Phone: 262-248-2619

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO

If Yes, please state where: JAKE GENEVA, WI

2. Have you ever had a license revoked? YES NO

If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 2

Vehicle #1		
Make	Model	Year
<u>LINCOLN</u>	<u>TC LIMO</u>	<u>1997</u>
Capacity	License Plate No.	
<u>9</u>	<u>VFG</u>	
VIN <u>1LNLM81W3VY737443</u> Certificate of Title No. <u>05229N60022</u>		

Vehicle #2		
Make	Model	Year
<u>LINCOLN</u>	<u>TOWN CAR</u>	<u>2003</u>
Capacity	License Plate No.	
<u>5</u>	<u>VFG 1</u>	
VIN <u>1LN4M81W43Y635796</u> Certificate of Title No. <u>12069N5014-6</u>		

Vehicle #3		
Make	Model	Year

Capacity	License Plate No.
VIN	Certificate of Title No.

APPLICANT SIGNATURE

V. L. F. GASH DATE: 5-28-13

For Office Use Only

Date Filed: <u>5-29-13</u>	Police Chief
Receipt No: <u>C130529-10</u>	Recommendation: <u>Approved</u> ←
Total Amount: <u>75.00</u>	Approved Denied
Forwarded to Police Chief: _____	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	License Date: _____
FLR Approval: _____	License Number: _____
Council Approval: _____	

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/14/2013

PRODUCER (262) 720-2682
LONZE & ASSOCIATES
125 N 2ND ST
PO BOX 548

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

DELAVAN WI 53115-

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A: SWETT INSURANCE

A-1 LEMOUSINE
515 PRAIRIEVIEW RD

INSURER B:

INSURER C:

WILLIAMS BAY WI 53191-

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
			GENERAL LIABILITY		/ /	/ /	EACH OCCURRENCE \$
			COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (EA occurrence) \$
			CLAIMS MADE <input type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$
			GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY \$
			POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE \$
					/ /	/ /	PRODUCTS - COMP/OP AGG \$
A			AUTOMOBILE LIABILITY	BAP 4559309-00	02/17/2013	02/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000
			ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
			ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
			<input checked="" type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
			HIRED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
			NON-OWNED AUTOS		/ /	/ /	OTHER THAN AUTO ONLY: EA ACC AGG \$
			GARAGE LIABILITY		/ /	/ /	EACH OCCURRENCE \$
			ANY AUTO		/ /	/ /	AGGREGATE \$
			EXCESS/UMBRELLA LIABILITY		/ /	/ /	\$
			OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>		/ /	/ /	\$
			DEDUCTIBLE		/ /	/ /	\$
			RETENTION \$		/ /	/ /	\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT \$
			If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
			OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

() - (262) 248-0876
CITY OF LAKE GENEVA
P O BOX 340
LAKE GENEVA WI 53147-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

Barbara Lonze

ACORD 25 (2001/08)

INS025 (10/08).03

ELECTRONIC LASER FORMS, INC. - (800)327-0545

ACORD CORPORATION 1988



ZURICH

COMMERCIAL INSURANCE

COMMON POLICY DECLARATIONS

Policy Number BAP 4559389-00

Renewal of Number NEW

Named Insured and Mailing Address

VITO GIERON
DEA: A-1 LIMOUSINE
612 CRAWFORD ST
LAKE GENEVA WI 53147

Producer and Mailing Address

SWETT & CRAWFORD CORP
920 2ND AVE S INTERNATIONAL
CENTRE
MINNEAPOLIS MN 55402-3318

Producer Code 49783-000

Policy Period: Coverage begins 02-17-2013 at 12:01 A.M.; Coverage ends 02-17-2014 at 12:01 A.M.

The name insured is Individual Partnership Corporation
 Other:

This insurance is provided by one or more of the stock insurance companies which are members of the Zurich-American Insurance Group. The company or companies providing this insurance may be designated on each Coverage Part Common Declarations. The address of the companies of the Zurich-American Insurance Group are provided on the policy as "The Company", we, us, or our.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE(S):

BUSINESS AUTOMOBILE PREMIUM \$ 1,37
issued by AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS PREMIUM MAY BE SUBJECT TO AUDIT.

TOTAL \$ 1,37

This premium does not include Taxes and Surcharges.

Taxes and Surcharges

TOTAL \$

The Form(s) and Endorsement(s) made a part of this policy at the time of issue are listed on the SCHEDULE FORMS and ENDORSEMENTS.

Countersigned this day of

Douglas A. Falls
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vito GIBON DBA A-1 HOMEWORK & TAXI
 Vehicle Owner/Agent Name

Vehicle - Year	1997	Make	LINCOLN	Model	TOWN CAR LIMO	Color	WHITE	Odometer Reading	163658	License Plate Number	VFG
Name - Inspecting Company or Agency						Name - Inspector			Telephone Number		
Perez Auto LLC.						Isidro Perez			262-745-3724		
Address						City		State		Zip Code	
W3297 Park Dr.						Lake Geneva		Wi.		53147	

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector	Date - Inspection
	5/23/13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name VITO GIERON DBA A-1 LIMOUSINE & TAXI

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
2003	LINCOLN	TOWN CAR	GOLD		VFG 1
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
Perez Auto LLC			Isidro Perez		262-745-3724
Address			City	State	Zip Code
W3297 Park Dr.			LAKE GENEVA	WI	53147

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector	Date - Inspection
<i>Isidro Perez</i>	5/23/13

CITY OF LAKE GENEVA

TAXI COMPANY LICENSE APPLICATION

Please Check:

Original
Application

Renewal of
Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS
INCOMPLETE APPLICATIONS WILL BE REJECTED.
ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR.
FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH
ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.

Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.

Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

**ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED
DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.**

BUSINESS INFORMATION

Business Name: Senior Cab

Bus. Address (Physical): W3099 Krueger Rd,

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Bus. Phone: 262-949-8294 Fax: _____

E-Mail: larry.sygielski@sch.net

Name of Liability Carrier: Diversified Insurance Services

Policy Number: BAP 947 1108 - 02

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Larry Rycielski
Owner/Agent Address: W. 3099 Krueger Rd
City, State, Zip: Lake Geneva, WI 53147
Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO
If Yes, please state where: Lake Geneva since 2004
2. Have you ever had a license revoked? YES NO
If Yes, please explain: AWI, Welworth Co, 20 yrs ago.

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: _____

Vehicle #1		
<u>Chevrolet</u>	<u>Astec Van</u>	<u>1997</u>
Make	Model	Year
<u>7</u>	<u>338GTA</u>	
Capacity	License Plate No.	
<u>1GN DM19W5VB 171445</u>	<u>07096N20109-</u>	
VIN	Certificate of Title No.	

Vehicle #2		
<u>Ford</u>	<u>Econoline</u>	<u>1996</u>
Make	Model	Year
<u>14</u>	<u>696 JEG</u>	
Capacity	License Plate No.	
<u>1FBJ S31 H2THA97779</u>	<u>08108N20016-</u>	
VIN	Certificate of Title No.	

Vehicle #3		
<u>Dodge</u>	<u>Caravan</u>	<u>2003</u>
Make	Model	Year

Capacity	7	License Plate No.	908NTM
VIN	1D4GP24333B210517	Certificate of Title No.	083310557028-4

APPLICANT SIGNATURE

Larry Ryzak DATE: 5/30/13

For Office Use Only

Date Filed:	<u>5-31-13</u>	Police Chief	<u>[Signature]</u>
Receipt No:	<u>C130531-19</u>	Recommendation:	<u>Approved</u> Denied
Total Amount:	<u>150.00</u>	City Attorney Approval of Liability Insurance:	_____
Forwarded to Police Chief:	<u>6-3-13</u>	License Date:	_____
Forwarded to City Attorney:	_____	License Number:	_____
FLR Approval:	_____		
Council Approval:	_____		

Vehicle #4

Make	<u>Buick</u>	Model	<u>Skyhawk</u>	Year	<u>1997</u>
Capacity	<u>5</u>	License Plate No.	<u>314RUD</u>		
VIN	<u>1G4NTJ52M5VC455475</u>		Certificate of Title No. <u>10193N4026-2</u>		

Vehicle #5

Make	<u>Dodge</u>	Model	<u>Ram 3500</u>	Year	<u>1997</u>
Capacity	<u>14</u>	License Plate No.	<u>780HTC</u>		
VIN	<u>2B5WB35Z1VK560315</u>		Certificate of Title No. <u>11137DF85001-5</u>		

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name
Senior Cabs.

Vehicle - Year <i>03</i>	Make <i>Grand Cherokee</i>	Model	Color <i>S.TUCA</i>	Odometer Reading <i>226119</i>	License Plate Number <i>908-NJM</i>
Name - Inspecting Company or Agency MILLARD'S AUTOMOTIVE SERVICE, INC			Name - Inspector <i>Keith.</i>		Telephone Number <i>248-1644</i>
Address N3314 County Road H North Lake Geneva, WI 53147			City	State	Zip Code

VEHICLE INSPECTION CHECKLIST							
Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input type="checkbox"/>	<input type="checkbox"/>		
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Modifications <i>N</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input type="checkbox"/>	<input type="checkbox"/>		
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT			Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR			Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments -- Refer to Item Number

SIGNATURE - Inspector *Paul Miller* Date - Inspection *3-30-13*

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name
Senior Clubs

Vehicle - Year <i>97</i>	Make <i>Chev.</i>	Model <i>Astro Van</i>	Color <i>White</i>	Odometer Reading <i>19,056</i>	License Plate Number <i>338 GTA</i>
Name - Inspecting Company or Agency			Name - Inspector <i>Keith M. Howard</i>		Telephone Number <i>262-248-1844</i>
Address MILLARD'S AUTOMOTIVE SERVICE, INC N3314 County Road H North			City	State	Zip Code

VEHICLE INSPECTION *Geneva, IL 60134*

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers <i>struts</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input type="checkbox"/> <i>none</i>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>new</i>
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>new</i>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>new</i>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>new</i>

Brief Comments - Refer to Item Number

Keith M. Howard

SIGNATURE - Inspector *gm* Date - Inspection *5-6-13*

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Supplier/Agent Name: **MILLARD'S AUTOMOTIVE SERVICE, INC**
N3314 County Road H North
Lake Geneva, WI 53147

Senior Class

Vehicle - Year 3-96	Make Ford	Model F150	Color W.	Odometer Reading 169043	License Plate Number 696 JEG
Name - Inspecting Company or Agency			Name - Inspector Keith		Telephone Number 248-1844
Address MILLARD'S AUTOMOTIVE SERVICE, INC N3314 County Road H North Lake Geneva, WI 53147			City	State	Zip Code 53147

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications <i>No. mod.</i>	<input type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth <i>Foin</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth <i>Foin</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

[Signature]

SIGNATURE - Inspector

Date - Inspection
5-10-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name MILLARD'S AUTOMOTIVE SERVICE, INC <i>Senior Cabs</i>					
N3314 County Road H North Lake Geneva, WI 53147					
Vehicle - Year <i>97</i>	Make <i>Podge</i>	Model <i>Ram</i>	Color <i>White</i>	Odometer Reading <i>70183</i>	License Plate Number <i>780 BTC</i>
Name - Inspecting Company or Agency MILLARD'S AUTOMOTIVE SERVICE, INC			Name - Inspector <i>Keith</i>		Telephone Number <i>248-1844</i>
Address N3314 County Road H North Lake Geneva, WI 53147			City	State	Zip Code

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input type="checkbox"/>	<input type="checkbox"/>		
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input type="checkbox"/>	<input type="checkbox"/>		
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector <i>Keith Millard</i>	Date - Inspection <i>5-17-13</i>
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VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name
Senior Clubs

Vehicle - Year <u>97</u>	Make <u>Buick</u>	Model <u>Skyline</u>	Color	Odometer Reading	License Plate Number
-----------------------------	----------------------	-------------------------	-------	------------------	----------------------

Name - Inspecting Company or Agency	Name - Inspector <u>Feith</u>	Telephone Number <u>248-1844</u>
-------------------------------------	----------------------------------	-------------------------------------

Address <u>WILLARD'S AUTOMOTIVE SERVICE, INC N3314 County Road H North</u>	City	State	Zip Code <u>53147</u>
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VEHICLE INSPECTION REPORT

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications <u>M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input type="checkbox"/>	<input type="checkbox"/>
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT		
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<u>FAIR</u>	<input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<u>FAIR</u>	<input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<u>FAIR</u>	<input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR		
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<u>FAIR</u>	<input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt
			33. Matching	<u>FAIR</u>	<input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt
			34. Condition	<u>FAIR</u>	<input checked="" type="checkbox"/> Lt <input checked="" type="checkbox"/> Rt

Brief Comments - Refer to Item Number

SIGNATURE - Inspector <u>A. Meier</u>	Date - Inspection
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SENICAB-01 CCOFFEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/29/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Diversified Insurance Solutions 100 N Corporate Drive, Ste 100 Brookfield, WI 53045	CONTACT NAME: Christine C. Coffey
	PHONE (A/C. No. Ext): (262) 439-4700 4719
	FAX (A/C. No.): (262) 439-4899
	E-MAIL ADDRESS: ccoffey@div-ins.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Cincinnati Indemnity Company
	INSURER B : Zurich-American Insurance Company
	INSURER C : Middlesex Insurance Company
	INSURER D :
	INSURER E :
	INSURER F :

INSURED

 Senior Cab Plus LLC
 W3099 Krueger Road
 Lake Geneva, WI 53147

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ENP 0010272 (2ND OF 3 YR)	2/2/2013	2/2/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP9471108-02	8/13/2012	8/13/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	89343100100121	8/4/2012	8/4/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 10 Day Notice of Cancellation for Non Payment of Premium						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 10 Day Notice of Cancellation for Non Payment of Premium

CERTIFICATE HOLDER City of Lake Geneva 626 Geneva Street Lake Geneva, WI 53147	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Christine Coffey</i>
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CITY OF LAKE GENEVA TAXI COMPANY LICENSE APPLICATION

Please Check:

- Original Application
- Renewal of Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR. FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

- Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.
- Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.
- Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.

