

**CITY OF WASHBURN**  
119 Washington Avenue  
P.O. Box 638  
Washburn, WI 54891



715-373-6160  
715-373-6161  
FAX 715-373-6148

**NOTICE OF FINANCE COMMITTEE MEETING**

Monday, June 12, 2023 City Hall 4:30PM

- Committee Review-Monthly Expenditures

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**NOTICE OF HISTORIC PRESERVATION COMMISSION MEETING**

Monday, June 12, 2023 City Hall 5:30 PM

- Discussion & Action on Recommendation for Certificate of Appropriateness for Modifications and Signage to the Lakeshore Walking Trail **TAB 1**

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**NOTICE OF CITY COUNCIL MEETING**

Monday, June 12, 2023 Washburn City Hall 5:30 PM – Immediately Following the Historic Preservation Commission

This meeting may have members participating via tele or web conferencing. Public participants can listen to the proceedings by utilizing a computer or smart phone and using the link:

<https://us02web.zoom.us/j/83158089572?pwd=RHk5VUxJUm1SYXhrSDBocG91bWJLdz09> by calling 1-888-788-0099 (Toll Free) and entering Webinar ID: **831 5808 9572** with passcode **061223** as opposed to being present for the meeting.

**AGENDA**

- Call to Order/Roll Call/Pledge of Allegiance
- Approval of Minutes – City Council – May 8, 2023
- Approval of Monthly Expenditures via Roll Call Vote
- Public Comment
- Mayoral Announcements, Proclamations, Appointments **TAB 2**
  - Community for All Proclamation
  - Appointment to Room Tax Commission
  - Appointment of Fire Chief
- Discussion & Action on Transfer of Property, Lot 1 of CSM 2278 (Portion of Lot 52) to Megan Collins at 330 S. 8<sup>th</sup> Ave. W. **TAB 3**
- Discussion & Referral of Request to Vacate 9<sup>th</sup> Street East Between Washington Avenue and 3<sup>rd</sup> Avenue East - Irene Blakely, Petitioner **TAB 4**
- Discussion & Action on Resolution 2023-011 Approving the 2022 Compliance Maintenance Report for the Sewer Utility **TAB 5**
- Discussion & Action on Resolution 2023-012 Declaring Official Intent to Reimburse Expenditures from Proceeds of Borrowing **TAB 6**
- Discussion & Action on Personnel/Finance Committee Recommendation to Adjust the Employee Vacation Policy **TAB 7**
- Discussion & Action on Special Event Request for Cruise In Event at Patsy’s Bar on July 11, 2023 from 6:00 PM until 8:00 PM Including Relaxation of Open Container from Bayfield Street to the Alley and on S. 4<sup>th</sup> Avenue West, and the Temporary Closure of S. 4<sup>th</sup> Avenue West – Tammy DeMars/North Coast Car Show, Petitioner **TAB 8**
- Discussion & Action on Approval of Class “B” (Beer) and “Class B” (Liquor) licenses to Chequamegon Bait, LLC at 10 W. Bayfield Street, Kelsey Lindsey – Agent **TAB 9**
- Discussion & Action on Approval of Annual Alcohol License Renewals **TAB 10**
- Adjourn

May 8, 2023

CITY OF WASHBURN COMMON COUNCIL MEETING

5:30PM

Washburn City Hall & Remote Video Conferencing

City Council Members:

Present, in-person:

Tom Neimes, Jennifer Maziasz, Jared Trimbo, John Hopkins,  
Mary McGrath, Tracey Snyder, Dave Anderson

Present, remote:

none

Municipal Personnel:

Present, in-person:

Mayor Mary D. Motiff, City Administrator Scott J. Kluver,  
Asst. City Administrator Tony Janisch, City Attorney Max Lindsey,  
Police Chief Ken Johnson

Present, remote:

none

Absent:

none

**Call to Order** - Meeting called to order at 5:30pm by Mayor Motiff. Roll call attendance depicted seven (7) of seven (7) members of the Common Council in attendance. Quorum of the Council recognized.

**Approval of Minutes – City Council of March 13, 2023** - A motion was made by Neimes to approve the April 10 & 18, 2023 minutes of the City Council as well as the April 10, 2023 minutes of the Historic Preservation Commission, second by McGrath. Motion carried unanimously.

**Approval of Expenditures** – A motion was made by McGrath to approve the monthly expenditures as reviewed, second by Neimes. Motion carried unanimously via a roll-call vote.

**Public Comment** – Bill Bailey, 33430 Whiting Dr., Bayfield, Cheq Bay Renewables, speaking on behalf of Bayfield Co. who is applying for a US Transportation Department Grant for EV charging stations across the county. The County identified 11 sites throughout the county, including Washburn, to receive potential charging stations for electric vehicles. Bailey continued that each site would receive 4 charging stations, the total cost would be \$2-\$3 million and the grant would cover 80% of the costs. In Washburn, the site location that makes the most sense is Hansen’s IGA, it has the required electrical/voltage needs and has available parking space. Plus, it has off-street parking and is in the center of the City. Bailey continued that collecting public input is the next step of the application process and encouraged the City to provide a letter of support.

**Mayoral Announcements, Proclamations, Appointments**

- **Proclamations for National Skilled Nursing Care Week, National Police Week, Emergency Medical Services Week, Historic Preservation Month, and Arbor Day** –

The Mayor began by mentioning a ribbon cutting ceremony earlier in the day at the new business in Washburn, The Wood Bin. She added that the proposed Bayfield Co. housing project was not awarded WEDHA credits and that there is a need for seasonal help at Public Works. The Mayor continued by listing the proclamations occurring in May, including the event for Historic Preservation Month held at the Courthouse this past Saturday (5/13), including canon fire, and the Arbor Day Celebration event with tree planting at Memorial Park this upcoming Tuesday (5/16). The Mayor concluded by mentioning the Rescue Diva’s Camp occurring this summer for girls grades sixth, seventh & eighth.

**Election of Council President and Election of Plan Commission Member (2/3 Vote Required)**

– Anderson nominated Jen Maziasz for Council President. McGrath moved to close nominations and elect Maziasz for Council President. Motion carried unanimously. Neimes nominated Dave Anderson to continue serving on the Plan Commission. Neimes moved close nominations and elect Anderson for Plan Commission, second by Snyder. Motion carried unanimously.

**Discussion & Action on Resolution #23-010 Ratifying the Mayor’s Proclamation of April 20, 2023 and Declaring a Disaster in the City of Washburn Due to High Water and Flooding -**

Neimes moved to approve Resolution 23-010 ratifying the Mayors Proclamation declaring a High Water & Flooding Disaster, second by Trimbo. Kluver also noted damage at Fur Farm Road, along with Bigelow Street. Maziasz commented that if possible, when repairs are made, they should be upgraded in preparation for future storm events, and that other locations in the area sustained damage again because repairs were not upgraded. Motion carried unanimously.

**Discussion & Action on Draft Certified Survey Map for a Portion of Lot 52 at S. 8th Avenue West and Holman Lakeview Drive (Tax ID 32922) –**

Neimes moved to approve the certified survey map for the portion of Lot 52, second by Maziasz. Motion carried unanimously.

**Discussion & Action on Resolution 2023-009 Terminating TID #2 –**

McGrath moved to approve Resolution 2023-009 for the termination of TID #2, second by Neimes. Neimes asked if the funding set aside would still be available. The Mayor responded yes, for a housing project. Motion carried unanimously.

**Discussion & Action on Acceptance of Bid for Road Gravel –**

McGrath moved to approve and accept the bid from Bob Olson & Co. for Road Gravel, second by Neimes. Motion carried unanimously.

**Discussion & Action on Ordinance 23-003 Establishing the Process for the Issuance of Provisional Alcohol Licenses -**

Janisch stated that Wis. State Statute 125.185 allows municipalities to issue provisional retail alcohol licenses for 60 days because the process receiving a license can take several months. However, the state statute requires that the municipality establish an ordinance and identify who can approve and issue the provisional licenses. A motion was made by McGrath to approve Ordinance 23-003, second by Trimbo. Motion carried unanimously.

**Discussion & Action on Authorization of Notice for Class “B” (Beer) and “Class B” (Liquor)**

**licenses to Chequamegon Bait at 10 W. Bayfield Street, Kelsey Lindsey – Agent –** Janisch stated that the Firehouse Bar has sold. The new owner is Chequamegon Bait LLC and they wish to retain the Firehouse as a bar. Anderson moved to authorize city staff to issue public notification and to begin the administrative licensing process, second by Neimes. Motion carried unanimously.

**Discussion & Action on Notice of Annual Alcohol License Renewals –**

McGrath moved to authorize staff to begin the alcohol license renewals process, removing Dauson Inc. (dba Firehouse Bar) from the list, seconded by Maziasz. Motion carried unanimously.

**Discussion & Action on Special Event Request for Superior Vistas Bike Tour on June 24, 2023**

**Including Relaxation of Open Container and Noise Ordinances and Sale of Beer at Thompson’s West End Park - Washburn Chamber, Petitioner –** Moved by McGrath to approve the special event request of the Washburn Chamber for relaxations of open container and noise and the sale of beer by South Shore Brewery at West End Park on June 24, 2023, second by Trimbo. Motion carried unanimously.

**Discussion & Action on Special Event Request for Closure of Central Avenue on July 29, 2023 – Historic Civic Center Foundation, Petitioner – Moved by McGrath to approve the special event request of the Historic Civic Center Foundation to close Central Ave. on July 29, 2023, second by Neimes. Motion carried unanimously.**

**Closed Session Items**

- **Discussion & Action on a Personnel Matter involving a City Department Head and an Elected Official –**

A motion was made by McGrath to go into closed session at 6:11PM pursuant to Wisconsin State Statute §19.85(1) (c), for discussion of personnel matters, following which the Council may reconvene in open session to take any action that may be necessary on the closed session items, second by Neimes. Motion carried five (5) to two (2) via roll-call vote, Snyder & Anderson voting against. Anderson excused himself and left the meeting.

**Adjourn – Mayor Motiff adjourned the meeting at 6:32 pm.**

Tony Janisch  
Assistant City Administrator

**FINANCE COMMITTEE MEETING 4:30pm**

Committee Members Mary McGrath, Tracey Snyder & Tom Neimes reviewed monthly expenditure vouchers.

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To: Historic Preservation Commission  
From: Tony Janisch, Assistant City Administrator *Tony*  
Re: Recommendation for Certificate of Appropriateness for Lakeshore Walking Trail  
Date: June 2, 2023

When City Council approved the Lakeshore Walking Trail as a Historic Site in 2020, it established that some changes, like signage, would need to go before the Historic Preservation Commission to determine appropriateness and issue a certificate as such. Please find the included minutes & memo from the historic designation process.

The City has received funding from the Wisconsin Coastal Management Program for trail work and upgrades, as well as new trailhead signage. The Parks Committee has worked with the Washburn Heritage Association in the development of the trailhead signage. One sign has been developed for the West End Park trailhead, with funding for two more signs at the Marina & Washington Ave. trailheads.

Before installation of the new trailhead sign at West End Park can occur or at the other locations, the Historic Preservation Commission will first need to issue a Certificate of Appropriateness. You will also find maps with the approximate location of each trailhead sign, as well as planned trail work.

Trail improvements include rerouting the trailhead at West End Park. This will allow for future trail expansion/connection into the campgrounds and flowing wells, as well as a defined area to cross S 6<sup>th</sup> Ave. W. It will also create a greater buffer between the trailhead and sailing program. At the Washington Ave. trail area, a new bridge will be installed, and trail work will occur on the hillside replacing the water-bars/stairs. The new bridge will be longer and higher up in the ravine. Access to the beach will still be available at the other side of the bridge where the trail is currently at. At the Marina, trail work has already occurred. A bridge and stairway were removed, and the trail was rerouted up the hill. Another bridge was replaced further down the trail in this area, in front of the condos.

At its May 16<sup>th</sup> meeting, the Parks Committee made a recommendation for a Certificate of Appropriateness for the placement of new trailhead signage at the three locations, as well as trail work and upgrades.

For your reference, also find city ordinance Sec. 13-4-6 Regulations Governing Historic Properties, regarding the issuance of Certificates of Appropriateness.

The City of Washburn is an equal opportunity provider, employer, and lender.

January 13, 2020

**CITY OF WASHBURN COMMON COUNCIL MEETING**

5:30PM Washburn City Hall

Present: City Council Members: Karen Spears-Novachek, Laura Tulowitzky, Jennifer Maziasz, Mary McGrath, Tom Neimes, Carl Broberg, Aaron Austin

Municipal Personnel: Mayor Richard Avol, City Administrator Scott J. Kluver, Assistant City Administrator Tony Janisch, City Attorney Max Lindsey, Director of Public Works Bob Anderson, Operator Ron Leino, Operator Joel Weber, Police Chief Ken Johnson, Officer Nick Suminski

Excused Absence: None

**Call to Order** - Meeting called to order at 5:30PM by Mayor Avol. Roll call attendance depicted seven (7) of seven (7) members of the Common Council in attendance. Quorum of the Council recognized.

**Approval of Minutes – City Council Meeting of December 9, 2019 & Historic Preservation Commission Meeting of December 9, 2019 - A motion was made by Novachek to approve the December 9, 2019– minutes of the City Council & Historic Preservation Commission. second by Broberg. Motion carried unanimously.**

**Approval of Expenditures- A motion was made by Novachek to approve the monthly expenditures as reviewed, second by McGrath. Motion carried unanimously via roll call vote of all seven (7) councilors in attendance.**

**Public Comment –** There was no public comment.

**Mayoral Announcements, Proclamations, Appointments-** The Mayor noted that Dave Bell, on the agenda with interest in the Brokedown Building, was not able to attend the Council meeting and no presentation will be made. Avol further stated a vacancy on the Harbor Commission. The Mayor next recognized two employees for their longevity with the City. Ron Leino, 30 years of service in the Public Works Department. And Nick Suminski, 15 years of service with the Police Department. Lastly, the Mayor noted the passing of Washburn resident James “Marley” Ledin Sr.

**Public Hearing & Action on Designating a Portion of the Lakefront Walking Trail as a Historic Site – Moved by McGrath to open the public hearing, second by Neimes. Motion carried unanimously. No comments were received from the public. Moved by McGrath to close the public hearing, second by Novachek. Motion carried unanimously. Moved by McGrath to designate portions of the Lakefront Walking Trail as a Historic Site with the criteria and provisions as recommended by the Historical Preservation Commission. second by Neimes. Motion carried unanimously.**

**Presentation by Dave Bell on Interest in the Brokedown Building at 204 W. Bayfield St. –** It was noted that Bell was unable to attend. No presentation or discussion occurred.

**Discussion & Action on Approval of Certified Survey Map for Lots 2, 3, 4 and 5 of Block 3 of Church’s Subdivision – Mick Malcheski, Petitioner –** No discussion. Moved by Broberg to approve the certified survey map for Lots 2. 3. 4. 5 of Block 3 of the Church’s Subdivision, second by Novachek. Motion carried unanimously.

**Presentation, Discussion & Action on Request to Place Informational Kiosks on Public Rights-of-Way and Locations – Washburn Heritage Association, Petitioner –** Ginny Pederson presented for the Washburn Heritage Association (WHA). Pederson stated that the WHA is organized to enrich the experience of living in Washburn by telling the compelling stories of the unique architectural and cultural heritage of the area. Pederson explained some the past and current projects of the WHA, and then introduced the kiosk project. The kiosk will work to share information about Washburn to visitors, as well as remind citizens of the city’s heritage. The kiosk look will model the DuPont bungalows along historic 3<sup>rd</sup> St, a proposed design has been

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**To:** Honorable Mayor and City Council Members  
**From:** Scott J. Kluver, <sup>SK</sup> Administrator  
**Re:** Designation of a Portion of the Walking Trail as a Historic Site Part III  
**Date:** December 19, 2019

The last step in the designation of the walking trail as a historic site is at hand. This time, another public hearing will first be conducted on the proposed nomination of the walking trail as a historic site. After the public hearing, the Council can take final action on the matter. A copy of the same materials that were in last month's packet are included.

The area to be designated as a historic site is defined as from the trail head at Thompson's West End Park up to the marina boat landing. The width of the historic site shall be from eight feet north of the existing pathway south to the normal high-water line of Lake Superior.

Reasons for the nomination are stated in the minutes of the last Historic Preservation Commission meeting which are also included in your binder.

The Historic Preservation Commission has indicated that the designation should not interfere with trail maintenance and repairs, tree/brush removal, invasive species control, shoreline erosion control, bridge replacement, and other similar activities. It would be my interpretation that replacement of signage or signage themes and the placement of new or other types of art or structures may be subject to obtaining a certificate of appropriateness.

Please let me know if you have further questions on this matter. Once approved, I expect the group responsible for the nomination will begin publicizing the area and planning improvements to the area that will highlight the historic significance. Any improvements will likely be considered at a future meeting.



December 9, 2019

**HISTORIC PRESERVATION COMMISSION**

5:30PM Washburn City Hall

Present: Commission Members: Karen Spears-Novachek, Laura Tulowitzky, Jennifer Maziasz, Tom Neimes, Carl Broberg

Municipal Personnel: Mayor Richard Avol, City Administrator Scott J. Kluver, Assistant City Administrator Tony Janisch, City Attorney Max Lindsey, Director of Public Works Bob Anderson

Excused Absence: Mary McGrath, Aaron Austin

**Called to Order** – Meeting called to order at 5:30pm by Mayor Avol. Roll call attendance depicted five (5) of seven (7) members of the Historic Preservation Commission in attendance. Quorum of the Commission recognized.

**Approval of Minutes – Historical Preservation Commission of November 18, 2019 – A motion was made by Novachek to approve the November 18, 2019 minutes, seconded by Broberg. Motion carried unanimously.**

**Public Hearing and Action on Designating a Portion of the Lakefront Walking Trail as a Historic Site – Moved by Broberg to open Public Hearing, seconded by Maziasz. Motion carried unanimously. No public comments were made. Moved by Broberg to close the Public Hearing, seconded by Maziasz. Motion carried unanimously.**

**Moved by Novachek to recommend to City Council the historic site designation the portion of the Washburn Walking Trail from the trail head at Thompson's West End Park up to the marina boat landing. The width of the historic site shall be from eight feet north of the existing pathway south to the normal high-water line of Lake Superior. And that designation should not affect maintenance, branches, bushes and bridge placement. second by Neimes.** City Attorney Lindsey suggests the commission should discuss why they are making this recommendation. Maziasz stated that this designation will set a historic theme to the Trail and its interpretation. Avol stated that area was home to several sawmills that were the heart of Washburn's industrial past and an intracule part to the founding on the community. The Trail also has several signs documenting Washburn's history. Designating the area will help preserve the history for future generations and serve to be an attraction to the community. **Motion carried unanimously.**

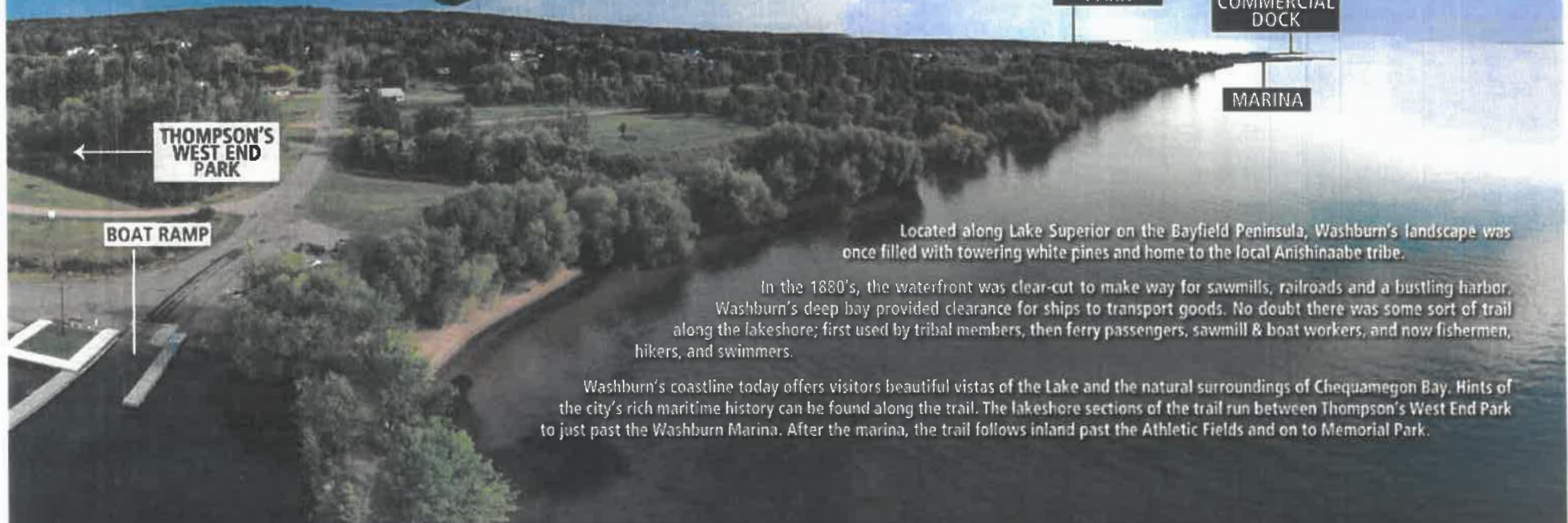
**Moved by Broberg to adjourn at 5:35pm, second by Novachek. Motion carried unanimously.**

Tony Janisch  
Assistant City Administrator

# Washburn's Historic Lakeshore Parkway & Walking Trail

*"Treasure and cherish our pathway to the Lake. Be gentle to it, for it is probably more fragile than we."*

Bud Robinson  
Trail Co-Founder



Located along Lake Superior on the Bayfield Peninsula, Washburn's landscape was once filled with towering white pines and home to the local Anishinaabe tribe.

In the 1880's, the waterfront was clear-cut to make way for sawmills, railroads and a bustling harbor. Washburn's deep bay provided clearance for ships to transport goods. No doubt there was some sort of trail along the lakeshore; first used by tribal members, then ferry passengers, sawmill & boat workers, and now fishermen, hikers, and swimmers.

Washburn's coastline today offers visitors beautiful vistas of the Lake and the natural surroundings of Chequamegon Bay. Hints of the city's rich maritime history can be found along the trail. The lakeshore sections of the trail run between Thompson's West End Park to just past the Washburn Marina. After the marina, the trail follows inland past the Athletic Fields and on to Memorial Park.

## Trail Founders



In 1916, Washburn residents HAROLD COOK, JOHN ANDERSON, and BOB THOMPSON donated 100 acres to create a walking trail along the lakeshore. A century later, the trail is now a beautiful and historic walking path.

With the help of many volunteers, working professionals, and your support, the City of Washburn continues to maintain this historic walking trail for future generations.



## Natural Features

The parkway includes ravines, forests, fields, wetlands, and beaches as well as some specialized Lake Superior. Because of the dense habitat, there is a variety of wildlife including migratory and nesting birds, turtles, deer, moose, fox, beaver, and otter and muskrats.



Heritage  
City of Washburn  
Wildlife Conservation  
and Management Program



West End Park  
- Trailhead signage  
- Trail reroute



Washington Ave.  
- Trailhead signage  
- Trail work  
- Bridge replacement



Marina  
- Trailhead signage  
- Trail reroute

writing to the Common Council within ten (10) days of receipt of the notice of the Commission's nomination, which shall be served either by personal service or certified mail. Upon receipt of said appeal by the Common Council, the matter shall be placed on the next regular Council meeting agenda for the purpose of removing the appellant's property from the nomination process. The Common Council shall remove said property from the nomination process, unless there is clear and satisfactory evidence that the subject property represents a historical structure or site of such important to the history of Washburn, and the public good, that the removal of the property from the nomination process would represent a likely danger that the property's historical significance will be seriously damaged or lost. An appeal under this Section stays any further hearings by the Commission regarding the nominated property.

- (3) The Commission shall hold a public hearing to consider the nomination of the structure or site as a Historic Property. The public hearing shall not be conducted less than fourteen (14) days after the publication of a public meeting notice.
  - (4) After considering written and oral input obtained through the public hearing process, the Commission shall make its recommendations to the Common Council as to whether the structure or site should be designated a Historic Property. The Commission's written recommendation shall include reasons in support of the Commission's recommendations. The Commission shall forward a copy of its written recommendations to every person who owns all or part of the property described by the nomination.
  - (5) The Common Council shall hold a public hearing to consider the Commission's recommendation to designate the structure or site as a Historic Property. The Common Council may then approve or deny the designation by majority vote.
- (b) **Obligations of Historic Properties.** Upon approval by the Common Council as a Historic Property, the designated property and the owner or owners, shall abide by the guidelines and regulations governing Historic Properties.

### **Sec. 13-4-6 Regulations Governing Historic Properties.**

- (a) After the Historic Property has been designated as such by the Common Council, no owner or person in charge of a Historic Property shall reconstruct, alter or demolish all or any part of the exterior of such Historic Property unless a Certificate of Appropriateness has been granted by the Historic Preservation Commission. The Zoning Administrator shall not issue a building permit for such work unless a Certificate of Appropriateness has been granted by the Commission. No additional structures shall be permitted to be constructed or placed upon the historic property unless a Certificate of Appropriateness has been granted by the Historic Preservation Commission. Any reconstruction, remodeling or other similar work

- to the interior of the structures on the Historic Property shall not require a Certificate of Appropriateness, but must comply with any rules regarding issuance of a building permit.
- (b) The owner of a Historic Property must complete an application for a Certificate of Appropriateness for any desired changes to be made to the Historic Property described in Subsection (a).
- (c) Upon filing of any application for the Certificate of Appropriateness with the Commission, the Commission shall approve the application unless:
- (1) In the case of a designated Historic Property, the proposed work would detrimentally change, destroy or adversely affect any exterior architectural feature of the improvement or site upon which said work is done;
  - (2) In the case of the construction of a new improvement upon a Historic Property, the exterior of such improvement would adversely affect or not harmonize with the external appearance of other neighboring improvements on such site;
  - (3) In the case of any property located in a historic district, the proposed construction, reconstruction, exterior alteration or demolition does not conform to the purpose and intent of this Chapter and the objectives and design criteria of the historic preservation plan for such a district;
  - (4) The building or structure is of such architectural or historical significance that its demolition would be detrimental to the public interest and contrary to the general welfare of the people of Washburn and the state;
  - (5) The building or structure is of such old and unusual or uncommon design, texture, and/or material that it could not be reproduced without great difficulty and/or expense.
  - (6) In the case of request for the demolition of a deteriorated building or structure, any hardship or difficulty claimed by the owner is self-created or is the result of any failure to maintain the property in good repair.
- (d) In addition, in determining whether to issue a Certificate of Appropriateness, the Commission shall consider and give weight to any or all of the following standards:
- (1) A property shall be used for its historic purpose or be placed in a new use that requires minimal change to defining the characteristics of the building and its site and environment.
  - (2) The historic character of the property shall be retained and preserved. The removal of historic material or alteration of features and spaces that characterize the property shall be avoided.
  - (3) Each property shall be recognized as a physical record of time, place and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken.
  - (4) Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved.
  - (5) Distinctive features, finishes and construction techniques or examples of craftsmanship that characterize the property shall be retained and preserved.

- (6) Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of distinctive features, the new feature shall match the old in design, color, texture and other visual qualities and, where possible, materials. Replacement of missing features shall be substantiated by documentary, physical or pictorial evidence.
- (e) If the Commission determines that the application for a Certificate of Appropriateness and the proposed changes are consistent with the character and features of the property or district within the stated guidelines, it shall issue a Certificate of Appropriateness. Upon the issuance of such a certificate, the building permit shall be issued by the Zoning Administrator. The Commission shall make this decision within thirty (30) days of the filing of the application.
- (f) Should the Commission fail to issue a Certificate of Appropriateness due to the failure of the proposal to conform to the guidelines, the Commission shall provide suggestions as to how the proposed alterations could be completed so as to minimize any adverse affects to the Historic Property and to assist the applicant in obtaining the desired Certificate of Appropriateness within the guidelines of this Chapter.
- (g) Applicants may appeal the Commission's decision to the Common Council within thirty (30) days of receipt of the decision of the Commission. The appeal is a de novo review. The owner may seek as a remedy upon appeal rescission of the historical designation, if the owner of the property subject to the historical designation can establish by clear and convincing evidence that the Commission is acting in an arbitrary and capricious manner, which has resulted in an unreasonable hardship to the owner.
- (h) The Zoning Administrator is responsible for assuring that all work is done in accordance with the Certificate of Appropriateness and the issued building permit.
- (i) Agencies of the City and all public utility and transportation companies undertaking projects affecting historic structures, sites, or districts shall be required to obtain a Certificate of Appropriateness prior to initiating any changes in the character of street paving, sidewalks, utility installations, lighting, walls, fences, structures and buildings on property, easements, or streets owned or franchised by the City.
- (j) Ordinary maintenance and repairs may be undertaken without a Certificate of Appropriateness provided the work involves repairs to existing features of a historic structure or site and the replacement of elements of the exterior portion of the structure with pieces identical in appearance and provided the work does not change the exterior appearance of the structure or site and does not require the issuance of a building permit.

### **Sec. 13-4-7 Rescission of Historic Property Designation.**

- (a) If the person listed as the owner of record of a Historic Property is unable to sell his/her property due to the obligations imposed by this Chapter, such a person may petition the



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## **“Community for All” Proclamation**

**WHEREAS**, Washburn’s social, economic, and collective physical and mental well-being is predicated on our community’s ability to be an open, inclusive, and diverse place to live and work; and

**WHEREAS**, A community’s values are not only determined by its elected bodies, but also its residents, families, business owners, non-profit leaders, community organizers, religious institutions, and schools; and

**WHEREAS**, Human diversity can be defined as differences in race, ethnicity, nationality, gender, gender identity, sexual orientation, socio-economic status, age, physical and/or mental capabilities, and religious beliefs; and

**WHEREAS**, The City of Washburn recognizes diversity, inclusion, and equity as essential to positive and healthy lives, and is committed to ensuring people of all perspectives and experiences are welcome and feel safe in our community; and

**WHEREAS**, The City of Washburn is welcoming and inclusive to all residents and visitors alike, no matter their age, race, color, national origin, religion, gender identity or expression, sexual orientation, disability or socio-economic, familial or veteran status; now

**THEREFORE, I, Mary D. Motiff, Mayor of the City of Washburn, in recognition of these points do hereby proclaim the City of Washburn, as**

**“A Community for All”**

***and will continue to promote an environment that accepts, celebrates and appreciates diversity within the community while condemning any hate-based activity, treatment, or discrimination due to a person’s protected class. And I call on our partners in government, residents, families, business owners, non-profit leaders, community organizers, religious institutions, and schools to do the same.***

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**Mary D. Motiff, Mayor**

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To: Honorable Mayor and City Council Members

From: Scott J. Kluver, <sup>SK</sup>Administrator

Re: Appointment to Room Tax Commission  
Appointment of Fire Chief

Date: May 31, 2023

Please know that the Mayor is nominating Mary McGrath for another one-year term on the Washburn-Bayview Room Tax Commission. Mary has served on the Commission for several years.