BUSINESS INFORMATION

Business Name: Yellow Cab of Walworth

Bus. Address (Physical): 312 S 7th ST #5

Mailing Address (if different): Delavan WI 53115

City, State, Zip: Delavan WI

Bus. Phone: 262 378 9177 Fax: 1877 481 6388

E-Mail: Hailey Transport LLC

Name of Liability Carrier: 40134 / CASTLEPOINT National INSP

Policy Number: 40134

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: GURMIT KAUR
Owner/Agent Address: 420 BETZER Rd #3
City, State, Zip: Delavan WI 53115
Phone: 262 378 9177

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO
If Yes, please state where: WI
2. Have you ever had a license revoked? YES NO
If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 3

Vehicle #1		
Make	Model	Year
<u>FORD</u>	<u>E350</u>	<u>2005</u>
Capacity	License Plate No.	
<u>12</u>	<u>882-RMR</u>	
VIN <u>1FTSS34L15HB43072</u>	Certificate of Title No. <u>40134</u>	

Vehicle #2		
Make	Model	Year
<u>Chrysler</u>	<u>Town and country</u>	2005 <u>2001</u>
Capacity	License Plate No.	
<u>7</u>	<u>122-TJA</u>	
VIN <u>2C8GP54L31R118125</u>	Certificate of Title No. <u>48134</u>	

Vehicle #3		
Make	Model	Year
<u>Chrysler</u>	<u>Town and country</u>	<u>2005</u>

Capacity	12 Pass - 7 Pass	License Plate No.	981 UJH
VIN	2C4GP45R75B369616	Certificate of Title No.	40134

APPLICANT SIGNATURE

[Signature] DATE: 5/29/2013

For Office Use Only

Date Filed: <u>5-30-13</u>	Police Chief
Receipt No: <u>C130520-13-20</u>	Recommendation: <u>[Signature]</u>
Total Amount: <u>100.00</u>	<input checked="" type="radio"/> Approved <input type="radio"/> Denied
Forwarded to Police Chief: <u>6-3-13</u>	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	
FLR Approval: _____	License Date: _____
Council Approval: _____	License Number: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Khalsa Insurance Agency, Inc. 3750 McKee Road, Suite A San Jose, CA 95127		CONTACT NAME: HARJOT KHALSA PHONE (A/C No. Excl): 408-272-2500 E-MAIL ADDRESS: harjot@khalsainsurance.com FAX (A/C No.): 408-272-2670	
INSURED HAILEY TRANSPORT, LLC. DBA: YELLOW CAB OF WALWORTH 312 SOUTH 7TH STREET DELAVAN WI 53115		INSURER(S) AFFORDING COVERAGE INSURER A: CASTLEPOINT NATIONAL INSURANCE COM NAIC # 40134 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

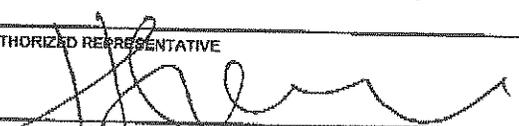
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	BAPBZ0141813	5/27/2013	5/27/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Par person) \$ 100,000 BODILY INJURY (Par accident) \$ 300,000 PROPERTY DAMAGE (Par accident) \$ 50,000 UM/UMIM \$ 100000/300000 EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INSURED VEHICLE VIN#1FTSS34L15HB43072/2005/FORD/E 350
INSURED VEHICLE VIN#2C8GP54L31R118125/2001/CHRYSLER
INSURED VEHICLE VIN#1C4GP45R75B368616/2005/CHRYSLER

CERTIFICATE HOLDER THE CITY OF WALLWORTH PO BOX 1001 ELKHORN, WI 53121	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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WISCONSIN
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
40134

COMPANY



COMMERCIAL



PERSONAL

CASTLEPOINT NATIONAL INSURANCE COMPANY

POLICY NUMBER
BAPBZ0141813

EFFECTIVE DATE
05/27/2013

EXPIRATION DATE
05/27/2014

YEAR

MAKE/MODEL

2005

CHRYSLER

TOWN

VEHICLE IDENTIFICATION NUMBER

2C4GP45R75B368616

AGENCY/COMPANY ISSUING CARD
Khalsa Insurance Agency, Inc.
3750 McKee Road, Suite A
San Jose, CA 95127

INSURED

HAILEY TRANSPORT LLC
DBA: YELLOW CAB OF WALLWORTH
312 SOUTH 7TH STREET
DELANAV

WI

53115

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

WISCONSIN

(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

40134

COMPANY

CASTLEPOINT NATIONAL INSURANCE COMPANY



COMMERCIAL



PERSONAL

POLICY NUMBER

BAPBZ0141813

EFFECTIVE DATE

05/27/2013

EXPIRATION DATE

05/27/2014

YEAR

2005

MAKE/MODEL

FORD

E 350

VEHICLE IDENTIFICATION NUMBER

1FTSS34L15HB43072

AGENCY/COMPANY ISSUING CARD

Khalsa Insurance Agency, Inc.
3750 McKee Road, Suite A
San Jose, CA 95127

INSURED

HAILEY TRANSPORT LLC
DBA: YELLOW CAB OF WALLWORTH
312 SOUTH 7TH STREET
DELAN

WI 53115

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

WISCONSIN
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
40134

COMPANY



COMMERCIAL



PERSONAL

CASTLEPOINT NATIONAL INSURANCE COMPANY

POLICY NUMBER
BAPBZ0141813

EFFECTIVE DATE
05/27/2013

EXPIRATION DATE
05/27/2014

YEAR

MAKE/MODEL

2001

CHRYSLER TOWN

VEHICLE IDENTIFICATION NUMBER

2C8GP54L31R118125

AGENCY/COMPANY ISSUING CARD

Khalsa Insurance Agency, Inc.
3750 McKee Road, Suite A
San Jose, CA 95127

INSURED

HAILEY TRANSPORT LLC
DBA: YELLOW CAB OF WALLWORTH
312 SOUTH 7TH STREET
DELAVAN

WI 53115

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

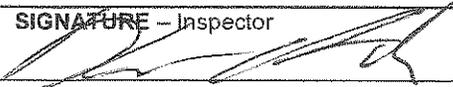
Vehicle Owner/Agent Name
Yellow cab of walworth GURMIT KAUR

Vehicle - Year <u>2001</u>	Make <u>Chrysler</u>	Model <u>Tan + Country</u>	Color <u>White</u>	Odometer Reading <u>114954</u>	License Plate Number <u>122-75A</u>
Name - Inspecting Company or Agency <u>Korey's Auto Care LLC</u>			Name - Inspector <u>Korey Kechin</u>		Telephone Number <u>262-728-2886</u>
Address <u>416 S 7th St</u>			City <u>Delavan</u>	State <u>WI</u>	Zip Code <u>53115</u>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector  Date - Inspection 5-29-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

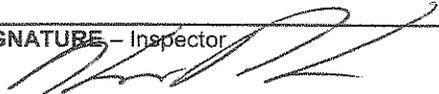
Vehicle Owner/Agent Name
Yellow cab of Walworth GURMIT KAUR

Vehicle - Year 2005	Make Chrysler	Model Krant Country	Color Silver	Odometer Reading 88477	License Plate Number 981-4JH
Name - Inspecting Company or Agency Korey's Auto Care LLC			Name - Inspector Korey Kuchta		Telephone Number 262-728-2886
Address 416 S 7th St			City Delavan	State WI	Zip Code 53115

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector  Date - Inspection 5-29-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name
Yellow Cab of Walworth GURMIT KAUR

Vehicle - Year <u>2005</u>	Make <u>Ford</u>	Model <u>E350</u>	Color <u>Blue</u>	Odometer Reading <u>104978</u>	License Plate Number <u>882-KMR</u>
Name - Inspecting Company or Agency <u>Korey's Auto Care</u>			Name - Inspector <u>Korey Kuchta</u>		Telephone Number <u>262-728-2886</u>
Address <u>416 S 7th St</u>			City <u>Delavan</u>	State <u>WI</u>	Zip Code <u>53115</u>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector 	Date - Inspection <u>5-29-13</u>
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CITY OF LAKE GENEVA

TAXI COMPANY LICENSE APPLICATION

Please Check:

Original
Application

Renewal of
Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS
INCOMPLETE APPLICATIONS WILL BE REJECTED.
ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR.
FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH
ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.

Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.

Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

**ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED
DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.**

BUSINESS INFORMATION

Business Name: ALL-STAR CAB

Bus. Address (Physical): W1044 Evergreen

Mailing Address (if different): PO. Box 3916

City, State, Zip: Pell Lake, WI 53157

Bus. Phone: 262-960-9787 Fax: _____

E-Mail: poison1954@yahoo.com

Name of Liability Carrier: Diversified Ins. Service

Policy Number: BAP9471195-00

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: _____

Owner/Agent Address: _____

City, State, Zip: _____

Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO

If Yes, please state where: Lake Geneva, _____

2. Have you ever had a license revoked? YES NO

If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: _____

Vehicle #1		
<u>Ford Econoline</u>	<u>E350</u>	<u>1993</u>
Make	Model	Year
<u>15 pass.</u>	<u>488-TZS</u>	
Capacity	License Plate No.	
<u>1FBJS31H3PHB56652</u>	<u>12129DJ42007-8</u>	
VIN	Certificate of Title No.	

Vehicle #2		
<u>Ford Club Wagon</u>	<u>E350</u>	<u>1994</u>
Make	Model	Year
<u>15 pass.</u>	<u>370-TVT</u>	
Capacity	License Plate No.	
<u>1FBJS31HIRHA44533</u>	<u>12209N3002-9</u>	
VIN	Certificate of Title No.	

Vehicle #3		
<u>Ford Econoline</u>	<u>150</u>	<u>1996</u>
Make	Model	Year

Capacity	7 pass.	License Plate No.	HV2-333
VIN	1FDEE14Y3THB08353	Certificate of Title No.	11168N3009-1

APPLICANT SIGNATURE

Richard C. Shipp Sr.