Also, know that the Mayor is nominating Mark Guenther to be formally appointed as Fire Chief. Mark has served on the Fire Department since December of 1996 and as Assistant Chief for several years. At a formal meeting of the Fire Department members in May, it was also recommended by the membership that Mr. Guenther be appointed as Chief.

Assuming the appointment of Mr. Guenther is approved by the Council, the Fire Department selects their other officers. For your information, they have appointed Chris Bulovsky and Al Krause to serve as Assistant Chiefs with Richard Olsen stepping down as Assistant Chief. In addition, Chan Cleland, Cole Pearson, and Scott Posner have been selected to serve as Captains with Tim Schwenzfeier stepping down as Captain.

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**CITY OF WASHBURN**  
**119 Washington Avenue**  
**P.O. Box 638**  
**Washburn, WI 54891**



**715-373-6160**  
**715-373-6161**  
**FAX 715-373-6148**

To: Honorable Mayor and City Council Members

From: Scott J. Kluver, Administrator

Re: Transfer of Property (Portion of Lot 52) to Megan Collins

Date: June 1, 2023

Last month the Council approved CSM 2278 which created a .09 acre lot which is the remainder of Lot 52 that is not being used as part of the redesign of the intersection of Bigelow/Holman Lakeview Drive and S. 8<sup>th</sup> Avenue West. During the discussion of this project, it has been anticipated and recommended that this remainder parcel would be transferred to Megan Collins at 330 S. 8<sup>th</sup> Avenue West which is immediately to the north of this location. The deck of the house on this property trespasses over the property line, so this transfer would provide an appropriate side yard setback. In addition, the Public Works Director does not want to be responsible for the continued maintenance of this area. Our recommendation is to transfer this property at no cost to Ms. Collins.

Ms. Collins has requested as part of the transfer of this property that a fence and/or landscaping be provided to provide an appropriate barrier between her property and the road. The Public Works Director and I intend to meet with Ms. Collins during the week of June 5<sup>th</sup>, so I do not have details of the request/costs at this time. I will follow up with this information prior to the Council meeting.

Enclosed is the CSM that was recorded for this parcel. Please let me know if you have any questions related to this, and I will follow up as I have more information.

DOCUMENT NUMBER  
2023R-599167

DANIEL J. HEFFNER  
REGISTER OF DEEDS  
BAYFIELD COUNTY, WI

RECORDED  
05/26/2023 AT 10:32 AM  
RECORDING FEE: \$30.00  
PAGES: 2

# BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2278

A PARCEL OF LAND LOCATED WITHIN THE ABANDONED RAILROAD  
RIGHT OF WAY, LOCATED ADJACENT TO LOT 9, BLOCK 3 OF THE  
ORIGINAL TOWNSITE OF WASHBURN, SECTION 5, TOWNSHIP 48  
NORTH, RANGE 4 WEST, CITY OF WASHBURN, BAYFIELD COUNTY, WI.

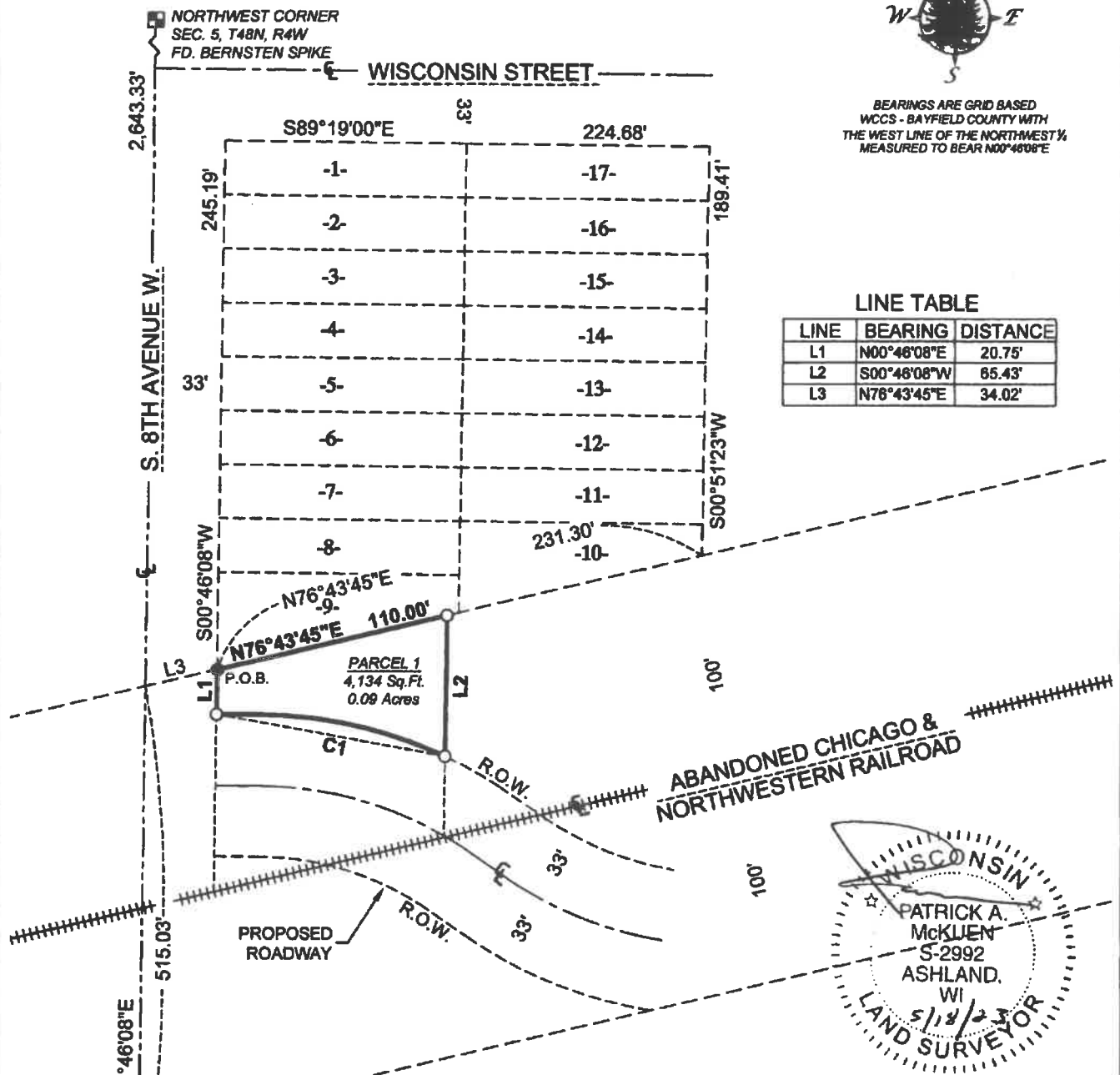
Vol. 13 CSM Pg. 161-162



BEARINGS ARE GRID BASED  
WCCS - BAYFIELD COUNTY WITH  
THE WEST LINE OF THE NORTHWEST 1/4  
MEASURED TO BEAR N00°46'08"E

LINE TABLE

LINE	BEARING	DISTANCE
L1	N00°46'08"E	20.75'
L2	S00°46'08"W	85.43'
L3	N76°43'45"E	34.02'



# BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2278

A PARCEL OF LAND LOCATED WITHIN THE ABANDONED RAILROAD RIGHT OF WAY, LOCATED ADJACENT TO LOT 9, BLOCK 3 OF THE ORIGINAL TOWNSITE OF WASHBURN, SECTION 5, TOWNSHIP 48 NORTH, RANGE 4 WEST, CITY OF WASHBURN, BAYFIELD COUNTY, WI.

### Surveyor's Certificate

I, Patrick A. McKuen, Professional Land Surveyor S-2992, hereby certify that I have surveyed, divided and mapped; A parcel of land located within the abandoned railroad right of way, located adjacent to Lot 9, Block 3 of the Original Townsite of Washburn, Section 5, Township 48 North, Range 4 West, City of Washburn, Bayfield County, WI more particularly described as follows:

Commencing at the West  $\frac{1}{4}$  Corner of said section; Thence N00°46'08"E along the west line of the NW  $\frac{1}{4}$  of said section a distance of 515.03 feet to the intersection with the northerly right of way of the abandoned Chicago & Northwestern Railroad; Thence N76°43'45"E along said right of way a distance of 34.02 feet to the intersection of the east right of way of S. 8th Ave. W. which is the Point of Beginning; Thence N76°43'45"E and continuing along said northerly right of way a distance of 110.00 feet; Thence S00°46'08"W a distance of 65.43 feet to the northerly right of way of a proposed roadway; Thence continuing along said northerly right of way of the proposed roadway 88.38 feet along a curve to the left, said curve having a radius of 207.97 feet, a central angle of 24°20'54" and a chord which bears N79°39'24"W a distance of 108.22 feet to the intersection with the east right of way of S. 8th Ave. W.; Thence N00°46'08"E along said east right of way a distance of 20.75 feet to the intersection with the northerly right of way of the abandoned Chicago & Northwestern railroad which is the Point of Beginning.

That the above described parcel of land contains 4,134 square feet or 0.09 acres.

That I have made this map at the direction of Scott Kliver, Agent for said lands.

That said parcel is subject to any easements, restrictions and right-of-ways of record.

That I have fully complied with the provisions of Section 236.34 of Wisconsin Statutes and with the subdivision regulations of the City of Washburn in surveying, dividing and mapping said parcel.

That this map correctly and accurately depicts the exterior boundaries of said parcel and the division thereof made.

dated this 18 day of May, 2023

Pine Ridge Land Surveying  
Patrick A. McKuen  
WI PLS S-2992



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**CITY OF WASHBURN**  
119 Washington Avenue  
P.O. Box 638  
Washburn, WI 54891



715-373-6160  
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FAX 715-373-6148

To: Honorable Mayor and City Council Members  
From: Scott J. Kluver, Administrator *SK*  
Re: Vacating Request of 9<sup>th</sup> Street East Between Washington Avenue and 3<sup>rd</sup> Avenue East  
Date: May 31, 2023

Enclosed you will find a request to vacate 9<sup>th</sup> Street East between Washington Avenue and 3<sup>rd</sup> Avenue East adjacent to Lot 14 of Egan's Subdivision of Block 15 in Vaughn's Division of Townsite of Washburn and Block 40 of the DuPont Park Addition to the City of Washburn.

This location bisects property owned by Irene Blakely, so no other property owner would be impacted by this. Her intention is to have enough space to be able to divide her property so that a new residential structure could be constructed. This is a very short road, and I have no objection to her concept or the vacation of this segment.

This request would not land-lock any property. The Plan Commission and the Council should consider future plans, traffic flow, and potential impacts of development to the surrounding area when considering this request.

At this time, a copy of the recorded petition of the intent to vacate is outstanding; however, I will be working with the petitioner to get this done. I will also need at least one of the two property owners that have a portion of the unvacated 9<sup>th</sup> Street East on the other side of 3<sup>rd</sup> Avenue East to consent to the vacation. In addition, there will need to be further review of utility easements, but we are currently not aware of any utility easements. These items should be completed prior to the Plan Commission meeting on this matter.

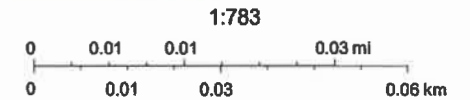
The purpose of this introductory item is to see if the Council is absolutely opposed to the request, and if so, it should be denied before additional time and effort are put in by the petitioner and staff. If the Council is receptive to considering this vacating request, the matter should be referred to the Plan Commission and an authorization to publish the public hearing notice should be given. Please let me know if you have any questions on this request. The Council would have to take formal action after the Plan Commission review and Public Hearing.

# Bayfield County, WI



5/31/2023, 9:38:32 AM

- |                             |                    |                                 |           |
|-----------------------------|--------------------|---------------------------------|-----------|
| Tie Lines                   | Municipal Boundary | Recorded Map                    | Existing  |
| Meander Lines               | All Roads          | Corner Tie Sheets               | Buildings |
| Approximate Parcel Boundary | Town               | Section Corner Monument on File |           |
| Section Lines               | Survey Maps        | Building Footprint 2009-2015    |           |
|                             | UnRecorded Map     | Changed                         |           |



Bayfield



**PROCEDURES FOR VACATING STREETS AND ALLEYS (by petition)**  
**CITY OF WASHBURN**  
(Petitions Available from City Clerk)  
(Reference WSS §66.1003)

1. Inquiry is made through the City Clerk to City Council and the City Plan Commission and Public Works Department to determine if vacation is possible or if other options are available, and what uses may be allowed on the vacated right-of-way.
2. When a street or alley vacation is granted, the right-of-way becomes private property. The owner(s) on one side of the street/alley obtain ownership of one-half (1/2) of the right-of-way, and owner(s) on the other side obtain ownership of the other half (1/2). If one party wishes to obtain all of the right-of-way, this is strictly a private transaction between the property owners after the vacation occurs. If the petitioner does not own all of the property abutting on both sides of the requested vacation the petitioner must contact the other owners and all must join in signing the petition. If they are also interested in getting the street or alley vacated they may be willing to share the costs of the petition but they are not obligated to do so. If the petition is to vacate a street or a paved alley (that is, any "public way" other than an unpaved alley), the petitioner must also get the owners of one-third of the frontage of the remainder of the public way that lies within 2,650 feet of the ends of the portion to be discontinued to join the petition. **IT IS THE RESPONSIBILITY OF THE PETITIONER TO PROVIDE THE NAMES AND ADDRESSES OF THE ADJACENT PROPERTY OWNERS.**
3. If a vacation petition is submitted **IT MUST BE RECEIVED BY THE CITY CLERK NO LATER THAN THE 4<sup>th</sup> MONDAY OF THE MONTH PRECEDING THE COUNCIL MEETING AT WHICH IT WILL BE INTRODUCED. THE COMMON COUNCIL MEETS MONTHLY ON THE 2<sup>ND</sup> MONDAY.** It is strongly suggested that the petition be submitted prior to this deadline. **Fees for vacations are \$250 minimum for an alley and \$400 minimum for a street. A fee of twenty-five cents (\$.25) per square foot is due and payable should the vacation be approved. The vacation documents will not be duly recorded and effective until all fees are paid in full. The minimum fee must be submitted with the petition and is not refundable.**
4. The City Clerk places the petition on the City Council agenda for the Council meeting held on the second (2<sup>nd</sup>) Monday of the month. Council refers the matter to the City Plan Commission if the petition meets statutory requirements. The City Clerk verifies abutting ownership as provided by the petitioner. The Plan Commission consists of the Mayor, one Council representative, and five citizens chosen to serve three-year terms.
5. A notice that an application to vacate a street or alley has been filed is prepared by the petitioner and is recorded at the Bayfield County Register of Deeds. A copy of the recorded Notice should be provided to the City Clerk. The Register of Deeds will charge \$30 to record the Notice. State law provides that all proceedings to vacate a street or alley are void if this Notice is not recorded.
- NO 6. If the street to be discontinued is within ¼ mile of a state trunk or connecting highway, a copy of the petition must be sent by the City to the Secretary of the Wis. DOT.
7. The City Clerk requests comments on the proposed vacation from the City Public Works Department; the petitioner is required to provide written location of utility lines in the area. The City Public Works Department returns comments and recommendations regarding any impact the vacation may have in the area on such things as traffic flow, garbage collection, and snow removal. (If the requested vacation is adjacent to schools, the Board of Education is also notified.)
8. The agenda for the Plan Commission meeting is prepared by the Mayor (as Chair of the Plan Commission) and the City Clerk with copy to City Council members, local news media, and various other City Departments and interested parties as requested or as determined by the Mayor and City Clerk.
9. Several days before the Plan Commission meeting, the Plan Commission Chairman (Mayor) and City Clerk provides the Plan Commission members with background information about the request, any comments received, etc.