DATE: 5-19-13

For Office Use Only

Date Filed: 5-21-13	Police Chief
Receipt No: C130521-2	Recommendation: <i>[Signature]</i>
Total Amount: \$100.00	Approved <input checked="" type="radio"/> Denied <input type="radio"/>
Forwarded to Police Chief: 5-21-13	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	License Date: _____
FLR Approval: _____	License Number: _____
Council Approval: _____	

5-28-13:

Added Vehicle #4

2005 Chevy Malibu

Capacity: 5 (4 passengers)

License Plate: 971-CDY

VIN: 1G12552FX5F320441

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

All Star cab
 Vehicle Owner/Agent Name

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
05	Chevrolet	Malibu	S:1	91323	971-CDY
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
SCOTT'S			Michael J. Kaminski		(262)279-3710
Address			City	State	Zip Code
N1238 Park Rd			Pell Lake	WI	53157

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector Michael J. Kaminski Date - Inspection 05-24-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

All Star Cab of Lake Geneva
 Vehicle Owner/Agent Name

262-960-9787

Vehicle - Year <u>93</u>	Make <u>Ford</u>	Model <u>E350</u>	Color <u>Wht</u>	Odometer Reading <u>131436.4</u>	License Plate Number <u>488-TZS</u>
Name - Inspecting Company or Agency <u>SCOTTY'S</u>			Name - Inspector <u>Michael J. Kaminski</u>		Telephone Number <u>262-279-3710</u>
Address <u>N1238</u>			City <u>Pell Lake</u>	State <u>WI</u>	Zip Code <u>53157</u>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector 	Date - Inspection <u>05-11-13</u>
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VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name All Star Cab of Lake Geneva

Vehicle - Year	1994	Make	Ford	Model	van	Color	blu	Odometer Reading	49973.8	License Plate Number	370-TVT
Name - Inspecting Company or Agency				Name - Inspector				Telephone Number			
SCOTTY'S				Michael J. Kaminski				262-960-9782			
Address				City		State		Zip Code			
N1238 Park Rd				Pell Lake		WI		53157			

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector	Date - Inspection
<i>Michael J. Kaminski</i>	05-11-13

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

All Star Cab of Lake Geneva
 Vehicle Owner/Agent Name
262-960-9787

Vehicle - Year <u>1996</u>	Make <u>Ford</u>	Model <u>E150 Van</u>	Color <u>Whit</u>	Odometer Reading <u>136927.5</u>	License Plate Number
Name - Inspecting Company or Agency <u>SCOTT'S</u>			Name - Inspector <u>Michael J. Kaminski</u>		Telephone Number <u>(262) 279-3710</u>
Address <u>W1238 Park Rd</u>			City <u>Pell Lake</u>	State <u>WI</u>	Zip Code <u>53157</u>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments -- Refer to Item Number

SIGNATURE - Inspector Michael J. Kaminski Date - Inspection 05-16-13



CERTIFICATE OF LIABILITY INSURANCE

RICHSKI-01

CCOFFEY

DATE (MM/DD/YYYY)

5/24/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Diversified Insurance Solutions 100 N Corporate Drive, Ste 100 Brookfield, WI 53045	CONTACT NAME: Christine C. Coffey PHONE (A/C, No, Ext): (262) 439-4700 4719 FAX (A/C, No): (262) 439-4899 E-MAIL ADDRESS: ccoffey@div-ins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Richard Skipper W1044 Evergreen Pell Lake, WI 53157	INSURER A: Zurich-American Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP9471195-01	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 1993 Ford E350 1FBJS3183PH8556652
 1996 Ford Equinox 1FDEE14Y3THB08353
 1994 Ford 15 Passenger Van 1FBJS31H1RHA44533

EFFECTIVE ADD: 2005 CHEV MALIBU 1G1ZS52FX5F320441
 Policy provides for a 10 day notice of cancellation for non payment of premium and a 60 day notice for non renewal.

CERTIFICATE HOLDER City of Lake Geneva Attn: Clerks Office 626 Geneva Street Lake Geneva, WI 53147	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

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CITY OF LAKE GENEVA

TAXI COMPANY LICENSE APPLICATION

Please Check:

- Original Application
- Renewal of Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR. FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

- Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.
- Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.
- Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.

BUSINESS INFORMATION

Business Name: KANGAROO TO THE RESCUE

Bus. Address (Physical): 302 EAST STREET

Mailing Address (if different): LAKE GENEVA, WI.

City, State, Zip: LAKE GENEVA, WI. 53147

Bus. Phone: 262-215-2187 Fax: _____

E-Mail: _____

Name of Liability Carrier: GATEWAY INSURANCE COMPANY

Policy Number: CAP628941201

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Jeremiah X. MONTAGUE
Owner/Agent Address: 302 EAST Street
City, State, Zip: LAKE GEORGE, WI, 53147
Phone: 262-215-2187

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO
If Yes, please state where: LAKE GEORGE, WI.
2. Have you ever had a license revoked? YES NO
If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 1

Vehicle #1		
<u>BUICK</u>	<u>Century</u>	<u>1996</u>
Make	Model	Year
<u>6</u>	<u>815-UNV</u>	
Capacity	License Plate No.	
<u>1G4AG55M2164D7419</u>	<u>12129N3013-6</u>	
VIN	Certificate of Title No.	

Vehicle #2		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #3		
Make	Model	Year

Capacity <u>6</u>	License Plate No. <u>815-UNV</u>
VIN <u>1G4AG5SM2J6407419</u>	Certificate of Title No.

(P)

APPLICANT SIGNATURE

[Handwritten Signature]

DATE: 5/23/13

For Office Use Only

Date Filed: 6-3-13
 Receipt No: 1130603-9
 Total Amount: \$ 50.00
 Forwarded to Police Chief: 6-3-13
 Forwarded to City Attorney: _____
 FLR Approval: _____
 Council Approval: _____

Police Chief
 Recommendation: [Handwritten Signature]
 Approved Denied
 City Attorney Approval of Liability Insurance: _____
 License Date: _____
 License Number: _____

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Vehicle Owner/Agent Name
Jeremiah X. Montague
KANGAROO - To The Rescue - TAXI

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
<i>1996</i>	<i>Buick</i>	<i>Cambury</i>	<i>Blue</i>	<i>170,000</i>	<i>815-UNW</i>
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
<i>Arrow - Auto-Repair</i>			<i>Flies</i>		<i>262-248-2150</i>
Address			City	State	Zip Code
<i>700 Williams St.</i>			<i>Waukegan</i>	<i>WI.</i>	<i>53147</i>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input type="checkbox"/>	<input type="checkbox"/>
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth <i>Like New</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching <i>fronts/Rear do</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition <i>Like New</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching <i>yes</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments -- Refer to Item Number

SIGNATURE - Inspector
Fred Koenig

Date - Inspection
6-2-13

CITY OF LAKE GENEVA

CARRIAGE COMPANY LICENSE APPLICATION

Please Check:

Original
Application

Renewal of
Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS
INCOMPLETE APPLICATIONS WILL BE REJECTED.
ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR.
FEES OF \$50.00 FOR FIRST CARRIAGE AND \$25.00 FOR
EACH ADDITIONAL ARE DUE UPON APPLICATION.

BUSINESS INFORMATION

Business Name: Field Stone Farm Carriage & Pony LLC
Bus. Address (Physical): 800 MADISON ST, LAKE GENEVA, WI 53147
Mailing Address (if different): 6913 WOMACK LANE
City, State, Zip: Burlington WI 53105
Bus. Phone: 262 539-3620 Fax: _____
E-Mail: caroline@lakegenevahorsecarriage.com

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Caroline Ausman
Owner/Agent Address: 6913 WOMACK LANE
City, State, Zip: Burlington, WI 53105
Phone: 262 539-3620
Date of Birth: 09-18-64
Owner/Agent Drivers License #: A255-1106-4838-01 State: WI

CARRIAGE OPERATOR(S)

Operator Name: Caroline Ausman
Address: 6913 WOMACK LANE, Burlington WI 53105
Date of Birth: B 9-18-64
Drivers License #: A255-1106-4838-01 State: WI

**Attach information on any additional drivers on a separate page.

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you provided the City of Lake Geneva with proof of liability insurance?
 YES NO
2. Have you maintained the condition of all carriages in a clean and sanitary manner and are carriages in good repair and maintenance?
 YES NO
3. Are carriages equipped with operative brakes and a harness attachment so the horses cannot break away from harness of carriage?
 YES NO
4. Please list number of carriages to be operated in the City: 2
5. Have you provided route information for the review and approval of the Police Department?
 YES NO
6. Have you provided the City Clerk with a current veterinary certificate that the animal(s) pulling all carriages are in good health?
 YES NO
7. If this is a renewal, are there any changes to your carriage operation that the City should be aware of? If yes, please explain: NO

APPLICANT SIGNATURE

Caroline Krummer DATE: 5/31/13

For Office Use Only

Date Filed: 5-31-13
Receipt No: C130531-4
Total Amount: 75.00

Forwarded to Police Chief: 6-3-13
Recommendation: Approved Denied

FLR Approval: _____ License Issued: _____
Council Approval: _____ License Number: _____

Drivers List 2012

Field Stone Farm Carriage & Pony LLC

1. Jerry L. Snyder
1885 W. Dodge St.
Lake Geneva, WI 53147
5536-4326-5224
08-07-1965

2. Jordan Hurtgen
N6646 Hodunk Rd
Elkhorn, WI 53121
H632-4328-4766-02
07-26-1984

3. Margaret Kenast
30030 Arrow Dr.
Burlington, WI 53105
K523-5617-7886-02
10-26-1977

4. Samantha Piper
W7209 Hwy 12
Whitewater, WI 53190
P160 7819 4649 06
04-29-1994

5. Miranda Hanssen
W3540 State Rd 50 Lot 19
Lake Geneva, WI 53147
H525 5457 9969 06
12-29-1979



COURTESY COPY

Department of Agriculture, Trade and Consumer Protection
 Division of Animal Health
 P.O. Box 8911, Madison, WI 53708-8911
 Phone: 608-224-4872 Fax: 608-224-4871

**WISCONSIN INTRASTATE
 CERTIFICATE OF VETERINARY INSPECTION
 (Not for Cervid Movement)
 Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.**

PLEASE PRINT LEGIBLY

<p>HERD STATUS</p> <p>Check One: <input type="checkbox"/> Accredited TB Herd <input type="checkbox"/> Qualified TB Herd <input type="checkbox"/> Cervidae CWD Status <input type="checkbox"/> Brucellosis Certified Herd</p> <p>Herd Number: _____ Date: _____</p>	<p>RECONSIGNEE AT PUBLIC SALE</p> <p>Date: _____ Premises registration number: _____ Re-consignee name: _____ Re-consignee address: _____</p>	<p>SHIPMENT</p> <p>Date of shipment: <u>MAY 24, 2013</u> Number of animals in shipment: <u>3</u></p>
--	--	--

SPECIES: Cattle Horses Goats Cervidae Swine Poultry Sheep Other: _____

ORIGIN OF SHIPMENT: Farm Dealer Market / Name: _____

PURPOSE OF MOVEMENT: Breeding Feeding Sale Exhibition Other: CARRIAGES

<p>OWNER OR CONSIGNOR CAROLINE AUSMAN</p>	<p>PHONE NUMBER 762-539-3620</p>	<p>CONSIGNEE CITY OF LAKE GENEA</p>	<p>PHONE NUMBER ()</p>
<p>ORIGIN STREET ADDRESS HEDSDIN FARM 6913 WINDMACK LANE</p>	<p>PREMISES REGISTRATION NUMBER</p>	<p>DESTINATION STREET ADDRESS DOWNTOWN</p>	<p>PREMISES REGISTRATION NUMBER</p>
<p>ORIGIN CITY / STATE / ZIP BURLINGTON WI 53104</p>	<p>DESTINATION CITY / STATE / ZIP LAKE GENEA WI 53147</p>	<p>OWNER MAILING ADDRESS / CITY / STATE / ZIP (if different than above)</p>	

	OFFICIAL IDENTIFICATION USDA earlag, Registration number, Breed tattoo, RFID	LABORATORY <input type="checkbox"/> WVDL Madison <input type="checkbox"/> Barron <input type="checkbox"/> Other:				TUBERCULOSIS INDIVIDUAL ANIMAL TEST		BRUCELLOSIS TYPE OF TEST: _____		EIA TYPE OF TEST: _____		OTHER TEST TYPE OF TEST: _____	
		BREED	SEX	AGE	OCV TATTOO	DATE INJECTED	TEST RESULT	DATE BLED	TEST RESULT	DATE BLED	TEST RESULT	DATE BLED	TEST RESULT
1	CURLY (BLACK)	PERCH	G	8yr									
2	MADELINE (BAY)	PERCH X	F	18yr									
3	OSHIKOSH (GRAY)	QH/PERCH	F	20yr									
4													
5													
6													
7													
8													
9													
10													

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infections, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

<p>OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.</p>	<p>Accredited / Licensed Veterinarian Signature </p>	<p>Veterinarian's License Number NUN# 030996 WI# 5145</p>	<p>Phone Number 762-559-3620</p>	<p>Date Inspected 5/23/13</p>
<p>Owner / Agent Signature</p>	<p>Veterinarian's Printed Name L.R. SZALWA, DVM</p>	<p>Address 17622 BURLINGTON RD, UNION GROVE WI 53182</p>	<p>Date Certificate Issued 5/23/13</p>	

Personal information you provide may be used for purposes other than that for which it was originally collected - sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

New Business:

Park Ground Water Testing-Mr. Ted Peters explained that his agency would like to set two well points to determine water table conditions in Donian Park downstream from the lake. He said they wanted to verify that groundwater did contribute to White River flows. He also said they would like to also do some groundwater testing but that would not happen for at least a year. It was moved by Commissioner Kupsik and seconded by President Skates to approve the request to install the well points with the condition that the location be coordinated with DPW Winkler. The motion passed 8-0.