10. The City Plan Commission meets in the Council Chambers of the City Hall Building at a prescribed time. Meetings are open to the public. At the meeting, Plan Commission members review the request and receive comments. A recommendation is made, which is then forwarded to the City Council. A Class 3 Notice (that is, a notice published once a week for three weeks) is published for a public hearing regarding the petition for an upcoming Council meeting.
11. The City Council receives the minutes of the Plan Commission meeting with its recommendation prior to the Council meeting. A public hearing is held at the appropriate Council meeting, and action on the petition can be taken afterwards. Included in all resolutions is a statement that the vacation is subject to all utility easements, future construction and maintenance rights and access, including access rights incidental to those easements.
12. The City does not prepare a deed to transfer the vacated street or alley. Instead, a certified copy of the final resolution is sent by the City Clerk to the Register of Deeds in the Bayfield County Courthouse within several days of its adoption by the City Council. The resolution is recorded in the same manner as a land transaction. The Register of Deeds returns the recorded document to the City Clerk's Office, showing the Document Number, Volume Number, Page Number, and date of the recording. This transaction is later noted by the City Assessor's Office and the Data Processing Department for tax purposes. The City does not prepare a deed for the property owners. After recording, the legal description of all parcels of property abutting the vacation will be shown with the words "and alley vacated" or "and (street name) vacated". Copies of the recorded resolution, if needed by the property owners, can be obtained from the City Clerk's Offices for the normal copy service fee.

Adopted as Policy October 11, 1993

Updated December 10, 2014

Separate procedures exist, as required by statutes, for discontinuances initiated by the City.

**CITY OF WASHBURN**

**PETITION FOR VACATION OF ALLEY(S) OR STREET(S)  
CITY OF WASHBURN, WISCONSIN**

To: Mayor, Common Council and City Plan Commission of the City of Washburn, WI 54891

I (We), the undersigned, do hereby petition the City of Washburn to vacate (give street name or general location of street/alley):

Ninth Street East adjacent to Third Avenue East, South of Block 40 of Dupont Park addition and north of Lots 12-14 of Egan's Subdivision of Block 15

1. **THERE IS ATTACHED** a sketch or copy of the plat of the area which depicts the requested vacation. (Map showing the vacation must agree with legal description of property listed in #2 below).

2. The property abutting the proposed vacation is legally described as:

Pin 04.291.2.49, 04.32.400, 341.70000 Block 40 of Dupont Park Addition (291-1027-05-000)  
Pin 04.291.2.49, 04.32.100, 166.88000 Lots 12-14 of Block 15 in Vaughn's Division and Egan's Subdivision (291-1028-05-000)

3. **Abutting property owner(s) and mailing addresses (see #2 Procedures for Vacation):**

1. Irene H. Blakeby  
803 Third Avenue East

2.

3.

4.

5.

4. For all vacations other than unpaved alleys: Property owner(s) and mailing addresses for at least 1/3 of the 2650 feet from each end of the section of road to be vacated (see #2 Procedures for Vacation):

1. \_\_\_\_\_  
\_\_\_\_\_

2.

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_

6.

5. The undersigned petitioner(s) hereby agree to accept said property described above and shown on the attached sketch or plat, subject to conditions set forth by the City Council and City zoning regulations and including, but not limited to, the right of the City of Washburn and/or utility companies to retain any easement, drainageway, or floodplain land for the purpose of maintaining, conducting or constructing any required existing or future services or facilities on said easement which would serve or protect the public.

6. That the facts presented herein and attached hereto are true and correct to the best of my (our) knowledge.

Submitted this 3<sup>rd</sup> day of May, 2023.

CIRCULATOR OF THIS PETITION:

Irene H Blakely  
(Signature)

Please Print Below:

Irene H. Blakely  
Name of Petitioner

803 Third Avenue East  
Address

715.209.5299  
Telephone

STATUS (Check Below):

Property Owner \_\_\_\_\_ Option Holder \_\_\_\_\_ Owner's Authorized Agent  
 Contract Purchaser

**CITY OF WASHBURN**

PO BOX 638

WASHBURN, WI 54891

**Receipt Nbr:** 34262

**Date:** 5/11/2023

**Check**

**RECEIVED  
FROM**

IRENE BLAKELY

\$400.00

**Type of Payment**

**Description**

**Amount**

Accounting

VACATING FEES

400.00

STREET VACATING APP. FEE I. BLAKELY

---

TOTAL RECEIVED

400.00

---

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**715-373-6160**  
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**FAX 715-373-6148**

To: Honorable Mayor and City Council Members

From: Scott J. Kluver, <sup>SSK</sup> Administrator

Re: Resolution for Compliance Maintenance Annual Report (CMAR) – Treatment Plant

Date: May 26, 2023

Enclosed you will find the draft resolution for the annual submission of the CMAR. I recommend approval of this resolution.

In summary, for 2022, the treatment plant met all of the requirements and limits of the DNR with the exception of finances. While the Sewer Utility still is now bringing in enough to cover its operating needs, it is not bringing in enough revenue to cover all of its own maintenance needs. Modest increases in the sewer rates have been occurring over the years. There was an upset at the plant in January of 2022, so you will notice some “B” scores because of that, but the plant passed for all other months.

Staff continue to do a great job meeting the requirements, catching up on plant maintenance, and making efforts to operate the plant as efficiently as possible. At this point, the only way to improve the financial grade is to increase rates and/or increase customers. As far as increasing revenue by increasing sewer rates too much, it would likely lead to more water conservation and to fewer people choosing to live in or establish businesses in the service area. This would be counterproductive to achieving financial stability. Increasing the number of users and the volume of usage is what is needed to help this situation. Additional development in the community would help significantly. The existing \$3,600,000 in Sewer Utility debt has been refinanced as much as practical for now.

If you have any other questions regarding this report, please let me know. If you would like the Operator in Charge present for the meeting to answer any technical questions, please let me know that in advance as well.

**CITY OF WASHBURN**  
119 Washington Avenue  
P.O. Box 638  
Washburn, WI 54891



715-373-6160  
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FAX 715-373-6148

**RESOLUTION NO. #23-011**  
**Approving the 2022 Compliance Maintenance Annual Report**

**WHEREAS**, The City of Washburn operates a wastewater treatment plant on behalf of its residents as part of its sanitary sewer utility; and

**WHEREAS**, The Wisconsin Department of Natural Resources has issued WPDES Permit # WI 0022675-10-0 to the City of Washburn for the operation of its wastewater treatment plant; and

**WHEREAS**, The Wisconsin Department of Natural Resources requires that a Compliance Maintenance Annual Report be prepared by the wastewater plant operator in-charge, reviewed by the Common Council, and submitted to the Agency annually.

**NOW THEREFORE**, The Common Council of the City of Washburn, Wisconsin, informs the Wisconsin Department of Natural Resources that it has reviewed the 2022 Compliance Maintenance Annual Report; and

**FURTHERMORE**, directs its City Clerk to submit the reviewed 2022 Compliance Maintenance Annual Report to the Wisconsin Department of Natural Resources by the submittal date.

Resolved this 12<sup>th</sup> day of June, 2023, by the Common Council of the City of Washburn, Wisconsin.

\_\_\_\_\_  
Mary D. Motiff, Mayor

Attest:

\_\_\_\_\_  
Scott J. Kluver, City Clerk

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

## Influent Flow and Loading

### 1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.1370	x	202	x	8.34	=	231
February	0.1358	x	206	x	8.34	=	233
March	0.2685	x	136	x	8.34	=	304
April	0.5924	x	55	x	8.34	=	272
May	0.3079	x	101	x	8.34	=	259
June	0.1777	x	162	x	8.34	=	239
July	0.1660	x	187	x	8.34	=	259
August	0.1396	x	299	x	8.34	=	348
September	0.1597	x	225	x	8.34	=	299
October	0.1356	x	212	x	8.34	=	240
November	0.2038	x	140	x	8.34	=	238
December	0.1520	x	226	x	8.34	=	287

### 2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.38	x	90	=	0.342
		x	100	=	.38
Design BOD, lbs/day	665	x	90	=	598.5
		x	100	=	665

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	0	0
February	1	0	0	0	0
March	1	0	0	0	0
April	1	1	1	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		1	1	0	0
Points		2	1	0	0
<b>Total Number of Points</b>					<b>3</b>

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

## 3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

- Yes Enter last calibration date (MM/DD/YYYY)

No

If No, please explain:

## 4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

- Yes  
 No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes  
 No

If Yes, please explain:

## 5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

- | Septic Tanks                        | Holding Tanks                       | Grease Traps                        |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="radio"/> Yes           | <input type="radio"/> Yes           | <input type="radio"/> Yes           |
| <input checked="" type="radio"/> No | <input checked="" type="radio"/> No | <input checked="" type="radio"/> No |

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

- Septic Tanks  
 Yes  gallons  
 No

- Holding Tanks  
 Yes  gallons  
 No

- Grease Traps  
 Yes  gallons  
 No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

## 6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

- Yes  
 No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

Yes

No

If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.

--

<b>Total Points Generated</b>	<b>3</b>
<b>Score (100 - Total Points Generated)</b>	<b>97</b>
<b>Section Grade</b>	<b>A</b>

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 **2022**

## Effluent Quality and Plant Performance (BOD/CBOD)

### 1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	32	1	1	1
February	30	27	11	1	0	0
March	30	27	12	1	0	0
April	30	27	10	1	0	0
May	30	27	8	1	0	0
June	30	27	10	1	0	0
July	30	27	11	1	0	0
August	30	27	9	1	0	0
September	30	27	10	1	0	0
October	30	27	6	1	0	0
November	30	27	11	1	0	0
December	30	27	10	1	0	0

10

\* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		1	1
Points		7	3
<b>Total number of points</b>			<b>10</b>

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Experienced a temperature inversion in January 2022 which caused poor settling. Treatment improved when temperatures stabilized.

### 2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

Yes Enter last calibration date (MM/DD/YYYY)

2022-05-10

No

If No, please explain:

### 3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

Quick cold temperatures in January upset treatment.

### 4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

Yes

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

No  
If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?  
 Yes  
 No  
If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?  
 Yes  
 No  
 N/A  
Please explain unless not applicable:

<b>Total Points Generated</b>	10
<b>Score (100 - Total Points Generated)</b>	90
<b>Section Grade</b>	<b>B</b>

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

## Effluent Quality and Plant Performance (Total Suspended Solids)

### 1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27	27	1	0	1
February	30	27	7	1	0	0
March	30	27	8	1	0	0
April	30	27	9	1	0	0
May	30	27	7	1	0	0
June	30	27	6	1	0	0
July	30	27	8	1	0	0
August	30	27	4	1	0	0
September	30	27	4	1	0	0
October	30	27	3	1	0	0
November	30	27	7	1	0	0
December	30	27	8	1	0	0

3

\* Equals limit if limit is <= 10

Months of Discharge/yr	12		
<b>Points per each exceedance with 12 months of discharge:</b>		<b>7</b>	<b>3</b>
Exceedances		0	1
Points		0	3
<b>Total Number of Points</b>			<b>3</b>

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Plant experienced a temperature inversion in January causing a period of poor settleability.

<b>Total Points Generated</b>	3
<b>Score (100 - Total Points Generated)</b>	97
<b>Section Grade</b>	<b>A</b>



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## Effluent Quality and Plant Performance (Phosphorus)

### 1. Effluent Phosphorus Results

1.1 Verify the following monthly average effluent values, exceedances, and points for Phosphorus

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	2.650	1	1
February	1	0.514	1	0
March	1	0.565	1	0
April	1	0.445	1	0
May	1	0.324	1	0
June	1	0.200	1	0
July	1	0.258	1	0
August	1	0.342	1	0
September	1	0.495	1	0
October	1	0.258	1	0
November	1	0.360	1	0
December	1	0.445	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				1
<b>Total Number of Points</b>				<b>10</b>

10

NOTE: For systems that discharge intermittently to waters of the state, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is  $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Temperatures stabilized improving settling conditions.

<b>Total Points Generated</b>	10
<b>Score (100 - Total Points Generated)</b>	90
<b>Section Grade</b>	<b>B</b>

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## Biosolids Quality and Management

<p><b>1. Biosolids Use/Disposal</b></p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input checked="" type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Reed Beds.</div>	
<p><b>6. Biosolids Storage</b></p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <p><input checked="" type="radio"/> &gt;= 180 days (0 Points)</p> <p><input type="radio"/> 150 - 179 days (10 Points)</p> <p><input type="radio"/> 120 - 149 days (20 Points)</p> <p><input type="radio"/> 90 - 119 days (30 Points)</p> <p><input type="radio"/> &lt; 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	0
<p><b>7. Issues</b></p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A</div>	

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes (Continue with question 2) <input type="checkbox"/></li><li><input type="radio"/> No (40 points) <input type="checkbox"/></li></ul> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No (10 points)</li></ul> <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes<ul style="list-style-type: none"><li><input checked="" type="radio"/> Paper file system</li><li><input type="radio"/> Computer system</li><li><input type="radio"/> Both paper and computer system</li></ul></li><li><input type="radio"/> No (10 points)</li></ul>	<b>0</b>
<p>3. O&amp;M Manual</p> <p>3.1 Does your plant have a detailed O&amp;M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> Excellent</li><li><input type="radio"/> Very good</li><li><input type="radio"/> Good</li><li><input type="radio"/> Fair</li><li><input type="radio"/> Poor</li></ul> <p>Describe your rating:</p>	

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All equipment is tracked by hours or frequencies on a white board of when maintenance was performed and when it is due.

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Operator Certification and Education

### 1. Operator-In-Charge

1.1 Did you have a designated operator-in-charge during the report year?

- Yes (0 points)
- No (20 points)

Name:

JOEL E WEBER

Certification No:

31842

0

### 2. Certification Requirements

2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?

Sub Class	SubClass Description	WWTP		OIC	
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes	X			X
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				X
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory	X			X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	NA	X	NA

0

2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)

- Yes (0 points)
- No (20 points)

### 3. Succession Planning

3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?

- One or more additional certified operators on staff
- An arrangement with another certified operator
- An arrangement with another community with a certified operator
- An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year
- A consultant to serve as your certified operator
- None of the above (20 points)

If "None of the above" is selected, please explain:

0

### 4. Continuing Education Credits

4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?

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<p>OIT and Basic Certification:</p> <ul style="list-style-type: none"> <li>○ Averaging 6 or more CECs per year.</li> <li>○ Averaging less than 6 CECs per year.</li> </ul> <p>Advanced Certification:</p> <ul style="list-style-type: none"> <li>● Averaging 8 or more CECs per year.</li> <li>○ Averaging less than 8 CECs per year.</li> </ul>	
--	--

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>

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## Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Tammy DeMars"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="715-373-6160"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 150px;" type="text"/></p>																
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&amp;M expenses for your wastewater treatment plant AND/OR collection system ?</p> <p><input type="radio"/> Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input checked="" type="radio"/> No (40 points)</p> <p>If No, please explain:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             Refinanced debt in 2020. Paying on original treatment plant debt till 2036. Still working on running treatment plant and sewer utility more efficiently to bring back into the black.         </div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2022"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (40 points)</p>	40															
<b>REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]</b>																
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised? Year: <input style="width: 80px;" type="text" value="2022"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> 3 or more years ago (20 points) <input type="checkbox"/><input type="checkbox"/></p> <p><input type="radio"/> N/A</p> <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div>																
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>3.2.1 Ending Balance Reported on Last Year's CMAR</b></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 35%; text-align: right;"><input style="width: 100%;" type="text" value="143,247.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="143,247.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td></td> <td style="text-align: right;">+</td> <td></td> </tr> </table>	<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="143,247.00"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="143,247.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>		+		
<b>3.2.1 Ending Balance Reported on Last Year's CMAR</b>	\$	<input style="width: 100%;" type="text" value="143,247.00"/>														
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>														
3.2.3 Adjusted January 1st Beginning Balance	\$	<input style="width: 100%;" type="text" value="143,247.00"/>														
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	\$	<input style="width: 100%;" type="text" value="0.00"/>														
	+															

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3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below\*)

- \$ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 143,247.00

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

N/A

3.3 What amount should be in your Replacement Fund? \$ 143,247.00

0

Please note: If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

## 4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Clean and upgrade aeration zone for better mixing	\$60,000	2023
2	Bayfield Street sewer replacement project West side.	\$2,000,000	2024
3	Remove air lift return pumping system and install submersible VFD return pumps for better solids return.	\$75,000	2025
4	Bayfield Street sewer replacement project East side.	\$2,000,000	2026

## 5. Financial Management General Comments

### ENERGY EFFICIENCY AND USE

## 6. Collection System

### 6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

#### **COLLECTION SYSTEM PUMPAGE: Total Power Consumed**

Number of Municipally Owned Pump/Lift Stations:



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	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	281	
February	247	
March	181	
April	159	
May	163	
June	198	
July	218	
August	194	
September	172	
October	124	
November	178	
December	224	
<b>Total</b>	<b>2,339</b>	<b>0</b>
<b>Average</b>	<b>195</b>	<b>0</b>

6.1.2 Comments:

## 6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

Describe and Comment:

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## 6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

Pulled and re-build pumps at Marina lift station in spring of 2023.

## 7. Treatment Facility

### 7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

#### TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	35,680	4.25	8,395	7.16	4,983	1,620
February	30,560	3.80	8,042	6.52	4,687	1,390
March	27,080	8.32	3,255	9.42	2,875	937
April	35,040	17.77	1,972	8.16	4,294	755
May	33,720	9.54	3,535	8.03	4,199	334
June	31,400	5.33	5,891	7.17	4,379	21
July	30,720	5.15	5,965	8.03	3,826	17
August	36,400	4.33	8,406	10.79	3,373	8
September	35,560	4.79	7,424	8.97	3,964	28
October	36,480	4.20	8,686	7.44	4,903	286
November	50,760	6.11	8,308	7.14	7,109	798
December	55,480	4.71	11,779	8.90	6,234	1,352
<b>Total</b>	<b>438,880</b>	<b>78.30</b>		<b>97.73</b>		<b>7,546</b>
<b>Average</b>	<b>36,573</b>	<b>6.53</b>	<b>6,805</b>	<b>8.14</b>	<b>4,569</b>	<b>629</b>

7.1.2 Comments:

99 Kw solar system online in 2020 at treatment plant.

### 7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

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Reed beds for prolonged sludge storage and drying.

## 7.2.2 Comments:

## 7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

Drain, clean and redistribute aerators in aeration basin for better mixing and reduce the numbers of blowers needed in 2023.

## 8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

Flared Off

Building Heat

Process Heat

Generate Electricity

Other:

## 9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

2022

By Whom:

Dan Wundrow (WRWA)

Describe and Comment:

Done in spring of 2022. Better mixing in aeration to reduce amount of air needed and potentially equip blowers with VFDs to maintain proper oxygen levels.

Part of the facility

Year:

By Whom:

Describe and Comment:

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<b>Total Points Generated</b>	<b>40</b>
<b>Score (100 - Total Points Generated)</b>	<b>60</b>
<b>Section Grade</b>	<b>F</b>

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## Sanitary Sewer Collection Systems

### 1. Capacity, Management, Operation, and Maintenance (CMOM) Program

#### 1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

#### 1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

#### 1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

##### Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Clean problem areas within the collection system. Replace 920 feet of 15-inch sewer main. Continue updating of GIS records of collection system.

Did you accomplish them?

- Yes
- No

If No, explain:

##### Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

##### Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Sewer use ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 2014-12-31

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance

##### Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map

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A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation  
 A description of routine operation and maintenance activities (see question 2 below)  
 Capacity assessment program  
 Basement back assessment and correction  
 Regular O&M training  
 Design and Performance Provisions [NR 210.23 (4) (e)]    
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?  
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements  
 Construction, Inspection, and Testing  
 Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]    
 Does your emergency response capability include:  
 Responsible personnel communication procedures  
 Response order, timing and clean-up  
 Public notification protocols  
 Training  
 Emergency operation protocols and implementation procedures  
 Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]    
 Special Studies Last Year (check only those that apply):  
 Infiltration/Inflow (I/I) Analysis  
 Sewer System Evaluation Survey (SSES)  
 Sewer Evaluation and Capacity Management Plan (SECAP)  
 Lift Station Evaluation Report  
 Others:  
 Continued plotting and logging manhole inverts and conditions on GIS mapping system.

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	<input type="text" value="5"/>	% of system/year
Root removal	<input type="text" value="5"/>	% of system/year
Flow monitoring	<input type="text" value="0"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="5"/>	% of system/year
Manhole inspections	<input type="text" value="10"/>	% of system/year
Lift station O&M	<input type="text" value="3"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="5"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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Private sewer I/I removal	<input type="text" value="0"/>	% of private services
River or water crossings	<input type="text" value="0"/>	% of pipe crossings evaluated or maintained
Please include additional comments about your sanitary sewer collection system below:		
<input type="text" value="Replaced 920 feet of 15-inch sewer main in conjunction with Washburn Iron Works."/>		

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

<input type="text" value="28.97"/>	Total actual amount of precipitation last year in inches
<input type="text" value="31"/>	Annual average precipitation (for your location)
<input type="text" value="13"/>	Miles of sanitary sewer
<input type="text" value="3"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="0"/>	Number of basement backup occurrences
<input type="text" value="0"/>	Number of complaints
<input type="text" value="0.215"/>	Average daily flow in MGD (if available)
<input type="text" value="0.592"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.00"/>	Basement backups (number/sewer mile)
<input type="text" value="0.00"/>	Complaints (number/sewer mile)
<input type="text" value="2.8"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text" value="0.0"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **			
Date	Location	Cause	Estimated Volume
None reported			

\*\* If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

Yes

No

If Yes, please describe:

<input type="text" value="I&amp;I is significant during wet weather and snow melt events."/>
--

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

Yes

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

<p>● No</p> <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 2px;">Slow snow melt and less severity of storms caused less extreme I&amp;I events for 2022.</div>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 2px;">Replacement of 18 blocks of old failing sanitary sewer and water on Bayfield Street scheduled to begin in 2024 in conjunction with WISDOT highway reconstruction. Continued enforcement of private sump pumps, foundation and roof drains discharging into sanitary sewer.</div>

<b>Total Points Generated</b>	0
<b>Score (100 - Total Points Generated)</b>	100
<b>Section Grade</b>	<b>A</b>



# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
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## Grading Summary

WPDES No: 0022675

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	B	3	10	30
TSS	A	4	5	20
Phosphorus	B	3	3	9
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	F	0	1	0
Collection	A	4	3	12
<b>TOTALS</b>			<b>32</b>	<b>111</b>
<b>GRADE POINT AVERAGE (GPA) = 3.47</b>				

### Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/16/2023 2022

## Resolution or Owner's Statement

Name of Governing  
Body or Owner:

City of Washburn Council

Date of Resolution or  
Action Taken:

Resolution Number:

Date of Submittal:

### ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = B

Effluent Quality: TSS: Grade = A

Effluent Quality: Phosphorus: Grade = B

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = F

Financial improvements are improving thanks to onsite lab, solar, refinancing debt and other improvements but unfortunately not enough to bring the utility into the black. Still working on efficiency upgrades and other cost saving measures.

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

### ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

**G.P.A. = 3.47**

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**CITY OF WASHBURN**  
**119 Washington Avenue**  
**P.O. Box 638**  
**Washburn, WI 54891**



**715-373-6160**  
**715-373-6161**  
**FAX 715-373-6148**

**To:** Honorable Mayor and City Council Members

**From:** Scott J. Kluver, <sup>SK</sup>Administrator

**Re:** Resolution Reimburse Expenditures from Proceeds of Borrowing

**Date:** May 31, 2023

The enclosed resolution comes to you as a recommendation after discussion with our engineering consultant on the Bayfield Street Reconstruction Project. The City is in the midst of applying for the Clean Water Fund and the Safe Drinking Water Program, and the DNR strongly recommends a resolution such as this be adopted to avoid any issues with expenses, borrowing of dollars, and reimbursements from programs such as these. It would allow the City to be appropriately reimbursed should such a situation arise. As such, I have modified a model resolution to allow this to occur. Know that the Council will continue to need to approve budgets/allocate dollars for this project in order for expenditures to occur. Please let me know if you have any questions related to this.

**CITY OF WASHBURN COMMON COUNCIL  
RESOLUTION #23-12  
DECLARING OFFICIAL INTENT TO REIMBURSE EXPENDITURES  
FROM PROCEEDS OF BORROWING**

WHEREAS, the City of Washburn, Bayfield County, Wisconsin (the "Municipality") plans to undertake the Phase 1 Bayfield Street Reconstruction Project in 2024 (the "Project"); and

WHEREAS, the Municipality expects to finance the Project on a long-term basis by issuing tax-exempt bonds or promissory notes (the "Bonds"); and

WHEREAS, because the Bonds will not be issued prior to February of 2024, the Municipality must provide interim financing to cover costs of the Project incurred prior to receipt of the proceeds of the Bonds; and

WHEREAS, it is necessary, desirable, and in the best interests of the Municipality to advance moneys from its funds on hand on an interim basis to pay the costs of the Project until the Bonds are issued.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Washburn, that:

Section 1. Expenditure of Funds. The Municipality shall make expenditures as needed from its funds on hand to pay the costs of the Project until Bond proceeds become available.

Section 2. Declaration of Official Intent. The Municipality hereby officially declares its intent under Treas. Regs. Section 1.150-2 to reimburse said expenditures with proceeds of the Bonds, the principal amount of which is not expected to exceed \$ 4,500,000.

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

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

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

Attest:

\_\_\_\_\_  
Mary D. Motiff  
Mayor

\_\_\_\_\_  
Scott J. Kluver  
City Clerk

Adopted: \_\_\_\_\_

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**CITY OF WASHBURN**  
**119 Washington Avenue**  
**P.O. Box 638**  
**Washburn, WI 54891**



**715-373-6160**  
**715-373-6161**  
**FAX 715-373-6148**

To: Honorable Mayor and City Council Members  
From: Scott J. Kluver, Administrator  
Re: Recommended Change to Employee Vacation Policy  
Date: June 1, 2023

Please see the enclosed memo to the Personnel/Finance Committee and the relevant documents. The Personnel/Finance Committee is recommending approval of the policy change with an adjustment so that it would read:

“Employees are encouraged to utilize vacation throughout the year and submit requests as soon as possible (up to one year) in advance of the proposed vacation dates. Vacation requests are generally approved on a first come, first served basis by the Department head. Department heads have the authority to deny vacation requests to prevent staffing shortages.”

If you have any questions on this proposed change, please let me know.

May 17, 2023

CITY OF WASHBURN

DRAFT

PERSONNEL & FINANCE COMMITTEE MEETING

10:00AM

Washburn City Hall

Present City Council Members:

Mary McGrath, Tom Neimes, Tracey Snyder

Municipal Personnel:

Mayor Mary D. Motiff, City Administrator Scott J. Kluver,  
Assistant City Administrator Tony Janisch

Absent:

None

**Call to Order** - Meeting called to order at 10:02AM. Roll call depicted three (3) of three (3) members of the Finance & Personnel Committee in attendance. Also present were Mayor Motiff and municipal personnel City Administrator Kluver, & Asst. City Administrator Janisch.

**Selection of Committee Chair** – Snyder nominated Mary McGrath for Committee Chair. Snyder moved to close nominations and select Mary McGrath for Committee Chair, seconded by Neimes. Motion carried unanimously.

**Approval of the September 26, 2023 Meeting Minutes** - A motion was made by Snyder to approve the minutes of September 26, 2023, second by McGrath. Motion carried unanimously.

**Discussion on 2024 Budget Preparation and Borrowing for Projects** – Kluver stated that it is the time of year to begin preparation of the 2024 Budget, and to prepare for a borrowing for the Bayfield St. Project. He continued that the City will be applying for CDBG funding as well as the Clean Water and Safe Drinking Water loan program. Kluver noted that the 1<sup>st</sup> Phase of the Bayfield St. project could cost around \$4 million, and that the CDBG grant would only fund up to \$1 million if received. Regarding a borrowing, Kluver added that this would be the time to include other projects/purchases like a fire truck or infrastructure needs. Discussion continued, including special assessments for utility connections on vacant properties along Bayfield St. in preparation for potential development as not to dig up the street for future utility connections.

**Discussion & Recommendation on proposed City Vacation Policy Amendment** – Kluver provided the current employee policy that one week of vacation must be taken by August, and the employee would need to make a request in May if they wanted to deviate from this. He continued that this policy was established when the City had more employees with longer tenure, thus more vacation time, and to prevent everyone from taking vacation at the end of year, when they may be needed. Kluver added that this policy primarily affects the Public Works Dept., and that the Police Dept. has a similar provision in their contract. Discussion ensued. The Mayor stated that she likes having a policy in place, so that the decision doesn't have to default to the Department Head. Snyder moved to recommend that the Vacation Policy be amended to encourage employees to utilize vacation throughout the year, to submit requests as soon as possible, that vacation requests are approved on a first come first served basis and that department heads have authority to deny vacation requests; seconded by McGrath. Motion carried unanimously.