Beautification Committee Band Shell Discussion-Administrator Jordan was asked to discuss this item as Mr. Todd Krause of the Beautification Committee was not able to attend. He stated the Beautification Committee through Mr. Todd Krause was pursuing the possibility of an entertainment pavilion at Flat Iron Park. He and Mr. Winkler noted it would go in the same location as the existing concrete slab but octangular in shape and less elongated. Mr. Jordan said the idea is to have the stage a few feet off ground level. President Skates said he was originally opposed to anything in the park but the pavilion would be a nice addition as it didn't block views. The Jaycees met with Mr. Krause and at this point didn't think it would hurt their event. It was moved by Mayor Connors to continue and seconded by Commissioner Hartigan. The motion passed 8-0.

Public Works Items Discussion/Decisions -DPW discussed the various amenities around the skateboard park including trash cans and bleachers. Mr. Coolidge of the YMCA presented pricing for the batting cages and manual scoreboard at Veterans Park. It was moved by Alderman Kupsik to proceed with the concrete pads under the benches in the amount of \$1,296 as recommended by Public Works Committee along with \$200 for the two scoreboard posts and the \$995 for the manual scoreboard plus shipping, in a total amount not to exceed \$3,000 funded from park impact fees. The motion was seconded by Commissioner Hassler and passed 8-0.

President Skates stated that batting cages were a decade overdue and moved to proceed with the 2 Jugs Sports 55' long x 14' wide 119# weight batting cages in the amount of \$2,660 plus shipping. It was moved by Commissioner Quickel and seconded by Commissioner Hassler to recommend approval. Mayor Connors offered a friendly amendment for Mr. Coolidge to provide the City with the cost for the 190# strength netting as an option for the Council to consider at its June 24th meeting. With the friendly amendment approved the motion passed 8-0.

After discussion of the park amenities and Street Superintendent Carstensen's input that the trash receptacles needed to be heavy concrete, it was moved by Mayor Connors and seconded by Commissioner Hassler that the City purchase 4 heavy concrete trash receptacles similar to the ones we previously had in the downtown, funded through TIF for installation around the skateboard park. Pricing is to be provided to Council at the next meeting after pricing was obtained.

Other issues discussed included when the tennis court nets were going up and if we had done anything with painting of the Maple Park tennis court light poles. DPW Winkler would look into both.

Skateboard Park Maintenance Schedule-Alderman Kupsik said the item was covered in the previous discussion.

Parks Recycling Program Discussion -There was a long discussion on this item and no consensus as to how to proceed without budget for purchasing the containers and a concern for how staff would perform the task without overtime as well as park user contamination issues. John's Disposal was a collection possibility but it was believed the containers need to be emptied more than one or two times weekly. The DPW will contact John's Disposal inquiring of the cost for a recycling dumpster someplace in Library Park.

Agenda Item No. 1– North Broad Street Lighting Replacement.

City Attorney Draper explained to the PWC that he believed funding the lighting on Broad Street to the 1-1/2 mile distance outside of the TIF boundary is consistent with the TIF plan. After some discussion, it was moved by Ald. Kupsik and seconded by Ald. Hill to recommend to the Council that the lighting project go to bid with ornamental light fixtures and utilizing TIF#4 funding. Ald. Wall wished to see the businesses contribute to the project. The motion passed 3-1 with Wall opposed.

(This item needs to go the FLJ and Common Council for action).

Agenda Item No. 2- Dunn Field Restroom/Concession Building Architectural Design Update.

Chair Mott presented the two concepts and explained that Plan and Park Commissions approved the peaked roof concept. After further discussion it was moved by Ald. Kupsik and seconded by Ald. Hill to recommend to Council the peaked design and go out for bids. Included in the motion is to include bid alternates for seasonal heating and metal seam versus shingled roof. Also included in the project design per Plan Commission recommendation is a handicapped ramp and sidewalk from the parking space to the north of the building. The motion passed 4-0.

(This item needs to go the FLJ and Common Council for action).

Agenda Item No. 3– Main Street Storm Tunnel Discussion – Continued.

DPW Winkler and City Attorney Draper discussed the status of approvals with the Army Corps of Engineers and WDNR. Winkler reported that the DNR and ACOE accepted Crispell's analysis of the storm tunnel section to be replaced and not requiring the expensive computer river model. The DNR also provided direction that replacing the section of the tunnel and conducting other repairs will not require disconnection of the storm inlet leads. On that basis it was recommended to proceed with Phase II of the Crispell agreement not to exceed \$35,000 for plans, specifications, permitting and approvals and bidding. It was moved by Ald. Kupsik and seconded by Ald. Hill to recommend to the Council to proceed with Phase II not to exceed \$35,000. The motion passed 4-0.

(This item needs to go the FLJ and Common Council for action).

Agenda Item No. 4– Disc Golf Course RFP Park Commission Recommendation.

DPW Winkler explained the Park Commission accepted proposals from disc golf course designers and the "Watch It Bend" proposal on the old Hillmoor property was recommended by them for approval by the City. The discussion included funding which Mayor Connors explained could come from park fees or park impact fees. The cost was discussed as \$3,600 plus all signage, etc. would cost \$22,133 per the Watch It Bend estimate. Chair Mott noted the YMCA was strongly behind the effort. It was moved by Ald. Kupsik and seconded by Ald. Mott to recommend approval of Watch It Bend in the amount of \$3,600 for design and not to exceed \$22,133 for the required amenities. It was believed that they can find volunteer labor to do the installation. The motion passed 5-0.

(This item needs to go the FLJ and Common Council for action).

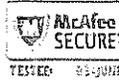
Agenda Item No. 5– Veterans Park – Cement in Bench Areas.

Chair Mott discussed the pictures and pricing for concrete pads around the two remaining softball field benches which do not have pavement around them. Concrete installation beneath the player benches was discussed to be \$1,296 with funding from Park Impact Fees. The reaction from the Committee was favorable. It was moved by Ald. Kupsik and seconded by Ald. Hougen to send the installation proposal to Park Commission for a recommendation using Humphrey Contracting under the downtown concrete contract in an amount not to exceed \$1,296. The motion passed 4-0 (Hill excused).

Motion to Adjourn:

Motion to adjourn was made by Ald. Wall and seconded by Ald. Hougen. The motion passed 4-0 and the meeting was adjourned at 6:15 PM.

Cc: Mayor Jim Connors/Dennis Jordan/Mike Hawes/Common Council Members not on Committee/File



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COUGAR BASEBALL										
	1	2	3	4	5	6	7	8	9	Total
Guest	1	0	0	2	0	0	2			5
Home	2	3	0	4	0	0	3			12

HN-3 Baseball-Softball Manual Scoreboard, 8'Wx4'H

This popular hang-the-number style scoreboard is a non-electronic, inning-by-inning style scoreboard. This Baseball/Softball Scoreboard comes with a complete set of 9" plastic hanging numbers and hooks, enough for a 9 or more inning game.

- Classic hang-the-number style scoreboard
- Comes with 9" plastic numbers (48 pieces) and hanging hooks
- Numbers are double sided, ex. 0 on one side, 1 on the other
- Numbers are from 0 to 9
- Keep score for 9+ innings
- Galvanized steel construction
- Baked powder coat finish
- Designed to mount on two 4 x 4 posts (not included) *PLC allowance*
- 1-year limited warranty
- 8' W x 4' H
- Shown with optional sponsor panel lettering, see below
- Extra set of numbers available, see below

Anthem Part# A91-163
 Retail Price: \$1,095.00
 Your Savings: \$99.05
 Your Price: \$995.95 *↙*

Choose Options and Quantity

Background Color

Lettering & Trim Color

Quantity

[Contact us with a question about this product](#)

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We Accept



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Coach's Picks

	1	2	3	4	5	6	7	8
Guest	1	0	0	2	0	0	2	
Home	2	3	0	4	0	0	3	

COUGAR BASEBALL
 Sportable Scoreboard
 Sponsor Panel Lettering
 Options

Set of Numbers for
 \$225.95 \$250.00
 A 911-490 A 91-148

New Business:

Park Ground Water Testing-Mr. Ted Peters explained that his agency would like to set two well points to determine water table conditions in Donian Park downstream from the lake. He said they wanted to verify that groundwater did contribute to White River flows. He also said they would like to also do some groundwater testing but that would not happen for at least a year. It was moved by Commissioner Kupsik and seconded by President Skates to approve the request to install the well points with the condition that the location be coordinated with DPW Winkler. The motion passed 8-0.

Beautification Committee Band Shell Discussion-Administrator Jordan was asked to discuss this item as Mr. Todd Krause of the Beautification Committee was not able to attend. He stated the Beautification Committee through Mr. Todd Krause was pursuing the possibility of an entertainment pavilion at Flat Iron Park. He and Mr. Winkler noted it would go in the same location as the existing concrete slab but octangular in shape and less elongated. Mr. Jordan said the idea is to have the stage a few feet off ground level. President Skates said he was originally opposed to anything in the park but the pavilion would be a nice addition as it didn't block views. The Jaycees met with Mr. Krause and at this point didn't think it would hurt their event. It was moved by Mayor Connors to continue and seconded by Commissioner Hartigan. The motion passed 8-0.

Public Works Items Discussion/Decisions -DPW discussed the various amenities around the skateboard park including trash cans and bleachers. Mr. Coolidge of the YMCA presented pricing for the batting cages and manual scoreboard at Veterans Park. It was moved by Alderman Kupsik to proceed with the concrete pads under the benches in the amount of \$1,296 as recommended by Public Works Committee along with \$200 for the two scoreboard posts and the \$995 for the manual scoreboard plus shipping, in a total amount not to exceed \$3,000 funded from park impact fees. The motion was seconded by Commissioner Hassler and passed 8-0.

President Skates stated that batting cages were a decade overdue and moved to proceed with the 2 Jugs Sports 55' long x 14' wide 119# weight batting cages in the amount of \$2,660 plus shipping. It was moved by Commissioner Quickel and seconded by Commissioner Hassler to recommend approval. Mayor Connors offered a friendly amendment for Mr. Coolidge to provide the City with the cost for the 190# strength netting as an option for the Council to consider at its June 24th meeting. With the friendly amendment approved the motion passed 8-0.

After discussion of the park amenities and Street Superintendent Carstensen's input that the trash receptacles needed to be heavy concrete, it was moved by Mayor Connors and seconded by Commissioner Hassler that the City purchase 4 heavy concrete trash receptacles similar to the ones we previously had in the downtown, funded through TIF for installation around the skateboard park. Pricing is to be provided to Council at the next meeting after pricing was obtained.

Other issues discussed included when the tennis court nets were going up and if we had done anything with painting of the Maple Park tennis court light poles. DPW Winkler would look into both.

Skateboard Park Maintenance Schedule-Alderman Kupsik said the item was covered in the previous discussion.

Parks Recycling Program Discussion -There was a long discussion on this item and no consensus as to how to proceed without budget for purchasing the containers and a concern for how staff would perform the task without overtime as well as park user contamination issues. John's Disposal was a collection possibility but it was believed the containers need to be emptied more than one or two times weekly. The DPW will contact John's Disposal inquiring of the cost for a recycling dumpster someplace in Library Park.