**Discussion & Action on Approval of Conference Attendance Per Employee Policy Manual Section 4.14 (a)(3)** – Janisch began by stating a climate working group he is involved in with the City of Ashland and Wisconsin Sea Grant, along with some of the initiatives the group is working on. He further stated an opportunity for him to attend the Great Lakes Cities Initiative conference in Chicago, Illinois with travel, lodging and conference registration being provided by Wisconsin Sea Grant. Snyder moved to approve attendance to this conference, seconded by Neimes. Motion carried unanimously.

**Discussion on Member Questions and Future Topics** – Kluver began discussion including future topics like Police Negotiations and addressed the committee's questions.

**Closed Session pursuant to Wisconsin State Statutes 19.85(1)(f) to Consider the Allowance of a Light Duty Work Period for a City Employee Per Employee Policy Manual Section 3.6(b)** – Snyder moved



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**Washburn, WI 54891**



**715-373-6160**  
**715-373-6161**  
**FAX 715-373-6148**

To: Personnel & Finance Committee  
From: Scott J. Kluver, <sup>SK</sup> Administrator  
Re: Request to Eliminate Vacation Notice Requirement  
Date: May 12, 2023

Currently, there is a policy that requires employees to utilize one week of vacation prior to August 1st. If they do not plan to do so, they must request of their department head by May 1<sup>st</sup> the ability to use it later in the year. If they do not comply with the policy, they forfeit that vacation. The intention of the policy is to help with the build-up of vacation usage requests at the end of the year.

The departments heads discussed this, and while there was not a strong opinion on this topic, they were ok eliminating the policy as long as it remains clear that department heads have the ability to deny vacation requests due to short staffing. Due note that a similar policy does exist in the police contract.

I bring this to you for discussion and recommendation. If you have questions on this, please let me know. I would suggest that if you agree that the paragraph be eliminated, it be replaced with: "Employees encouraged to utilize vacation throughout the year and submit requests as soon as possible. Vacation requests are generally approved on a first come, first served basis. Department heads have the authority to deny vacation requests to prevent staffing shortages."

## Scott Kluver

---

**From:** Scott Kluver <washburnadmin@cityofwashburn.org>  
**Sent:** Thursday, April 20, 2023 5:18 PM  
**To:** 'Tony Janisch'; Tammy Demars; 'k.johnson@washburnpd.com'; Gerald Schuette; Darrell Pendergrass (dpendergrass@washburn.wislib.org); 'Jeff Bellile'  
**Subject:** Vacation Policy  
**Attachments:** SKM\_C36823042016060.pdf

Department Heads:

Yesterday I received a request from a group of employees that would like to remove a paragraph from the employee policies related to vacation – specifically the requirement that one week must be used prior to August 1 or it is forfeited. Requests to be exempted must be received by May 1. They believe the department head can effectively manage this without the policy/penalty.

I would like to discuss this at our Department Head meeting on May 9<sup>th</sup> to get your thoughts on this policy before deciding how to respond/act. The intention of the policy is to prevent a build-up of vacation requests at the end of the year that could result in scheduling issues.

For your reference, the police have a similar provision in their contract, but it only applies when there are three or more weeks of vacation accrued. Another option besides elimination could be adjusting the date when exemption requests are received, or any other change that may be acceptable. If a change is recommended it would need to go to Personnel/Finance and Council before approved.

Your open and honest opinions on the 9<sup>th</sup> will be appreciated.

Scott J. Kluver  
City of Washburn

**From:** xerox@cityofwashburn.org <xerox@cityofwashburn.org>  
**Sent:** Thursday, April 20, 2023 5:07 PM  
**To:** washburnadmin@cityofwashburn.org  
**Subject:** Message from KM\_C368

To: Personnel Committee of the City of Washburn, WI.

From: City of Washburn employees.

We the undersigned, would like to have stricken from Employee Personnel Manual Sec. 4.2 paragraph (c) stating that, "Employees that are employed as of January 1 of a calendar year must use at least five (5) days of vacation time prior to August 1 of the calendar year, or else the amount of vacation less than five (5) days that remains unused shall be forfeited. This forfeiture shall apply unless the employee receives an approved request to forego the forfeiture by their department head. All requests to forego the August 1 forfeiture must be received by May 1 of the applicable calendar year."

We feel this policy is not needed and should be handled internally by Department heads and employees.

Printed name:

Signature:

Date:

JOEL WEBER



4-17-23

Ross Lightner



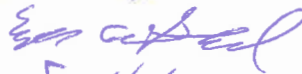
4-17-23

Ron Leino



4-18-23

Ed Westlund



4-18-23

Scott Dunn



4-19-23

Sedric Gilbert



4-19-23

be compensated with both holiday pay and sick leave pay when the employee is unable to report to work on a scheduled holiday.

**SEC. 4.2 PAID VACATION**

(a) **Eligibility.** All full-time and part-time employees are eligible for paid vacation time, subject to the following rules regarding accrual and use.

(b) **Accrual.** Vacation time shall accrue for full-time employees on January 1 each year, pursuant to the following schedule:

For all current employees as of February 13, 2017, retroactive January 1, 2017:

<b>Years of Continuous Employment as of January 1</b>	<b>Vacation Time Accrued on January 1</b>
Less than six months	None
After 6 months but Less than 1 year	Maximum of 5 days after 6 months. At 1 year anniversary, there will also be a proration of 5 days from the anniversary date until January 1(5 days prorated over a year). Thereafter follow the schedule.
1 or more, less than 3	Maximum of 10 days
3 or more, less than 10	Maximum of 15 days
10 or more, less than 25	Maximum of 20 days
25 or more	Maximum of 25 days

As part of the above accrual schedules, employees must work a minimum of 15 days in one (1) month to accrue vacation days for that month. Working days may only be substituted with vacation leave, holidays, personal holiday, wellness days, and/or bereavement leave. The accrual rate per month for each employee will be on a pro-rata basis for the entire year based on the accrual schedule above. For example, if an employee would ordinarily have been entitled to 15 days of vacation on January 1, but had one month during the previous year where the work limit was not met, the employee would only accrue 13.75 days as opposed to 15 days.

Part-time employees will accrue a prorated amount of vacation time based on the hours worked in proportion to a 40-hour work week.

(c) **Use.** Newly hired employees will be ineligible to use vacation days during the employee’s initial six (6) months of employment. Thereafter, employees will be eligible to schedule and use vacation days subject to the scheduling demands of the employee’s department, sufficient staff coverage, and approval by the employee’s department head.

Employees must schedule vacation time no later than 48 hours in advance. Vacation time may only be scheduled and used for those times the employee would normally be scheduled to work. Vacation time will be paid at the employee’s regular straight time rate of pay.



Vacation time shall be taken in full workday increments, except that up to five (5) days of vacation time may be taken in a minimum of 2 hour increments.

Employees that are employed as of January 1 of a calendar year must use at least five (5) days of vacation time prior to August 1 of the calendar year, or else the amount of vacation less than five (5) days that remains unused shall be forfeited. This forfeiture shall apply unless the employee receives an approved request to forego the forfeiture by their department head. All requests to forego the August 1 forfeiture must be received by May 1 of the applicable calendar year.

Employees may carry over up to a maximum of five (5) days of vacation time from one calendar year to the next. Any vacation time remaining at the end of a calendar year in excess of five (5) days is forfeited.

- (d) **Payout.** An employee may receive vacation pay in lieu of vacation leave for up to five (5) accrued vacation days, if he or she has used at least ten (10) days within a calendar year.
- (e) **Payout upon Termination.** Upon employee's voluntary termination or retirement, employees shall receive compensation for all accrued but unused vacation time as of the employee's most recent employment date at the employee's current rate of pay. Notwithstanding the preceding sentence, employees whose employment is involuntarily terminated, or employees who fail to give proper notice of resignation or retirement as required by this Personnel Manual shall forfeit any payment for accrued vacation time.

#### **SEC. 4.3                    COMPENSATION AND INSURANCE FOR CITY EMPLOYEES**

- (a) **Salaries and Wages.** All employees of the City of Washburn shall receive such salaries and wages as established by the City Council. All salaries and wages are identified in the City's Salary and Wage Schedule, which is available at the Administration Office.
- (b) **General Insurance Protection.** The City maintains a comprehensive insurance program, which provides health, life, and disability coverage for the benefit and protection of all eligible employees. Employees pay the premium difference between their individual plans and the City's contribution through payroll deduction. Complete details of these insurance benefits are provided in the insurance benefits booklets. Information on each of these insurance plans, including eligibility and co-payment requirements, may be obtained from the City Administration Office. Beginning in the year 2016, the Wisconsin Department of Employee Trust Funds has allowed municipalities to offer employees a cash bonus in lieu of health insurance. The City Council approved a cash bonus to eligible employees who opt-out of city offered health insurance benefits. The City Council may determine the cash bonus amount on a yearly basis.

Married employees that are both employed by the City will be eligible to enroll individually in City-sponsored single coverage health insurance plans, or one City-sponsored family

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**CITY OF WASHBURN**  
**119 Washington Avenue**  
**P.O. Box 638**  
**Washburn, WI 54891**



**715-373-6160**  
**715-373-6161**  
**FAX 715-373-6148**

To: Honorable Mayor and City Council Members  
From: Scott J. Kluver, <sup>SKL</sup> Administrator  
Re: Special Event Request – Cruise In at Patsy’s Bar  
Date: May 26, 2023

Enclosed you will find a request from the North Coast Car Show (Tammy DeMars) related to hosting a Cruise In at Patsy’s Bar, 328 W. Bayfield St, on the evening of July 11, 2023. The request is for the closure of S. 4<sup>th</sup> Avenue West from Bayfield Street to the alley, and for the relaxation of open container in that area as well. The request has been reviewed by the Police Chief and Public Works Director. This is a new event, and I recommend approval. Please let me know if you have any questions related to this request.

May 16, 2023

To: Washburn City Council, Mayor Motiff & Administrator Scott Kluver

From: North Coast Car Show

RE: Street Closure & Relaxation of Open Container

North Coast Car Show organizers, would like to have a Cruise In on Tuesday, July 11<sup>th</sup> from 6:00pm to 8:00pm at Patsy's Bar & Grill. This will be a free event and we encourage spectators to attend and vote for their favorite car, this will be a much smaller event than the car show but hopefully it will get people out and about on a week night.

For this to work we are requesting the temporary closure of S. 4<sup>th</sup> Avenue West from Bayfield Street to the Alley from 4pm to 8:30pm, we could set up the barricades and take them down after the event, we also request relaxation of open container from 5:30pm to 8:30pm.

Thank you for your consideration of our request.

Sincerely,

*Tammy DeMars*

Tammy DeMars  
for North Coast Car Show



# NORTH COAST CRUISE IN

## Cars, Trucks and Motorcycles

**Tuesday, July 11, 2023**

**6:00PM to 8:00PM**

(Canceled if it Rains)



**Patsy's Bar & Grill**  
**328 W. Bayfield Street**  
**Washburn, WI 54891**

For More information Ron at 715 373-2030 Tim at 715 373-5725

No Entry Fee

Food and drinks available in the bar.

Music Sponsored by Washburn Hardware & Sport

Peoples Choice Trophy -Sponsored by Patsy's Bar & Grill

**SPECTATORS COME AND VOTE FOR YOUR FAVORITE VEHICLE**



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**CITY OF WASHBURN**  
**119 Washington Avenue**  
**P.O. Box 638**  
**Washburn, WI 54891**



**715-373-6160**  
**715-373-6161**  
**FAX 715-373-6148**

To: Honorable Mayor and City Council Members  
From: Tony Janisch, Assistant City Administrator *Tony*  
Re: Alcohol Licensing  
Date: June 1, 2023

At the May Council meeting, Council approved staff to issue public notification and begin the administrative process for the application of an alcohol beverage retail license of Class "B" Fermented Malt Beverage (beer) and "Class B" Intoxicating Liquor to be sold on premise at 10 W. Bayfield St.; Firehouse Bar which is now under new ownership. Public notice of this application has been published in the Ashland Daily Press on May 12, 16 & 19, 2023.

Chief of Police Johnson inspected Firehouse Bar for the current licensing and has no concerns with the facility.

I recommend that Council approve the Alcohol Beverage Retail License of Class "B" Fermented Malt Beverage (beer) and "Class B" Intoxicating Liquor for Chequamegon Bait LLC., Kelsey Lindsey serving as Agent, to be issued July 1, 2023.

# **CITY OF WASHBURN**

## **Notice of Application Filed for Alcohol Beverage License**

**07/01/2023 - 6/30/2024**

1. Chequamegon Bait LLC, Kelsey Lindsey agent, dba Firehouse Bar, Corporation Class  
“B” Fermented Malt Beverage & “Class B” Intoxicating Liquor, 10 West Bayfield Street.

Tony Janisch

Assistant City Administrator

Daily Press - legal notice – May 12, 2023; May 16, 2023; and May 19, 2023

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

07/01/2023 06/30/2024

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }  
 County of Bayfield Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031341579-04</u>	
FEIN Number <u>92-2688846</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Chequamegon Bait LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Lindsay</u>	(First) <u>Kelsey</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>936 Buckland Rd. Washburn</u>
Vice President / Member Last Name <u>Lindsay</u>	(First) <u>Max</u>	(Middle Name) <u>Thomas</u>	Home Address (Street, City or Post Office, & Zip Code) <u>Wi. 54891</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Lindsay</u>	(First) <u>Kelsey</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>936 Buckland Rd. Washburn</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Chequamegon Bait LLC Business Phone Number 715 373 5780  
 2. Address of Premises 10 W Bayfield St. Post Office & Zip Code 54891

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

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? Firehouse Bar

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain**  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain**  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 3/3/23 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain**  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Lindsay, Kelsey L.</u>	Title/Member <u>President</u>	Date <u>4/11/23</u>
Signature <u>Kelsey L. Lindsay</u>	Phone Number <u>970 250 4319</u>	Email Address <u>chegbart@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/20/23</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

May 2, 2023

To whom it may concern:

The dba of Chequamegon Bait LLC is and will be "Firehouse Bar."

Thank you,

Kelsey Lindsey, agent/owner

A handwritten signature in cursive script that reads "Kelsey Lindsey".