MEMO

TO; Dennis Jordan
City of Lake Geneva Administrator

FROM: Mike Coolidge
Lake Geneva YMCA

RE: Proposals for Batting Cages/Scoreboard at Veterans
Park

DATE: June 6, 2013

Jugs Sports Batting Cages

2- 55 foot batting cage frames 55 ft x 14 ft wide x 12 ft high
Cost \$780 each, \$1,560 for two

2- 55 foot cage net 119 lb strength \$550 191 lb strength \$710
Cost would be \$1,100 for 119 lb net or \$1,420 for 191 lb strength

Shipping is \$500 for the cages, \$150 for the nets

Total including shipping would be:

2 batting cages \$1,560 plus \$500 shipping = \$2,100
2 nets (119 lb) \$1,100 plus \$150 shipping = \$1,250
2 nets (191 lb) \$1,420 plus \$150 shipping = \$1,570

Grand total would be \$3,350 with 119 lb strength net
Grand total would be \$3,670 with 191 lb strength net

Anthem Sports Baseball/Softball Scoreboard

1 - HN -3 Baseball/Softball, 8 ft wide x 4 ft high \$995.35

2 - 14 ft 4 x 4 posts \$18.55 each Total \$37.10

Shipping is \$197.23

Total including shipping would be \$1,229.68

**City of Lake Geneva
Council Meeting
June 10, 2013**

**Prepaid Checks
5/23/13 through 6/6/13**

\$4,966.06

**CITY OF LAKE GENEVA
ACCOUNTS PAYABLE PREPAID ITEMS OVER \$5,000**

COUNCIL MEETING DATE OF: 6/10/2013

TOTAL PREPAID ACCOUNTS PAYABLE - 5/22/13 THROUGH 6/6/13 \$ 4,966.06

ITEMS > \$5,000

BALANCE OF OTHER ITEMS \$ 4,966.06

**City of Lake Geneva
Council Meeting
June 10, 2013**

Accounts Payable Checks - through 6/6/13

	<u>Fund #</u>	
1. General Fund	11	<u>\$ 50,182.39</u>
2. Debt Service	20	<u> </u>
3. TID #4	34	<u>\$ 1,866.74</u>
4. Lakefront	40	<u>\$ 52,929.23</u>
5. Capital Projects	41	<u>\$ 11,570.55</u>
6. Parking Meter	42	<u>\$ 59,805.18</u>
7. Library Fund	99	<u>\$ 9,779.38</u>
8. Impact Fees	45	<u> </u>
9. Tax Agency Fund	89	<u> </u>
Total All Funds		<u>\$186,133.47</u>

**CITY OF LAKE GENEVA
ACCOUNTS PAYABLE UNPAID ITEMS OVER \$5,000**

COUNCIL MEETING DATE OF: 6/10/2013

TOTAL UNPAID ACCOUNTS PAYABLE - THROUGH 6/6/13 \$ 186,133.47

ITEMS > \$5,000

Automated Parking Technologies - 3 Lukes / Support May - Dec	83,021.00
Lake Geneva Jaycees - Fireworks Contribution	10,000.00
WS Darley - Fire Dept Helmets, Shields and Pants	9,391.80
PJ Electric Co - Luke Electrical	8,725.00
United OCC Medical Service LLC - New Employee Physicals	8,084.00
Stanard & Associates Inc - Police Personality Evaluations	5,050.00

Balance of all other Items \$ 61,861.67

DATE: 06/07/13
 TIME: 14:33:00
 ID: AP441000.WOW

CITY OF LAKE GENEVA
 DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

A+	A+ GRAPHICS & PRINTING						
3253	05/15/13	01	LEXIPOL POLICY DISTRIBUTION	1121005310		06/11/13	253.66
						INVOICE TOTAL:	253.66
3269	05/20/13	01	COLOR PRINT/COPY	1121005399		06/11/13	3.90
						INVOICE TOTAL:	3.90
3315	05/29/13	01	OLD TIME NEWSLETTER	1170005720		06/11/13	60.00
						INVOICE TOTAL:	60.00
						VENDOR TOTAL:	317.56
AASEN	AASEN EMBROIDERY						
10548	05/31/13	01	T-SHIRTS,SWEATSHIRTS,HAT	4054105399		06/11/13	396.57
						INVOICE TOTAL:	396.57
						VENDOR TOTAL:	396.57
AMAZO	AMAZON						
8932-5/13	05/31/13	01	DVDS,BOOK	9900005211		06/11/13	7.22
		02	THERMAL RECEIPT PAPER	9900005514			272.43
		03	SOAP,DISPENSER	9900005350			41.52
		04	DVDS	9900005414			234.05
						INVOICE TOTAL:	555.22
						VENDOR TOTAL:	555.22
AMYS	AMY'S SHIPPING EMPORIUM						
126696	05/15/13	01	POSTAGE-LARK UNIFORM	1121005312		06/11/13	9.16
						INVOICE TOTAL:	9.16
126912	05/22/13	01	POSTAGE-TASER INTL	1121005312		06/11/13	11.62
						INVOICE TOTAL:	11.62
						VENDOR TOTAL:	20.78
ANTAE	ANTAEUS LLC						

DATE: 06/07/13
 TIME: 14:33:00
 ID: AP441000.WOW

CITY OF LAKE GENEVA
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ANTAE	ANTAEUS LLC						
0001-87	06/01/13	01	JUN ONLINE PROCESSING	9900005211		06/11/13	5.00
		02	JUN ONLINE PROCESSING	4055105216			95.00
		03	JUN ONLINE PROCESSING	4234505216			200.00
						INVOICE TOTAL:	300.00
						VENDOR TOTAL:	300.00
ARC	ARC MECHANICAL INC						
A0513-269	05/23/13	01	SPRING HVAC MAINT	1151105240		06/11/13	435.00
						INVOICE TOTAL:	435.00
						VENDOR TOTAL:	435.00
AUTOM	AUTOMATED PARKING TECHNOLOGIES						
13-0040	05/24/13	01	LUKE SUPPORT-MAY-DEC	4234505450		06/11/13	45,140.00
						INVOICE TOTAL:	45,140.00
13-0041	05/24/13	01	3 LUKES/MODEMS	4054105800		06/11/13	35,181.00
						INVOICE TOTAL:	35,181.00
13-0898	06/01/13	01	JUN EMS FEES	4234505450		06/11/13	2,700.00
						INVOICE TOTAL:	2,700.00
						VENDOR TOTAL:	83,021.00
BAKER	BAKER & TAYLOR						
75022386-4/13	04/30/13	01	M13481390-3 ITEMS	9900005414		06/11/13	75.57
						INVOICE TOTAL:	75.57
L3367102-4/13	04/30/13	01	2028137474-9 ITEMS	9900005410		06/11/13	73.40
		02	2028137473-5 ITEMS	9900005410			168.10
		03	2028137472-1 ITEM	9900005410			15.10
		04	2028137471-11 ITEMS	9900005410			159.89
		05	2028114136-6 ITEMS	9900005410			106.13

DATE: 06/07/13
TIME: 14:33:00
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE # VENDOR #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

BAKER	BAKER & TAYLOR						
L3367102-4/13	04/30/13	06	2028114135-3 ITEMS	9900005410		06/11/13	43.64
		07	2028114134-1 ITEM	9900005410			14.20
		08	2028114133-4 ITEMS	9900005410			62.03
		09	2028102790-43 ITEMS	9900005410			634.55
		10	2028102789-3 ITEMS	9900005410			47.52
		11	2028095405-2 ITEMS	9900005410			20.54
		12	2028095403-5 ITEMS	9900005410			82.52
		13	2028067307-9 ITEMS	9900005410			63.03
		14	2028067306-13 ITEMS	9900005410			377.98
		15	2028067305-4 ITEMS	9900005410			61.45
		16	2028056321-2 ITEMS	9900005410			30.18
		17	2028056320-1 ITEM	9900005410			33.24
		18	2028056319-15 ITEMS	9900005410			234.31
						INVOICE TOTAL:	2,227.81
L3367362-4/13	04/30/13	01	2028136512-10 ITEMS	9900005410		06/11/13	156.13
		02	2028136511-1 ITEM	9900005410			14.55
		03	2028124988-10 ITEMS	9900005410			154.55
		04	2028121684-2 ITEMS	9900005410			22.64
		05	2028091833-15 ITEMS	9900005410			209.46
		06	2028090430-1 ITEM	9900005410			15.67
		07	2028057996-8 ITEMS	9900005410			93.60
		08	2028050311-1 ITEM	9900005410			14.55
						INVOICE TOTAL:	681.15
L3367512-4/13	04/30/13	01	2028139595-3 ITEMS	9900005411		06/11/13	22.78
		02	2028139594-30 ITEMS	9900005411			294.17
		03	2028139593-1 ITEM	9900005411			3.14
		04	2028139592-7 ITEMS	9900005411			65.91
		05	2028139591-1 ITEM	9900005411			14.82
		06	2028126474-3 ITEMS	9900005411			31.46
		07	2028126473-5 ITEMS	9900005411			31.01
		08	2028126472-3 ITEMS	9900005411			37.18
		09	2028126471-1 ITEM	9900005411			10.06

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

BAKER	BAKER & TAYLOR						
L3367512-4/13	04/30/13	10	2028126470-2 ITEMS	9900005411		06/11/13	17.96
		11	2028097664-6 ITEMS	9900005411			49.55
		12	2028097663-4 ITEMS	9900005411			33.89
		13	2028097662-6 ITEMS	9900005411			41.56
		14	2028097661-2 ITEMS	9900005411			21.24
		15	2028097660-1 ITEM	9900005411			4.40
		16	2028097659-1 ITEM	9900005411			10.06
		17	2028074502-33 ITEMS	9900005411			297.18
		18	2028074501-2 ITEMS	9900005411			47.88
		19	2028074500-4 ITEMS	9900005411			36.26
		20	2028074499-1 ITEM	9900005411			8.39
		21	2028074498-1 ITEM	9900005411			40.00
		22	2028074497-1 ITEM	9900005411			10.62
		23	2028068242-10 ITEMS	9900005411			199.98
		24	2028068241-15 ITEMS	9900005411			148.43
		25	2028068240-1 ITEM	9900005411			5.66
		26	2028068239-2 ITEMS	9900005411			23.90
						INVOICE TOTAL:	1,507.49
L4013232-4/13	04/03/13	01	2028131653-7 ITEMS	9900005414		06/11/13	134.67
		02	2028058158-11 ITEMS	9900005414			200.61
						INVOICE TOTAL:	335.28
						VENDOR TOTAL:	4,827.30
BEAR	BEARINGS INCORPORATED-SOUTH						
51089	05/22/13	01	BEARINGS-MOWER	1152005250		06/11/13	34.96
						INVOICE TOTAL:	34.96
						VENDOR TOTAL:	34.96
BENDLIN	BENDLIN FIRE EQUIPMENT CO INC						
79690	05/07/13	01	FIRE BOOTS	4122001301		06/11/13	335.00
						INVOICE TOTAL:	335.00

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

BENDLIN	BENDLIN FIRE EQUIPMENT CO INC						
79834	05/17/13	01	HIGH PRESSURE HOSE	1122005351		06/11/13	197.91
						INVOICE TOTAL:	197.91
						VENDOR TOTAL:	532.91
BOBSC	BOBS CARPET & CLEANING SERVICE						
11091	05/25/13	01	WINDOW CLEANING	4055205360		06/11/13	300.00
						INVOICE TOTAL:	300.00
						VENDOR TOTAL:	300.00
BRODA	BRODART CO						
302118	04/29/13	01	DVD CASES	9900005512		06/11/13	23.93
						INVOICE TOTAL:	23.93
						VENDOR TOTAL:	23.93
BUBRI	BUBRICK'S COMPLETE OFFICE						
744513	05/16/13	01	BINDERS, TONER, DIVIDERS	1121005310		06/11/13	534.81
						INVOICE TOTAL:	534.81
						VENDOR TOTAL:	534.81
BUMPL	BUMPER TO BUMPER AUTO PARTS						
662-266464	05/30/13	01	AIR COUPLER	1132105351		06/11/13	5.29
						INVOICE TOTAL:	5.29
662-266470	05/30/13	01	AIR COUPLER	1132105351		06/11/13	7.59
						INVOICE TOTAL:	7.59
662-266509	05/31/13	01	CREDIT-AIR COUPLER	1132105351		06/11/13	-5.29
						INVOICE TOTAL:	-5.29
						VENDOR TOTAL:	7.59
C&D	C & D LANDSCAPING AND DESIGN						