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village  City of Washburn County of Bayfield

The undersigned duly authorized officer/member/manager of Chequamegon Bait LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

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

located at 10 W Bayfield St. Washburn WI 54891

appoints Kelsey Lindsay  
(Name of Appointed Agent)  
936 Buckland Rd. Washburn WI 54891  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6 yrs

Place of residence last year 936 Buckland Rd. Washburn WI 54891

For: Chequamegon Bait LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Kelsey Lindsay  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Kelsey Lindsay, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

Kelsey Lindsay 4/11/2023 Agent's age 34  
(Signature of Agent) (Date)  
936 Buckland Rd Washburn WI 54891 Date of birth 7/4/88  
(Home Address of Agent)

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

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

Approved on 4-20-2023 by [Signature] Title Chief of Police  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Lindsay Kelsey Lynn					
Home Address (street/route)		Post Office	City	State	Zip Code
936 Buckland Rd.			Washburn	WI	54891
Home Phone Number		Age	Date of Birth	Place of Birth	
970 250 4319		34	07/04/1988	Anchorage, AK	

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

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license

Kelsey Lindsay of Chequamegon Port LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 6 yrs

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <u>Self employed</u>	Employer's Address	Employed From <u>6/2021</u>	To <u>Present</u>
Employer's Name <u>Northlakes Clinic</u>	Employer's Address <u>300 Main St Washland WI</u>	Employed From <u>6/2018</u>	To <u>6/2021</u>

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

Kelsey Lindsay  
(Signature of Named Individual)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Lindsey		Max		Thomas	
Home Address (street/route)		Post Office	City	State	Zip Code
936 Buckland Rd			Washburn	WI	54891
Home Phone Number		Age	Date of Birth	Place of Birth	
715-209-2554		34	08/14/1988	Washburn	

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

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

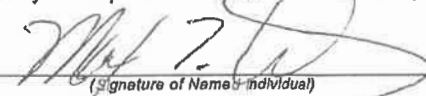
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 5 1/2 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Anich, Wickman + Lindsey, S.C.	220 6 <sup>th</sup> Ave W Ashland WI 54801	09/2017	Present
Whiteman Osterman Hanna	One Commerce Plaza, Albany NY 12260	04/2015	07/2017

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

  
(Signature of Named Individual)

**10**

**CITY OF WASHBURN**  
119 Washington Avenue  
P.O. Box 638  
Washburn, WI 54891



715-373-6160  
715-373-6161  
FAX 715-373-6148

To: Honorable Mayor and City Council Members  
From: Tony Janisch, Assistant City Administrator *Janisch*  
Re: Alcohol Licensing Renewals  
Date: June 2, 2023

**Licensing Process Recap:**

In May, Alcohol License Renewal Applications (for businesses) were introduced to City Council. During the month of May, the city issued a Public Notice of the applications via the newspaper to alert interested parties. Following the Public Notice, the City Clerk will be contacted by those parties holding outstanding obligations due by any applicant; the City Clerk will investigate any delinquent obligations due the city; and the Washburn Police Department will inspect the premises of all applicants. **City Council then re-addresses the applications at the June Council Meeting for approval or denial of license renewal based on statutory and City Ordinance criteria.**

**Real Estate, Personal Property, and/or Utility Bills Taxes are delinquent on:** None as of Report Date 6/2/23

**Distributor Notice and/or Department of Revenue Notice:** None as of Report Date 6/2/23

**Licensed Premises:**

Harbor View, Stage North, Patsy's, the Snug, Superior View Golf Course, A Nickels' Worth, DaLou's Bistro, and 211 Martini have indicated an outside or semi-enclosed area.

The Washburn Police Department has inspected all establishments and they meet requirements without major concern. Chief Johnson indicated one case and discussed with owner of proper display of license.

I recommend that Council approve all alcohol license renewals as presented. Please know that, should a license be denied, notice is to be provided to the applicant and the applicant is afforded a hearing process. These are business licenses and a hearing process would normally be held prior to the end of June so the establishment could be open for business under normal circumstances on July 1<sup>st</sup>.

**Washburn Police Department**  
**119 Washington Avenue, P.O. Box 638**  
**Washburn, WI 54891**

**Ken Johnson**  
**Chief of Police**  
**(715)373-6164, EXT 106**

**Jeremy Clapero**  
**Assistant Chief of Police**  
**(715)373-6164, EXT 202**

June 01, 2023


Mayor Mary Motiff  
City Administrator Scott Kluver  
Assistant City Administrator Tony Janisch  
City Council Members

Dear Ladies and Gentlemen,

I have conducted an alcohol license inspection on the area businesses that hold a liquor license. I have listed each business below, along with my findings. Violations or warnings (if any) are indicated in bold print. Should you have any questions or concerns, please let me know.

Patsy's Bar	License properly displayed, framed in glass.
Fire House	License properly displayed, framed in glass.
Nickel's Worth	License properly displayed, framed in glass.
Harbor View	Not displayed. On shelf next to register, obstructed. Manager informed.
Washburn IGA	License properly displayed, framed in glass.
Holiday Station	License properly displayed, framed in glass.
Midland	License properly displayed, framed in glass.
Stage North	License properly displayed, framed in glass
DaLou's	License properly displayed, framed in glass.
Lake Superior Golf	License properly displayed, framed in glass.
The Snug	License properly displayed, framed in glass.
Santa Leyenda	License properly displayed, framed in glass
211 Martini	License properly displayed, framed in glass.
Karlyn's Yellowbird	License properly displayed, framed in glass.

Sincerely,



Ken Johnson  
Chief of Police

**CITY OF WASHBURN**

**Notice of Applications Filed for Alcohol Beverage Licenses**

**Renewals 7/1/2023 - 6/30/2024**

1. StageNorth, LLC, Bob Adams agent, dba Stage Door Bar, Corporation Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor, 123 West Omaha Street.
2. 211 Martini Bar LLC, Mark Nelson agent, dba 211 Martini, Corporation Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor, 211 West Bayfield Street.
3. Washburn Development Property LLC, Jeffery Moberg agent, dba The Harbor View, Corporation Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor, 128 Harbor View Drive.
4. The Snug, LLC, Kristi M. Doman agent, dba The Snug, Corporation Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor, 308 West Bayfield Street
5. David Nickels, dba A Nickel's Worth Bar-n-Grill, Individual Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor, 800 West Bayfield Street.
6. Superior Shores Eats Inc, Robert Stadler agent, dba Patsy's Bar & Grill, Corporation Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor, 328 West Bayfield Street.
7. Karlyn Yellowbird Gallery LLC, Erik Gruber agent, dba Karlyn Yellowbird Gallery, Corporation Class "B" Fermented Malt Beverage, 318 West Bayfield Street.
8. Naturally Superior, Inc., Dale A. Brevak agent, dba Lake Superior View Golf, Corporation Class "B" Fermented Malt Beverage, 950 County Hwy C.
9. DaLou's Bistro, Inc., Dale Hanson agent, dba DaLou's Bistro, Corporation Class "B" Fermented Malt Beverage & "Class C" Wine, 310 West Bayfield Street.
10. Santa Leyenda LLC, Nestor Tapia Estrada agent, dba Santa Leyenda, Corporation Class "B" Fermented Malt Beverage & "Class C" Wine, 901 West Bayfield Street.
11. Hansen's IGA Inc. dba as Hansen's IGA Washburn, Kristy Larson agent, Corporation Class "A" Fermented Malt Beverage & "Class A" Intoxicating Liquor, 226 West Bayfield Street.
12. Indianhead Oil Co. LLC., Eugene Rich agent, dba Holiday Station store #227, Corporation Class "A" Fermented Malt Beverage, 606 West Bayfield Street.
13. Midland Services Inc., Trent Allen agent, Corporation Class "A" Fermented Malt Beverage, 137 West Bayfield Street.

Tony Janisch

Assistant City Administrator

Daily Press - legal notice - May 12, 2023; May 16, 2023; and May 19, 2023

# Renewal Alcohol Beverage License Application

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

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

To the Governing Body of the:  Town of } WASHBURN  
 Village of }  
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number <b>456000 15312 003</b>	
FEIN Number <b>39-1984532</b>	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
Class C wine	\$
Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
Reserve Class B liquor	\$
Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company STAGENORTH LLC Address of Corporation / Limited Liability Company (if different from licensed premises) \_\_\_\_\_

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ADAMS</u>	<u>ROBERT</u>		<u>28445 OLD C RD WASHBURN, WI 54891</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WEINEL</u>	<u>JOHN</u>		<u>11721 OSPREY AVE HASTINGS, MN 55033</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WEINEL</u>	<u>ANA</u>		<u>11721 OSPREY AVE HASTINGS, MN 55033</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ADAMS</u>	<u>ROBERT</u>		<u>28445 OLD C RD WASHBURN, WI 54891</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ADAMS</u>	<u>DEBORAH</u>		<u>28445 OLD C RD WASHBURN, WI 54891</u>

### C. Business Information

1. Trade Name BELLTOWER BAR Business Phone Number 715-373-1194  
 2. Address of Premises 123 W OMAHA ST Post Office & Zip Code WASHBURN, WI 54891

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

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

PATIO DECK, THEATER, UPSTAIRS LOBBY, KITCHEN, BASEMENT, STAGE

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

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

Contact Person's Name (Last, First, M.I.) <b>ADAMS ROBERT</b>	Title / Member <b>DIRECTOR</b>	Date <b>APRIL 1, 2023</b>
Signature <i>Robert Adams</i>	Phone Number <b>715-373-5763</b>	Email Address <b>ROBERT ADAMS 50 @ GMAIL . COM</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>4/4/2023</b>	Date reported to council / board	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 page 3.)

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

To the Governing Body of the:  Town of } WASHBURN  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>211 MARTINI BAR, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nelson</u>	<u>MARK</u>	<u>A</u>	<u>27100 Brown Rd MASON WI 54856</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nelson</u>	<u>Brihany</u>	<u>Rochelle</u>	<u>27100 Brown Rd MASON WI 54856</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SNEED</u>	<u>DANN</u>	<u>NEWTON</u>	<u>58335 north rd MASON WI 54856</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Nelson</u>	<u>MARK</u>	<u>AYAN</u>	<u>27100 Brown Rd MASON WI 54856</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name 211 MARTINI BAR Business Phone Number 303 995 4226  
 2. Address of Premises 211 W. Bayfield St (Doo 95) Post Office & Zip Code WASHBURN 54891

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
All portions of the interior of the building at 211 W. Bayfield St. the attached outdoor fenced patio area, and any portion of the private sidewalk ramping between the building, patio and the parking lot AS Allowed

Applicant's Wisconsin Seller's Permit Number <u>456-1030606209-2</u>	
FEIN Number <u>86-3978120</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Steven J. Davis II</i>	Title / Member <i>owner / manager</i>	Date <i>6 April 22</i>
Signature <i>[Signature]</i>	Phone Number <i>303-995-4226</i>	Email Address <i>SAVE@replantus.org</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>04/05/2023</i>	Date reported to council / board	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 page 3.)

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Washburn Development Property LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>2052 85<sup>th</sup> Ave Dresser, WI 54009</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Moberg</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>Robert</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2052 85<sup>th</sup> Ave Dresser, WI 54009</u>
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### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Moberg</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>Robert</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2052 85<sup>th</sup> Ave Dresser WI 54009</u>
Vice President / Member Last Name <u>Anderson</u>	(First) <u>Michael</u>	(Middle Name) <u>Charles</u>	Home Address (Street, City or Post Office, & Zip Code) <u>39 City Rd M Star Prairie WI 54026</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Harbor View Event Center Business Phone Number 715 373 5492  
 2. Address of Premises 128 W Harbor View Drive Post Office & Zip Code 54891

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

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

80 x 100 building, Fenced outdoor area visible via windows per city ordinance

Applicant's Wisconsin Seller's Permit Number <u>456-1029314720-02</u>	
FEIN Number <u>81-4417452</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Moberg, Jeffrey R</i>	Title / Member <i>owner / President</i>	Date <i>4/10/2023</i>
Signature <i>Jeffrey R. Moberg</i>	Phone Number <i>715 781 4870</i>	Email Address <i>Washburninn@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received, and filed with municipal clerk <i>4/12/2023</i>	Date reported to council / board	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 page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/24  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>4561027722043 02</u>	
FEIN Number <u>45 4364902</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

**A. Individual or Partnership:**

Full Name (Last) <u>Doman</u>	(First) <u>Daniel</u>	(Middle Name) <u>T</u>	Home Address (Street, City or Post Office, & Zip Code) <u>511 W Bayfield St Washburn WI 54891</u>
Full Name (Last) <u>Doman</u>	(First) <u>Kristi</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>511 W Bayfield St Washburn WI 54891</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>The Snug, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>303 W Bayfield St Washburn WI 54891</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Doman</u>	(First) <u>Kristi</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>511 W Bayfield St Washburn WI 54891</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name <u>Doman</u>	(First) <u>Daniel</u>	(Middle Name) <u>T</u>	Home Address (Street, City or Post Office, & Zip Code) <u>511 W Bayfield St Washburn WI 54891</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>Doman</u>	(First) <u>Kristi</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>511 W Bayfield St Washburn WI 54891</u>
Directors / Managers Last Name <u>Doman</u>	(First) <u>Daniel</u>	(Middle Name) <u>T</u>	Home Address (Street, City or Post Office, & Zip Code) <u>511 W Bayfield St Washburn WI 54891</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name The Snug Business Phone Number 715 373 0338

2. Address of Premises 303 W Bayfield St Post Office & Zip Code Washburn 54891

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

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

Restaurant with basement storage and ~~small~~ back deck / beer garden.

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>Krista Domari</i>	Title / Member <i>owner</i>	Date <i>4/14/23</i>
Signature <i>Krista Domari</i>	Phone Number <i>715 209 6863</i>	Email Address <i>asnujpu@yahoo.</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/14/2023</i>	Date reported to council / board	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 page 3.)

For the license period beginning: July 1st 2023 ending: June 30, 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-0001363312-03</u>	
FEIN Number <u>39-1784528</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

**A. Individual or Partnership:**

Full Name (Last) <u>Michels</u>	(First) <u>David</u>	(Middle Name) <u>P</u>	Home Address (Street, City or Post Office, & Zip Code) <u>800 W Bayfield St Washburn, WI 54891</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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

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

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

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

**C. Business Information**

1. Trade Name A Michels' Worth Bar-n-Grill Business Phone Number (715) 373-5421

2. Address of Premises 800 W Bayfield St Post Office & Zip Code Washburn, WI 54891

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>Nickels, David P</i>	Title / Member <i>Owner/Operator</i>	Date <i>4-14-23</i>
Signature <i>David Nickels</i>	Phone Number <i>(715) 373-5580</i>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/14/2023</i>	Date reported to council / board	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 page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/24  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } WASHBURN  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>SUPERIOR SHORES EATS INC</u>	<u>dba PATRY'S BAR + GRILL</u> <u>29189 US HWY 2 ASHLAND WI 54806</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>STADLER</u>	<u>ROBERT</u>	<u>L</u>	<u>50268 BERSAR RD ASHLAND WI 54806</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>STADLER</u>	<u>ROBERT</u>	<u>L</u>	<u>50268 BERSAR RD ASHLAND WI 54806</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>MARTINSEN</u>	<u>GREGORY</u>	<u>D</u>	<u>29189 US HWY 2 ASHLAND WI 54806</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name PATRY'S BAR + GRILL Business Phone Number 715 373 5792  
 2. Address of Premises 328 W BAYFIELD ST Post Office & Zip Code WASHBURN WI 54891

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

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

BUILDING and Attached Parking lot @ 328 W BAYFIELD ST WASHBURN WI 54891  
Block 535, Lots 1, 2, 3 ENTIRE BUILDING, COVERED PORCH, WOOD SIDE PORCH  
SUCKER AREA, and BACK GARDEN SUBJECT TO WHAT WAS

AT-115 (R. 5-19) Approved through Planning Commission PLANS

Applicant's Wisconsin Seller's Permit Number <u>4516-1030938096-04</u>	
FEIN Number <u>88-0890220</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

Complete Person's Name (Last, First, MI) <i>Robert L Stadler</i>	Title / Member <i>MEMBER</i>	Date <i>4/14/23</i>
Signature <i>ROBERT L STADLER</i>	Phone Number <i>715 292 2390</i>	Email Address <i>stadlers2010@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/14/2023</i>	Date reported to council / board	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 page 3.)

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Karlyn Yellowbird Gallery LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>318 W Bayfield St.</u>
---	---

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

Agent Last Name <u>Gumbin</u>	(First) <u>Erik</u>	(Middle Name) <u>Richard</u>	Home Address (Street, City or Post Office, & Zip Code) <u>PO 216 Bayfield WI 54814</u>
----------------------------------	------------------------	---------------------------------	---

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

President / Member Last Name <del>Karlyn</del> <u>Lynn</u>	(First) <u>Kelsey</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>PO 216 Bayfield WI 54814</u>
Vice President / Member Last Name <u>Gumbin</u>	(First) <u>Erik</u>	(Middle Name) <u>Richard</u>	Home Address (Street, City or Post Office, & Zip Code) <u>PO 216 Bayfield WI 54814</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Karlyn Yellowbird Gallery Business Phone Number 715-373-2922  
 2. Address of Premises 318 W Bayfield St Post Office & Zip Code PO 216 54814

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

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

See attachment  
318 W Bayfield St. Mezzanine, Lounge and  
Storage area for coolers

Applicant's Wisconsin Seller's Permit Number <u>450-1031058869-04</u>	
FEIN Number <u>84-4578759</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

~~Yes~~ No license was administered until  
 after the 2022 year

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) Kelsey Lundberg	Title / Member Owner	Date 4/5/23
Signature 	Phone Number 651-442-5277	Email Address hello@karlmykel.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/5/2023	Date reported to council / board	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 page 3.)

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or  All must complete  C

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Naturally Superior Inc.</u>	<u>74035 Ondossaugon Rd. Washburn 54891</u>

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Derek Brevak</u>	<u>Derek</u>	<u>Arden</u>	<u>74035 Ondossaugon Rd. Washburn 54891</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Brevak Dale</u>	<u>Dale</u>	<u>Arden</u>	<u>74035 Ondossaugon Rd. Washburn 54891</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Brevak Derek</u>	<u>Derek</u>	<u>Jon</u>	<u>6292 Hwy 80 Marshfield 54449</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Brevak Donaloe</u>	<u>Donaloe</u>	<u>Marie</u>	<u>74035 Ondossaugon Rd Washburn, 54891</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Hudson Dana</u>	<u>Dana</u>	<u>Ingrid</u>	<u>234 Blue Sky Dr. Glenwood City 54013</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Brevak Donaloe</u>	<u>Donaloe</u>	<u>Marie</u>	<u>74035 Ondossaugon Rd 54891</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Lake Superior View Golf Business Phone Number 715-373-1100  
 2. Address of Premises 950 Co. Hwy C. Post Office & Zip Code Washburn 54891

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

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

Clubhouse, shed, carts, all golf course property

Applicant's Wisconsin Seller's Permit Number	
<u>456-102010022-04</u>	
FEIN Number	
<u>39-1968736</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>Brevak, Donal, M</i>	Title / Member <i>Secretary</i>	Date <i>04/11/2023</i>
Signature <i>Donal M. Brevak</i>	Phone Number <i>715-373-0593</i>	Email Address <i>ddbrevake@centurytel.net</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/13/2023</i>	Date reported to council / board	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 page 3.)

For the license period beginning: June 30/23 ending: 5 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

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

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

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

Agent Last Name <u>HANSON</u>	(First) <u>DALE</u>	(Middle Name) <u>GORDON</u>	Home Address (Street, City or Post Office, & Zip Code) <u>524 Washington Ave. 54891</u>
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### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dale Hanson</u>	<u>Dale</u>	<u>G</u>	<u>524 Washington Ave Washburn 54891</u>
Vice President / Member Last Name <u>Stensvad</u>	(First) <u>Lois</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>524 Washington Ave Washburn 54891</u>
Secretary / Member Last Name <u>Stensvad</u>	(First) <u>Lois</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>SAME AS ABOVE</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Dalou's Bistro Business Phone Number 715-373-1125

2. Address of Premises 310 West Bayfield St Post Office & Zip Code PO BOX 677

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
dining room /  
basement storage room / deck in summer /  
2 coolers up in main part of business

Applicant's Wisconsin Seller's Permit Number <u>456-1026567583-03</u>	
FEIN Number <u>26-3901851</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" 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 A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain . . . . .  Yes

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) <i>Stensvad Lars J.</i>	Title / Member <i>owner / operator</i>	Date <i>4-14-23</i>
Signature <i>Lars Stensvad</i>	Phone Number <i>373-1125</i>	Email Address <i>daleandlouise@yahoo.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/15/2023</i>	Date reported to council / board	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 page 3.)

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Tapia Estrada	Nestor		712 Hillside Dr Washburn WI 54891
Blancarte	Greta		1012 Sanborn Ave Ashland WI 54806
Gonzalez Gutierrez	Victor	Jesus	PO Box 352 Washburn WI

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Santa Leyenda LLC	901 W Bayfield St Washburn WI

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

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Tapia Estrada	Nestor		712 Hillside Dr Washburn WI 54891

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

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

### C. Business Information

1. Trade Name Santa Leyenda Business Phone Number 7158121099

2. Address of Premises 901 W Bayfield St Post Office & Zip Code 54891

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

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

and beer cooler in premises

Applicant's Wisconsin Seller's Permit Number	
<u>456-1030761492-04</u>	
FEIN Number	
<u>87-0954238</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

Contact Person's Name (Last, First, M.I.) <i>Nestor Tapia Estrada</i>	Title / Member <i>Member</i>	Date <i>4/15/23</i>
Signature 	Phone Number <i>8162232759</i>	Email Address <i>thenestores@mon.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/15/2023</i>	Date reported to council / board	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 page 3.)

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

To the Governing Body of the:  Town of  Village of  City of } Washburn

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Hansen's IGA Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>P.O. Box 160, Bangor, WI 54614</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Larson</u>	(First) <u>Kristy</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>228 W 3rd St Washburn WI 54891</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Hansen</u>	<u>Gregory</u>	<u>J</u>	<u>1320 Cardinal St., Bangor, WI 54614</u>
Vice President / Member Last Name <u>Hansen</u>	(First) <u>Nicholas</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5225 Brackenwood Ct., LaCrosse, WI 54601</u>
Secretary / Member Last Name <u>Hansen</u>	(First) <u>Kari</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1320 Cardinal St., Bangor, WI 54614</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

**C. Business Information**

1. Trade Name Hansen's IGA Inc. Business Phone Number 715-373-5566

2. Address of Premises 226 W Bayfield St Post Office & Zip Code Washburn 54891

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 27,000 Sq ft building

Grocery store, entire building

Applicant's Wisconsin Seller's Permit Number <u>456-0000340870-03</u>	
FEIN Number <u>39-1098106</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 110
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 350
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 18
<b>TOTAL FEE</b>	<b>\$ 478</b>

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

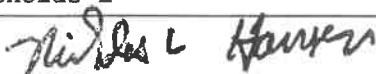
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
 [phone (608) 266-2776]

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

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

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

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

Contact Person's Name (Last, First, M.I.) Hansen Nicholas L	Title / Member owner/VP	Date
Signature 	Phone Number 608-486-2049 #118	Email Address nlhansen@hansensiga.co

**TO BE COMPLETED BY CLERK**

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

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000340870-03

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

License Number
Period Covered 7/1/2023-6/30/2024
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Hansen's IGA Inc.			Federal Employer Identification No. (FEIN) 39-1098106		
Trade or Business Name (if different than Legal Name)			Telephone Number ( )		
Business Address (License Location) 226 W Bayfield St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 373-5566	
Municipality Washburn	State WI	Zip Code 54891	of: Washburn		County Bayfield
Mailing Address (if different than Business Address) P.O. Box 160		Municipality Bangor	State WI	Zip Code 54614	

Organization (check one)

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

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

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

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

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

### Applicable Laws and Rules

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hansen		Gregory		J	
Home Address (street/route)		Post Office	City	State	Zip Code
1320 Cardinal St			Bangor	WI	54614
Home Phone Number		Age	Date of Birth	Place of Birth	
		53	04/10/1969	LaCrosse WI	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Hansen's IGA Inc.
 

(Officer / Director / Member / Manager / Agent)
(Name of Corporation, Limited Liability Company or Nonprofit Organization)

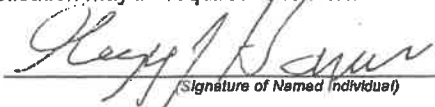
which is making application for an alcohol beverage license.

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

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

Employer's Name	Employer's Address	Employed From	To
Hansen's IGA Inc.	P.O. Box 160 Bangor WI54614	01/01/1993	04/01/2023

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

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
Hansen		Kari	L	
Home Address (street/route)	Post Office	City	State	Zip Code
1320 Cardinal St		Bangor	WI	54614
Home Phone Number	Age	Date of Birth	Place of Birth	
	51	11/29/1971	WI	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent** \_\_\_\_\_ of Hansen's IGA Inc. \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 25 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Hansen's IGA Inc.	P.O. Box 160 Bangor WI54614	01/06/1997	04/01/2023
AltaGenetic		01/01/1994	12/31/1996

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

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hansen		Nicholas		L	
Home Address (street/route)		Post Office	City	State	Zip Code
5225 Brackenwood Ct			LaCrosse	WI	54601
Home Phone Number		Age	Date of Birth	Place of Birth	
		44	06/07/1978	LaCrosse WI	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Hansen's IGA Inc.
 

<small>(Officer / Director / Member / Manager / Agent)</small>	<small>(Name of Corporation, Limited Liability Company or Nonprofit Organization)</small>
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which is making application for an alcohol beverage license.

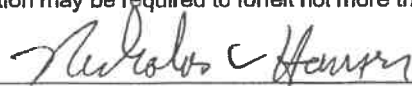
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 15 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Hansen's IGA Inc.	P.O. Box 160 Bangor WI54614	03/01/2008	04/01/2023
Brunswick Corp	25125 N Riverwoods Mettawa	01/01/2003	03/01/2008

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

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



# Renewal Alcohol Beverage License Application

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

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

**A. Individual or Partnership:**

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Indianhead Oil LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO BOX 347 Columbus, IN 47202</u>
--	--

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

Agent Last Name <u>RICH JR</u>	(First) <u>EUGENE</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>702 WEST PINE ST WASHBURN, WI 54891</u>
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**All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:**

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

**C. Business Information**

1. Trade Name Holiday Stationstore #227 Business Phone Number 715-373-2305

2. Address of Premises 606 W Bayfield St Post Office & Zip Code Washburn, WI 54891


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

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

Applicant's Wisconsin Seller's Permit Number <u>456-0000432420-04</u>	
FEIN Number <u>41-0880612</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" 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 A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

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

Contact Person's Name (Last, First, M.I.) Brant, Gary M	Title / Member V.P. of Operations	Date 03/28/2023
Signature 	Phone Number 812-379-9227 ext 1166	Email Address holidaylicenses @holidaycompanies.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/3/2023	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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**OFFICERS AND MEMBER OF INDIANHEAD OIL CO., LLC**

**Officers:**

**Gary Melburn Brant  
Vice President of Operations  
700 East 3rd Street  
Monticello, MN 55362  
(612) 210-5985**

**Valery Zamuner,  
Corporate Secretary  
1304 Boulevard Mont-Royal  
Outremont, Quebec Canada H2V 2J1  
(450) 662-6632 ext 4549**

**Kathleen Kerr Cunnington  
Treasurer and Senior Vice President Global Shared Services  
3424 E. Equestrian Trail  
Phoenix, AZ 85044  
(602) 728-7137**

**Sole Member: 100% Ownership  
Holiday Stationstores, LLC  
4080 W. Jonathan Moore Pike  
PO Box 347  
Columbus IN 47202  
Phone: (812) 379-9227  
FEIN: 41-0880942**

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-0000432420-04**

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>INDIANHEAD OIL Co., LLC</b>			Federal Employer Identification No. (FEIN) <b>41-0880612</b>	
Trade or Business Name (if different than Legal Name) <b>Holiday Stationstore # 227</b>			Telephone Number <b>(715) 373-2305</b>	
Business Address (License Location) <b>606 W Bayfield St</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <b>Washburn</b>		Business Telephone <b>(812) 379-9227 X1166</b>
Municipality <b>Washburn</b>	State <b>WI</b>	Zip Code <b>54891</b>	County <b>Bayfield</b>	
Mailing Address (if different than Business Address) <b>PO BOX 347</b>		Municipality <b>COLUMBUS</b>		State <b>IN</b>
				Zip Code <b>47202</b>

Organization (check one)

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

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

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

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

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

### Applicable Laws and Rules

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

# Renewal Alcohol Beverage License Application

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

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

To the Governing Body of the:  Town of } Washburn  
 Village of }  
 City of }

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456 0000 29417702</u>	
FEIN Number <u>39-0119250</u>	
TYPE OF LICENSE REQUESTED	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 A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

### A. Individual or Partnership:

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

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

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Midland Services Incorporated Address of Corporation / Limited Liability Company (if different from licensed premises): 220 3rd Ave W PO Box 500 Ashland WI 54806

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

Agent Last Name <u>Allen</u>	(First) <u>Trent</u>	(Middle Name) <u>Dennis</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25100 Cozy Corner Rd Ashland WI 54806</u>
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### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Frostman</u>	(First) <u>Richard</u>	(Middle Name) <u>Alan</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2511 Junction Rd Ashland WI 54806</u>
Vice President / Member Last Name <u>Massaglia</u>	(First) <u>Gregory</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>9171 W Old Hwy 10 Saxon WI 54559</u>
Secretary / Member Last Name <u>Tetzner</u>	(First) <u>Peter</u>	(Middle Name) <u>Gregory</u>	Home Address (Street, City or Post Office, & Zip Code) <u>30840 Wannebo Rd Washburn WI 54891</u>
Treasurer / Member Last Name <u>Allen</u>	(First) <u>Trent</u>	(Middle Name) <u>Dennis</u>	Home Address (Street, City or Post Office, & Zip Code) <u>25100 Cozy Corner Rd Ashland WI 54806</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

1. Trade Name Midland Services - Washburn Business Phone Number 715-303-5722  
 2. Address of Premises 137 W Bayfield St Post Office & Zip Code Washburn WI 54841

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

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

Beer cooler and store shelves

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

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

Contact Person's Name (Last, First, M.I.) <i>Allen, Trent D</i>	Title / Member <i>General Manager</i>	Date <i>4/4/23</i>
Signature <i>Trent Allen</i>	Phone Number <i>715-685-1247</i>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/12/2023</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456.000029417702

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Midland Services Incorporated		Federal Employer Identification No. (FEIN) 39-0119230
Trade or Business Name (if different than Legal Name)		Telephone Number 715-682-5528
Business Address (License Location) 137 W Bayfield St	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Washburn	Business Telephone (715) 682-5522
Municipality Washburn	State WI	Zip Code 54891
Mailing Address (if different than Business Address) 220 3 <sup>RD</sup> Ave W PO Box 500	Municipality Ashland	State WI
		Zip Code 54806

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 1935
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe)

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
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*Teresa Ann* 4/4/23  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

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