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
C&D C & D LANDSCAPING AND DESIGN							
52765	05/10/13	01	ARBOR DAY TREE	1132135346		06/11/13	495.00
						INVOICE TOTAL:	495.00
						VENDOR TOTAL:	495.00
CDW CDW GOVERNMENT INC							
CM49955	05/24/13	01	ANTIVIRUS RENEWAL	1115105450		06/11/13	689.99
						INVOICE TOTAL:	689.99
CM50527	05/24/13	01	COMPUTER PORTS	1121005305		06/11/13	30.42
		02	TAPE BACKUPS	1115105450			127.35
		03	CAMERA INTERFACE	3430009124			85.32
						INVOICE TOTAL:	243.09
						VENDOR TOTAL:	933.08
DEMCO DEMCO							
4964219	05/08/13	01	LABELS, STAMPS-PROCESSING	9900005512		06/11/13	249.88
						INVOICE TOTAL:	249.88
						VENDOR TOTAL:	249.88
DES DATA EQUIPMENT SERVICES							
34	05/30/13	01	APR-MAY MODEM SVC	4054105221		06/11/13	51.00
		02	APR-MAY MODEM SVC	4234505221			1,851.00
						INVOICE TOTAL:	1,902.00
						VENDOR TOTAL:	1,902.00
DUNN DUNN LUMBER & TRUE VALUE							
520642	05/16/13	01	PRESSURE CAP, KEY RING-RESTROOM	9900005350		06/11/13	3.28
		02	DISCOUNT	1100004819			-0.33
						INVOICE TOTAL:	2.95
520821	05/17/13	01	FLUSH, VALVE KIT-STAFF RESTROOM	9900005350		06/11/13	18.98

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE # VENDOR #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
DUNN	DUNN LUMBER & TRUE VALUE						
520821	05/17/13	02	DISCOUNT	1100004819		06/11/13	-1.90
						INVOICE TOTAL:	17.08
520832	05/17/13	01	FLUSH LEVER-STAFF RESTROOM	9900005350		06/11/13	3.99
		02	DISCOUNT	1100004819			-0.40
						INVOICE TOTAL:	3.59
521066	05/20/13	01	PLUMBING PARTS-JANITOR SINK	9900005350		06/11/13	4.45
						INVOICE TOTAL:	4.45
521197	05/20/13	01	BROOM, WEED KILLER	1122005350		06/11/13	35.97
		02	DISCOUNT	1100004819			-1.80
						INVOICE TOTAL:	34.17
521611	05/23/13	01	BRACKETS, BOLTS	1116105350		06/11/13	3.28
		02	DISCOUNT	1100004819			-0.16
						INVOICE TOTAL:	3.12
521762	05/24/13	01	WIRE CHANNEL, MOUNTING TAPE	1122005399		06/11/13	16.53
		02	DISCOUNT	1100004819			-0.83
						INVOICE TOTAL:	15.70
521793	05/24/13	01	LIGHT BULBS	1116105350		06/11/13	27.98
		02	DISCOUNT	1100004819			-1.40
						INVOICE TOTAL:	26.58
522289	05/30/13	01	KEYS, DOOR STOP	9900005350		06/11/13	14.43
		02	DISCOUNT	1100004819			-1.44
						INVOICE TOTAL:	12.99
523020	06/04/13	01	PAINT-FUEL TANKS	1132105340		06/11/13	22.45
		02	DISCOUNT	1100004819			-1.12
						INVOICE TOTAL:	21.33
523360	06/06/13	01	WAX RING-TOILET	4055205350		06/11/13	4.29

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
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DUNN DUNN LUMBER & TRUE VALUE							
523360	06/06/13	02	DISCOUNT	1100004819		06/11/13	-0.21
						INVOICE TOTAL:	4.08
523372	06/06/13	01	CONNECTORS	1132105340		06/11/13	2.99
		02	DISCOUNT	1100004819			-0.15
						INVOICE TOTAL:	2.84
						VENDOR TOTAL:	148.88
ELKHO ELKHORN CHEMICAL CO INC							
534164	05/01/13	01	FLOOR BUFFING PADS	1122005350		06/11/13	65.33
						INVOICE TOTAL:	65.33
534364	05/07/13	01	MOP-WAX FLOORS	1122005350		06/11/13	37.20
						INVOICE TOTAL:	37.20
						VENDOR TOTAL:	102.53
EQUAL EQUAL RIGHTS DIVISION							
250-5/13	05/31/13	01	WORK PERMITS-MAY	1100002422		06/11/13	165.00
						INVOICE TOTAL:	165.00
						VENDOR TOTAL:	165.00
FORD FORD OF LAKE GENEVA							
37702	04/16/13	01	TURN SIGNAL FIX-SQ 203	1121005361		06/11/13	160.50
						INVOICE TOTAL:	160.50
37866	04/29/13	01	OIL CHG, INSP, TIRE FIX	1121005361		06/11/13	92.40
						INVOICE TOTAL:	92.40
37967	05/06/13	01	OIL CHG, INSP-SQ 204	1121005361		06/11/13	31.00
						INVOICE TOTAL:	31.00
38129	05/16/13	01	OIL, FILTER CHG, INSP-SQ 20710	1121005361		06/11/13	133.53
						INVOICE TOTAL:	133.53

DATE: 06/07/13
 TIME: 14:33:01
 ID: AP441000.WOW

CITY OF LAKE GENEVA
 DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

FORD	FORD OF LAKE GENEVA						
38221	05/23/13	01	OIL CHG, INSP	1121005361		06/11/13	31.00
						INVOICE TOTAL:	31.00
						VENDOR TOTAL:	448.43
FOXRI	FOX RIVER FIRE & SAFETY						
294286	05/13/13	01	YRLY FIRE EXTINGUISHER SRV	1122005820		06/11/13	355.00
						INVOICE TOTAL:	355.00
						VENDOR TOTAL:	355.00
FOXVA	FOX VALLEY TECHNICAL COLLEGE						
TPB180337/FY12-13	04/03/13	01	CLASS REG-RICHARDSON	1121005410		06/11/13	60.00
						INVOICE TOTAL:	60.00
						VENDOR TOTAL:	60.00
FRIEN	FRIENDS OF THE PATTERSON						
20130425-19	05/15/13	01	DVD	9900005414		06/11/13	15.00
						INVOICE TOTAL:	15.00
						VENDOR TOTAL:	15.00
GALLS	GALLS LLC						
596874	05/05/13	01	BIKE UNIFORMS	1121005139		06/11/13	682.90
						INVOICE TOTAL:	682.90
						VENDOR TOTAL:	682.90
GENAU	GENEVA AUTO BODY						
20461	06/01/13	01	NEW WINDSHIELD-TK 25	1132105350		06/11/13	375.00
						INVOICE TOTAL:	375.00
20462	06/01/13	01	WINDSHIELD FIX-TK 16	1132105250		06/11/13	65.00
						INVOICE TOTAL:	65.00
						VENDOR TOTAL:	440.00

DATE: 06/07/13
 TIME: 14:33:01
 ID: AP441000.WOW

CITY OF LAKE GENEVA
 DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

GENON	GENEVA ON-LINE INC						
969451	06/03/13	01	DSL CHG-JUN	9900005221		06/11/13	60.00
						INVOICE TOTAL:	60.00
969582	06/03/13	01	JUN EMAIL SVC	1112005221		06/11/13	2.00
						INVOICE TOTAL:	2.00
						VENDOR TOTAL:	62.00
GLENV	GENEVA LAKE ENVIRONMENTAL AGCY						
RE052413	06/01/13	01	JUN-MONTHLY PAYMENT	4054105730		06/11/13	1,670.00
						INVOICE TOTAL:	1,670.00
						VENDOR TOTAL:	1,670.00
GLLC	GENEVA LAKE LEVEL CORPORATION						
2013	05/29/13	01	2013 CONTRIBUTION	4054105735		06/11/13	2,500.00
						INVOICE TOTAL:	2,500.00
						VENDOR TOTAL:	2,500.00
GLOBA	GLOBAL EQUIPMENT CO						
105744834	05/29/13	01	TOILETS-3	4055205350		06/11/13	327.54
		02	TOILET,PARTS	1152005241			192.00
						INVOICE TOTAL:	519.54
						VENDOR TOTAL:	519.54
HEIN	HEIN ELECTRIC SUPPLY CO						
880266	05/23/13	01	LIGHT BULBS	1134105261		06/11/13	167.94
		02	DISCOUNT	1100004819			-2.52
						INVOICE TOTAL:	165.42
880901	05/28/13	01	LED LIGHT BULB	1134105261		06/11/13	45.26
						INVOICE TOTAL:	45.26
						VENDOR TOTAL:	210.68

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE # VENDOR #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

HESTA	HE STARK AGENCY INC						
6089PARK-5/13	05/31/13	01	MAY COLLECTION FEES	4234505216		06/11/13	831.05
						INVOICE TOTAL:	831.05
						VENDOR TOTAL:	831.05
HUMPH	HUMPHREY'S CONTRACTING						
DUNN CAMERA	05/02/13	01	SK PRK CAMERA CONDUIT/CONCRETE	3430009124		06/11/13	1,781.42
						INVOICE TOTAL:	1,781.42
INSTALL POSTS	05/02/13	01	INSTALL 23 NEW STALL POSTS	4234505870		06/11/13	2,300.00
						INVOICE TOTAL:	2,300.00
						VENDOR TOTAL:	4,081.42
IDVIL	IDVILLE						
2561743	05/28/13	01	BADGE CARD STOCK	1121005310		06/11/13	39.60
						INVOICE TOTAL:	39.60
						VENDOR TOTAL:	39.60
ITU	ITU INC						
5689577	05/23/13	01	MOPS,MATS,FRAGRANCE	4055205350		06/11/13	73.27
						INVOICE TOTAL:	73.27
5696027	06/07/13	01	MATS	1116105360		06/11/13	65.68
						INVOICE TOTAL:	65.68
						VENDOR TOTAL:	138.95
JORDA	DENNIS JORDAN						
MILEAGE-5/13	05/22/13	01	MAY MILEAGE-148 MILES	1114205330		06/11/13	83.62
						INVOICE TOTAL:	83.62
						VENDOR TOTAL:	83.62
KIESL	KIESLER'S POLICE SUPPLY INC						

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

KIESL	KIESLER'S POLICE SUPPLY INC						
706590	05/13/13	01	AMMUNITION	1121005410		06/11/13	60.00
						INVOICE TOTAL:	60.00
						VENDOR TOTAL:	60.00
LARK	LARK UNIFORM OUTFITTERS INC						
139191	05/08/13	01	UNIFORM-KALLMAN	1121005139		06/11/13	38.95
						INVOICE TOTAL:	38.95
139194	05/08/13	01	UNIFORM-GREETHAM	1121005139		06/11/13	41.95
						INVOICE TOTAL:	41.95
139195	05/08/13	01	UNIFORM-NETTESHEIM	1121005138		06/11/13	62.95
						INVOICE TOTAL:	62.95
139196	05/08/13	01	UNIFORM-CARSTENSEN	1121005138		06/11/13	29.95
						INVOICE TOTAL:	29.95
139204	05/08/13	01	UNIFORM-KELLER	1121005138		06/11/13	120.70
						INVOICE TOTAL:	120.70
139207	05/08/13	01	UNIFORM-WALSER	1121005138		06/11/13	98.90
						INVOICE TOTAL:	98.90
139208	05/08/13	01	UNIFORM-NETHERY	1121005138		06/11/13	312.20
						INVOICE TOTAL:	312.20
139359	05/09/13	01	UNIFORM-GUETSCHOW	1121005139		06/11/13	122.90
						INVOICE TOTAL:	122.90
139360	05/09/13	01	UNIFORM-KEGLEY	1121005139		06/11/13	62.95
						INVOICE TOTAL:	62.95
139361	05/09/13	01	UNIFORM-RICHARD	1121005139		06/11/13	61.95
						INVOICE TOTAL:	61.95

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

LARK	LARK UNIFORM OUTFITTERS INC						
139587	05/13/13	01	UNIFORM-FRASER	1121005139		06/11/13	67.95
						INVOICE TOTAL:	67.95
						VENDOR TOTAL:	1,021.35
LASERW	LASER WORKS UNLIMITED LLC						
757	05/03/13	01	ENGRAVE AWARD PLATES	1121005399		06/11/13	21.00
						INVOICE TOTAL:	21.00
						VENDOR TOTAL:	21.00
LGJAY	LAKE GENEVA JAYCEES						
FIREWORKS 2013	05/29/13	01	2013 FIREWORKS CONTRIBUTION	4054105780		06/11/13	10,000.00
						INVOICE TOTAL:	10,000.00
						VENDOR TOTAL:	10,000.00
LGREG	LAKE GENEVA REGIONAL NEWS						
990057	04/04/13	01	LN 3/11 COUNCIL MINUTES	1110005314		06/11/13	192.22
						INVOICE TOTAL:	192.22
990058	04/04/13	01	LN ORD 13-08	1110005314		06/11/13	69.18
						INVOICE TOTAL:	69.18
990626	04/04/13	01	LN LGEDC ANNEX HEARING	1110005315		06/11/13	93.78
						INVOICE TOTAL:	93.78
991441	04/11/13	01	LN THE BACKYARD LIQ LIC	1110005315		06/11/13	17.96
						INVOICE TOTAL:	17.96
991443	04/11/13	01	LN THUMBS UP LIQ LIC	1110005315		06/11/13	17.96
						INVOICE TOTAL:	17.96
						VENDOR TOTAL:	391.10
LLS	LAKESHORES LIBRARY SYSTEM						

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

PAGE: 14

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

LLS	LAKESHORES LIBRARY SYSTEM						
1382	04/08/13	01	TECH SUPPORT-MARCH	9900005516		06/11/13	113.17
						INVOICE TOTAL:	113.17
						VENDOR TOTAL:	113.17
MADRI	NELIDA MADRIGAL						
4/13A	04/27/13	01	INTERPRETER FEES-4/27,4/28	1121005140		06/11/13	150.00
						INVOICE TOTAL:	150.00
5/13	05/05/13	01	INTERPRETER FEES-5/5/13	1121005140		06/11/13	270.00
						INVOICE TOTAL:	270.00
						VENDOR TOTAL:	420.00
MAILF	MAILFINANCE						
H3998289	05/23/13	01	METER LEASE-JUL	1116105532		06/11/13	376.24
						INVOICE TOTAL:	376.24
						VENDOR TOTAL:	376.24
MALEK	MALEK & ASSOCIATES CONSULTANTS						
4893	05/13/13	01	FA REV-EASTVIEW GYM ADDITION	1122005750		06/11/13	247.50
						INVOICE TOTAL:	247.50
						VENDOR TOTAL:	247.50
MARED	MARED MECHANICAL						
80909	05/23/13	01	CHILLER FIX	1116105240		06/11/13	1,939.61
						INVOICE TOTAL:	1,939.61
						VENDOR TOTAL:	1,939.61
MARTIN	MARTIN BUSINESS GROUP						
1138035	05/01/13	01	KONICA 350 MAY-JUL	1121005531		06/11/13	214.17

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE # VENDOR #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

MARTIN	MARTIN BUSINESS GROUP						
1138035	05/01/13	02	KONICA 350 OVRAGE FEB-APR	1121005531		06/11/13	112.47
						INVOICE TOTAL:	326.64
1138893	05/15/13	01	KONICA C252 MAY	1121005531		06/11/13	100.10
		02	KONICA C252 OVRAGE-APR	1121005531			75.15
						INVOICE TOTAL:	175.25
						VENDOR TOTAL:	501.89
MERCYH	MERCY HEALTH SYSTEM						
LGPD-0051-4/13	05/02/13	01	BLOOD DRAWS-3	1121005380		06/11/13	105.00
						INVOICE TOTAL:	105.00
						VENDOR TOTAL:	105.00
MLIC	MINNESOTA LIFE INSURANCE CO						
RE052413	06/03/13	01	INV 099002-JUL LIFE INS	1112005134		06/11/13	9.01
		02	INV 099002-JUL LIFE INS	1113005134			27.10
		03	INV 099002-JUL LIFE INS	1114305134			25.44
		04	INV 099002-JUL LIFE INS	4234505134			8.57
		05	INV 099002-JUL LIFE INS	1115105134			27.97
		06	INV 099002-JUL LIFE INS	1115305134			6.37
		07	INV 099002-JUL LIFE INS	1124005134			32.33
		09	INV 099002-JUL LIFE INS	4052105134			10.83
		10	INV 099002-JUL LIFE INS	1110005133			26.72
		11	INV 099002-JUL LIFE INS	1100002134			288.00
		12	INV 099009-JUL LIFE INS	1121005134			254.12
		13	INV 099009-JUL LIFE INS	1110005133			43.47
		14	INV 099009-JUL LIFE INS	1100002134			452.04
		15	INV 099010-JUL LIFE INS	1122005133			81.96
		16	INV 099010-JUL LIFE INS	1110005133			14.29
		17	INV 099019-JUL LIFE INS	9900005134			104.92
		18	INV 099019-JUL LIFE INS	1110005133			18.88
		19	INV 099019-JUL LIFE INS	1100002134			24.19

DATE: 06/07/13
 TIME: 14:33:01
 ID: AP441000.WOW

CITY OF LAKE GENEVA
 DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE # VENDOR #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

MLIC	MINNESOTA LIFE INSURANCE CO						
RE052413	06/03/13	20	INV 099044-JUL LIFE INS	4234505134		06/11/13	24.56
		21	INV 099044-JUL LIFE INS	1110005133			4.21
		22	INV 099044-JUL LIFE INS	1100002134			22.81
		23	INV 099052-JUL LIFE INS	4055105134			23.20
		24	INV 099052-JUL LIFE INS	1132105134			181.16
		25	INV 099052-JUL LIFE INS	1116105134			19.30
		26	INV 099052-JUL LIFE INS	1110005133			40.53
		27	INV 099052-JUL LIFE INS	1100002134			224.55
						INVOICE TOTAL:	1,996.53
						VENDOR TOTAL:	1,996.53
NAPAE	ELKHORN NAPA AUTO PARTS						
901695	05/28/13	01	POWER STEERING,ATF FLUID	1132105351		06/11/13	102.73
						INVOICE TOTAL:	102.73
902151	05/31/13	01	AIR,FUEL,TRANS FILTERS	1132105351		06/11/13	43.90
						INVOICE TOTAL:	43.90
902862	06/06/13	01	TAIL LIGHT BULBS	1132105351		06/11/13	11.07
						INVOICE TOTAL:	11.07
						VENDOR TOTAL:	157.70
NETMO	NETMOTION WIRELESS INC						
I0017317	05/07/13	01	WIRELESS-25 LICENSES	4121001211		06/11/13	1,843.75
						INVOICE TOTAL:	1,843.75
						VENDOR TOTAL:	1,843.75
NORTH	NORTHWIND PERENNIAL FARM						
5812	05/09/13	01	GARDEN CARE	9900005360		06/11/13	1,043.00
						INVOICE TOTAL:	1,043.00
						VENDOR TOTAL:	1,043.00

DATE: 06/07/13
 TIME: 14:33:01
 ID: AP441000.WOW

CITY OF LAKE GENEVA
 DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

NWTC	NORTHEAST WI TECHNICAL COLLEGE						
SFT0000077011	04/21/13	01	TASER INST REG-GIOVANNONI	1121005410		06/11/13	175.00
						INVOICE TOTAL:	175.00
						VENDOR TOTAL:	175.00
NYQUI	JEFF MISKIE						
1050	05/28/13	01	JAN-APR IT SVCS	1115105450		06/11/13	1,825.00
						INVOICE TOTAL:	1,825.00
						VENDOR TOTAL:	1,825.00
PALMER	PALMER COMPANY						
146309-00	05/31/13	01	CLEANERS,BAGS	1116105350		06/11/13	198.85
		02	DISCOUNT	1100004819			-1.92
						INVOICE TOTAL:	196.93
						VENDOR TOTAL:	196.93
PCL	PETTY CASH - LIBRARY						
5/13	05/06/13	01	WALMART-WATER, COFFEE FILTERS	9900005211		06/11/13	6.62
		02	BULLETIN-ENVELOPES	9900005211			12.40
		03	WALWORTH CO ARTS-MEAL	9900005211			20.00
		04	USPS-BEN SHRAND	9900005312			2.92
		05	USPS-GEORGE HALL	9900005312			1.12
		06	WALGREENS-RETIREMENT CARD	9900005211			4.21
						INVOICE TOTAL:	47.27
6/13	06/04/13	01	PESCHES-FLOWERS	9900005211		06/11/13	17.69
						INVOICE TOTAL:	17.69
						VENDOR TOTAL:	64.96
PETER	ANDREA PETERSON						
REIMB-5/13	05/17/13	01	WAPL CONF REG-PETERSON	9900005332		06/11/13	121.00

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

PETER ANDREA PETERSON							
REIMB-5/13	05/17/13	02	WAPL CONF REG-WOLLAEGER	9900005332		06/11/13	55.00
						INVOICE TOTAL:	176.00
REIMB-5/13A	05/23/13	01	PIGGLY WIGGLY-FLOWERS	9900005211		06/11/13	4.91
		02	DOLLAR TREE-CLIPS	9900005211			2.11
		03	SENTRY-BROWNIES, FRUIT	9900005211			58.48
						INVOICE TOTAL:	65.50
						VENDOR TOTAL:	241.50
PFI PFI FASHIONS INC							
208876	05/15/13	01	EMBROIDERY-BIKE UNIFORMS	1121005139		06/11/13	29.70
						INVOICE TOTAL:	29.70
						VENDOR TOTAL:	29.70
PHILI PHILIPS MEDICAL CAPITAL							
17883158	05/11/13	01	MONITOR/DEFIBS-MAY	1122005830		06/11/13	700.16
						INVOICE TOTAL:	700.16
						VENDOR TOTAL:	700.16
PJELE PJ ELECTRIC CO							
12037	05/24/13	01	INSTALL ELEC TO MAIN ST LUKES	4234505870		06/11/13	6,750.00
						INVOICE TOTAL:	6,750.00
12038	05/24/13	01	INSTALL ELEC TO LUKES	4054105800		06/11/13	1,975.00
						INVOICE TOTAL:	1,975.00
						VENDOR TOTAL:	8,725.00
PMI PROGRESSIVE MEDICAL INT'L							
0409183	04/30/13	01	EMS SUPPLIES	1122005810		06/11/13	343.80
						INVOICE TOTAL:	343.80
						VENDOR TOTAL:	343.80

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

RACINE	RACINE COUNTY OPPORTUNITY CTR						
847	04/30/13	01	CLEANING SVC-APR	9900005360		06/11/13	962.50
						INVOICE TOTAL:	962.50
						VENDOR TOTAL:	962.50
RCELEC	RC ELECTRONICS						
638941	05/30/13	01	INSTALL BAND RADIOS	1132105262		06/11/13	356.80
						INVOICE TOTAL:	356.80
						VENDOR TOTAL:	356.80
RED	RED THE UNIFORM TAILOR						
00W54247	04/27/13	01	UNIF BADGE-ANDERSON	1122005138		06/11/13	90.05
						INVOICE TOTAL:	90.05
00W54673	04/30/13	01	UNIF-SWEATSHIRT-OPPER	1122005138		06/11/13	80.00
						INVOICE TOTAL:	80.00
00W54723	04/30/13	01	UNIF SHIRT-TERHARK	1122005138		06/11/13	31.25
		02	UNIF SHIRTS-HEINDL	1122005138			60.20
		03	UNIF PANTS, SHIRTS-COVI	1122005138			266.70
		04	UNIF PANTS, JACKET-WINGER, K.	1122005138			333.35
						INVOICE TOTAL:	691.50
00W54724	05/18/13	01	UNIF SHOES-WOLFF	1122005138		06/11/13	99.00
						INVOICE TOTAL:	99.00
00W54925	05/18/13	01	UNIF PANTS-DETKOWSKI	1122005138		06/11/13	97.90
						INVOICE TOTAL:	97.90
00W54926	05/18/13	01	UNIF SHIRTS-HEINDL	1122005138		06/11/13	57.90
						INVOICE TOTAL:	57.90
						VENDOR TOTAL:	1,116.35
ROTE	ROTE OIL COMPANY						

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

ROTE	ROTE OIL COMPANY						
237431	06/07/13	01	OIL	1132105341		06/11/13	594.00
						INVOICE TOTAL:	594.00
300681	06/03/13	01	521.8 GAL DYED DIESEL	1132105341		06/11/13	1,704.71
		02	482.8 GAL CLEAR DIESEL	1132105341			1,748.23
						INVOICE TOTAL:	3,452.94
						VENDOR TOTAL:	4,046.94
SCHEN	SCHENCK BUSINESS SOLUTIONS						
645745	05/30/13	01	2012 AUDIT	1115105213		06/11/13	2,500.00
						INVOICE TOTAL:	2,500.00
						VENDOR TOTAL:	2,500.00
SHERW	SHERWIN-WILLIAMS COMPANY						
5853-1	05/08/13	01	PAINT-STATION, OFFICES	1122005399		06/11/13	100.45
						INVOICE TOTAL:	100.45
						VENDOR TOTAL:	100.45
SLPLU	SOUTHERN LAKES PLUMBING & HEAT						
10036717	05/03/13	01	FIX SHOWER DRAIN	1122005241		06/11/13	153.45
						INVOICE TOTAL:	153.45
						VENDOR TOTAL:	153.45
SOMAR	SOMAR TEK LLC/SOMAR ENTERPRISE						
97524	03/14/13	01	UNIFORM-KELLER	1121005138		06/11/13	52.33
						INVOICE TOTAL:	52.33
97702	05/28/13	01	UNIFORM-CARSTENSEN	1121005138		06/11/13	474.93
						INVOICE TOTAL:	474.93
						VENDOR TOTAL:	527.26

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

STANA	STANARD & ASSOCIATES INC						
SA000022714	04/30/13	01	PERSONALITY EVALUATIONS	1121005411		06/11/13	5,050.00
						INVOICE TOTAL:	5,050.00
						VENDOR TOTAL:	5,050.00
SUMME	JOHN SUMMERS						
5/13	05/30/13	01	MAY MILEAGE-83 MILES	1124005330		06/11/13	46.90
						INVOICE TOTAL:	46.90
						VENDOR TOTAL:	46.90
SYSTEMS	SYSTEMS DESIGN						
10038	05/30/13	01	IRRIGATION START UP	1116105360		06/11/13	199.89
						INVOICE TOTAL:	199.89
10039	05/30/13	01	IRRIGATION START UP	4055205360		06/11/13	213.17
						INVOICE TOTAL:	213.17
10040	05/30/13	01	IRRIGATION START UP-LIB PK	1152005399		06/11/13	292.50
						INVOICE TOTAL:	292.50
						VENDOR TOTAL:	705.56
T0000690	PAMELA MAYS						
REFUND	05/28/13	01	REFUND BOND N1232685 PER STIP	1112004510		06/11/13	479.40
						INVOICE TOTAL:	479.40
						VENDOR TOTAL:	479.40
T0000691	AUDREY LEWIS						
REFUND	05/22/13	01	OVERPAYMENT	1122004624		06/11/13	98.63
						INVOICE TOTAL:	98.63
						VENDOR TOTAL:	98.63
T0000692	LINDA BUNN						

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

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T0000692 LINDA BUNN							
REFUND	06/03/13	01	BUNN 5/26/13 VETS-SEC DEP REF	1100002353		06/11/13	50.00
						INVOICE TOTAL:	50.00
						VENDOR TOTAL:	50.00
TAPCO TAPCO							
423783	05/30/13	01	SIGNAL PREVENT MAINT	1134105260		06/11/13	1,143.00
						INVOICE TOTAL:	1,143.00
						VENDOR TOTAL:	1,143.00
TORRES MARIA DE JESUS TORRES							
5/13	05/11/13	01	INTERPRETER FEES-5/11/13	1121005140		06/11/13	60.00
						INVOICE TOTAL:	60.00
						VENDOR TOTAL:	60.00
TOSHI TOSHIBA FINANCIAL SOLUTIONS							
13747019	05/27/13	01	COPIER LEASE-JUN	9900005532		06/11/13	310.70
						INVOICE TOTAL:	310.70
						VENDOR TOTAL:	310.70
TRANS TRANS UNION LLC							
04325355	04/25/13	01	BACKGROUND CHECKS	1121005411		06/11/13	255.80
						INVOICE TOTAL:	255.80
						VENDOR TOTAL:	255.80
TRITE TRITECH FORENSICS							
91854	05/03/13	01	EVIDENCE COLLECTION EQUIP	1121005380		06/11/13	88.72
						INVOICE TOTAL:	88.72
						VENDOR TOTAL:	88.72
UNITOCC UNITED OCC MEDICAL SVC LLC							

DATE: 06/07/13
TIME: 14:33:01
ID: AP441000.WOW

CITY OF LAKE GENEVA
DETAIL BOARD REPORT

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UNITOCC UNITED OCC MEDICAL SVC LLC							
4/13	04/30/13	01	NEW EMPLOYEE PHYSICALS	1121005411		06/11/13	8,084.00
						INVOICE TOTAL:	8,084.00
						VENDOR TOTAL:	8,084.00
WALCOT WALWORTH COUNTY TREASURER							
64-246-5/13	05/31/13	01	MAY COURT FINES-COUNTY	1112002420		06/11/13	494.40
						INVOICE TOTAL:	494.40
						VENDOR TOTAL:	494.40
WALLA DARCY BREWSTER-WALLACE							
REIMB-5/13	04/09/13	01	APR MILEAGE-45 MILES	9900005211		06/11/13	25.43
						INVOICE TOTAL:	25.43
						VENDOR TOTAL:	25.43
WASHB WASHBURN MACHINERY INC							
95714	04/26/13	01	VALVE COIL-GEAR DRYER FIX	1122005240		06/11/13	516.29
						INVOICE TOTAL:	516.29
						VENDOR TOTAL:	516.29
WEENE WE ENERGIES							
LIB 5/13	05/31/13	01	INV 3843-358-997	9900005222		06/11/13	90.00
		02	INV 5604-510-433	9900005222			209.00
						INVOICE TOTAL:	299.00
RE052413	06/15/13	01	7891-194-618 MAY GAS BILL	1116105224		06/11/13	545.43
		03	7837-744-963 MAY GAS BILL	1122005224			298.46
		04	0480-524-472 MAY GAS BILL	4055105224			108.36
		06	0847-573-906 MAY GAS BILL	1122005224			80.72
		07	5288-664-956 MAY GAS BILL	1151105224			285.75
		08	8052-439-940 MAY GAS BILL	1132105224			25.01

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CITY OF LAKE GENEVA
DETAIL BOARD REPORT

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WEENE	WE ENERGIES						
RE052413	06/15/13	09	8017-524-022 MAY GAS BILL	1132105224		06/11/13	62.55
		10	6602-046-262 MAY GAS BILL	1132105224			12.07
		11	7283-171-261 MAY GAS BILL	1152015224			63.46
						INVOICE TOTAL:	1,481.81
						VENDOR TOTAL:	1,780.81
WESTE	WESTENN MECHANICAL CONTRACTORS						
8721	05/13/13	01	ROOF EXHAUST FAN FIX	9900005360		06/11/13	163.50
						INVOICE TOTAL:	163.50
						VENDOR TOTAL:	163.50
WIDOA	WI DEPT OF ADMINISTRATION						
068041	04/24/13	01	TEACH SERVICE JAN-JUN	9900005510		06/11/13	600.00
						INVOICE TOTAL:	600.00
						VENDOR TOTAL:	600.00
WISC	STATE OF WISCONSIN						
64-246-5/13	05/31/13	01	MAY COURT FINES-STATE	1112002424		06/11/13	2,564.96
						INVOICE TOTAL:	2,564.96
						VENDOR TOTAL:	2,564.96
WOLLA	JOANNE WOLLAEGER						
REIMB-5/13	05/21/13	01	WALMART-WATER,SALAD,DRESSING	9900005211		06/11/13	36.54
		02	WALGREENS-CHOCOLATE	9900005211			25.31
		03	DOLLAR TREE-VASES	9900005211			7.39
						INVOICE TOTAL:	69.24
						VENDOR TOTAL:	69.24
WSDAR	WS DARLEY & CO						
17066691	05/15/13	01	HELMET&SHIELDS	4122001301		06/11/13	77.90
						INVOICE TOTAL:	77.90

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TIME: 14:33:02
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CITY OF LAKE GENEVA
DETAIL BOARD REPORT

INVOICES DUE ON/BEFORE 06/11/2013

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT

WSDAR	WS DARLEY & CO						
17067271	05/20/13	01	COATS,PANTS-4 SETS	4122001301		06/11/13	9,313.90
						INVOICE TOTAL:	9,313.90
						VENDOR TOTAL:	9,391.80
YMCA	YMCA						
RE052413	06/01/13	01	JUN-MONTHLY PAYMENT	1170005760		06/11/13	4,000.00
						INVOICE TOTAL:	4,000.00
						VENDOR TOTAL:	4,000.00
ZEE	ZEE MEDICAL INC						
0100038291	05/24/13	01	FIRST AID SUPPLIES	1132105390		06/11/13	78.00
						INVOICE TOTAL:	78.00
						VENDOR TOTAL:	78.00
ZORN	ZORN COMPRESSOR & EQUIPMENT						
154748-00	05/08/13	01	VALVES-STN 2 COMPRESSOR	1122005351		06/11/13	330.50
						INVOICE TOTAL:	330.50
						VENDOR TOTAL:	330.50
						TOTAL ALL INVOICES:	186,133.47

**City of Lake Geneva
Treasurer's Report as of FEBRUARY 28, 2013**

WALWORTH STATE BANK	Type	Cash Activity			Cash Balances	
		Expenditures	Receipts	Transfers	Jan-13	Feb-13
City Expenses & Collections	General Checking	1,468,164.90	456,213.41	1,300,000.00		
City Net Payroll	General Checking	393,173.30				
City Health Claims	General Checking	133,615.93		826.90		
General Checking		1,994,954.13	456,213.41	1,300,826.90	693,462.45	455,548.63
PNC BANK						
Municipal Justice Trust Account	Municipal Court Checking				718.10	718.10
Savings Account	Police Seizure Account				2,591.04	2,591.04
	TOTALS	1,994,954.13	456,213.41	1,300,826.90	696,771.59	458,857.77

Talmer Bank & Trust	Type	Cash Activity			Cash Balances	
		Expenditures	Receipts	Transfers	Jan-13	Feb-13
US Bank	Tax Receipts	2,140,156.67	879,723.99		1,263,483.74	3,051.06
Talmer Bank	TID #4 Money Market		0.01		148.42	148.43
Talmer Bank	TID #4 Certificate of Deposit				58,500.00	58,500.00
	TOTALS	2,140,156.67	879,724.00	-	1,322,132.16	61,699.49

Other Banks	Type	Cash Activity			Cash Balances	
		Expenditures	Receipts	Transfers	Jan-13	Feb-13
PNC Bank	General Checking/Payroll	6,973.90	830.27		91,085.13	84,941.50
BMO Harris Bank	TID #4 Certificate of Deposit				601,824.51	601,824.51
Community Bank of Delavan	TID #4 Certificates of Deposit	-	625.40		620,310.53	620,935.93
Community Bank of Delavan	TID #4 CDARS	-	-		1,200,000.00	1,200,000.00
Community Bank of Delavan	TID #4 Money Market		0.03		1,708.85	1,708.88
Hometown Bank	Fire/EMS Billing Revenue	365.59	593.09	(826.90)	1,833.98	1,234.58
	TOTALS	7,339.49	2,048.79	(826.90)	2,516,763.00	2,510,645.40

Local Govt Investment Pool	Type	Cash Activity			Cash Balances	
		Expenditures	Receipts	Transfers	Jan-13	Feb-13
LGIP Acct #1	General	-	2,343,762.50	(1,300,000.00)	5,378,992.98	6,422,755.48
LGIP Acct #4	Treasurer	10,708,642.65	2,250,715.04		8,458,642.65	715.04
LGIP Acct #5	Impact Fees-Park	-	9.32		88,877.35	88,886.67
LGIP Acct #6	Impact Fees-Fire	-	6.58		62,703.80	62,710.38
LGIP Acct #7	TID #4	-	758,175.80		4,096,223.45	4,854,399.25
LGIP Acct #8	Capital Projects	-	33.55		319,821.24	319,854.79
LGIP Acct #9	Public Library	-	9.52		90,789.02	90,798.54
LGIP Acct #10	Impact Fees-Library	-	15.31		145,922.88	145,938.19
LGIP Acct #11	Capital Projects	-			-	-
	TOTALS	10,708,642.65	5,352,727.62	(1,300,000.00)	18,641,973.37	11,986,058.34

GRAND TOTAL ALL BANKS

14,851,092.94	6,690,713.82	(0.00)	23,177,640.12	15,017,261.00
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Jessica A. Klein

Attest: