

**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 13, 2022 City Hall 4:30PM

- Committee Review-Monthly Expenditures

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**NOTICE OF CITY COUNCIL MEETING**

Monday, June 13, 2022 Washburn City Hall 5:30 PM

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/82740807661?pwd=SmdnMkE0eExTYyt5Wk9odmtYOG1aQT09> by calling 1-888-788-0099 (Toll Free) and entering Webinar ID: 827 4080 7661 with passcode 061322 as opposed to being present for the meeting. Limited seating will be available at the meeting and guests are asked to keep a six-foot distance from one another.

**AGENDA**

- Call to Order/Roll Call/Pledge of Allegiance
- Approval of Minutes – City Council Meetings – May 9, 2022; Board of Review Minutes – May 25, 2022
- Approval of Monthly Expenditures via Roll Call Vote
- Public Comment
- Mayoral Announcements, Proclamations, Appointments **TAB 1**
  - Community for All Proclamation
  - Appointment to Harbor Commission
- Discussion & Action on Conditional Use Permit for Agricultural Support Services in the Light Industrial District at 1454 CTH “C” – James Ledin, Petitioner **TAB 2**
- Discussion & Action on Proposed Improvements to Bigelow/West Holman Lakeview Drive Intersection at 8<sup>th</sup> Ave West **TAB 3**
- Discussion & Action on Re-Allocation of Capital Dollars for City Hall Improvements **TAB 4**
- Discussion & Action on Resolution #22-004 Approving the 2021 Compliance Maintenance Annual Report for the Sewer Utility **TAB 5**
- Discussion & Action on Special Event Request to have Temporary Intermittent Closures along W. 4<sup>th</sup> St. from 8<sup>th</sup> Avenue West to 5<sup>th</sup> Avenue West on June 19, 2022 for Washburn Challenge Road Race – Dave Wilcox, Petitioner **TAB 6**
- Discussion & Action on Special Event Request to have Temporary Closures of 3<sup>rd</sup> Ave. W from Bayfield St. (Hwy 13) to the Alley, along Wikdahl Park, on July 2, 2022 for Dandelion Days – Michael McKenna, Petitioner **TAB 7**
- Discussion & Action on Approval of Annual Alcohol License Renewals **TAB 8**
- Adjourn

May 9, 2022

CITY OF WASHBURN COMMON COUNCIL MEETING

5:30PM

Washburn City Hall & Remote Call-In

City Council Members:

Present, in-person:

Karen Spears-Novachek, Tom Neimes, Carl Broberg, Mary McGrath, Dave Anderson, Jennifer Maziasz

Present, remote:

Laura Tulowitzky

Municipal Personnel:

Present in-person:

Mayor Mary D. Motiff, City Administrator Scott J. Kluver, Assistant City Administrator Tony Janisch, Director of Public Works Gerry Schuette, City Attorney Max Lindsey, Chief of Police Ken Johnson

Present, remote:

Absent:

none

**Call to Order** - Meeting called to order at 5:30PM by Mayor Motiff. Roll call attendance depicted six (6) of seven (7) members of the Common Council in attendance. Quorum of the Council recognized. Tulowitzky zooming in after roll call.

**Approval of Minutes – City Council Meeting of April 11 & 19, 2022** - A motion was made by Neimes to approve the April 11 & 19, 2022 minutes of the City Council, second by Novachek. 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 a roll-call vote.

**Public Comment** – None

**Mayoral Announcements, Proclamations, Appointments** - The Mayor read the following proclamations: National Skilled Nursing Care Week, National Police Week, Emergency, Medical Services Week, Week of the Young Child, Historic Preservation Month, and Arbor Day. She further noted that, for Arbor Day, a tree planting will occur at the ballfields on May 17<sup>th</sup>. The Mayor stated that the City will not be enforcing lawn ordinances this month as part of the No Mow May initiative, to allow for bees and other pollinators. The Mayor next mentioned the need for recreation coordination within the City. While the City no longer supplies recreational programming and staff; recreational programming is still occurring and there is a need in the community for some type of recreational coordination. A meeting was held with community stakeholders and this discussion will need to continue to find ways to fill this gap. No appointments were made.

**Discussion & Action on Conditional Use Permit for Manufacturing in a Commercial District at 101 W. Bayfield Street – AdventureUs, LLC, Petitioner** - Anderson moved to approve the Conditional Use Permit for AdventureUs at 101 W. Bayfield St., seconded by Novachek. Motion carried unanimously.

**Discussion & Action on Ordinance #22-005 to Change the Special Standards for Resort Uses - Eric & Rachel Gordon, Petitioners** – The Mayor explained this action is to change the Zoning Code. The code currently identifies the minimum size for Resorts is 5 Acres, and the Gordon’s parcel is just under at 4.74 Acres. The Mayor stated that another factor is the connection of sewer and water. Novachek moved to approve Ordinance #22-005 to change the Special Standards for Resort uses, seconded by Anderson. McGrath asked if the resort would still need to connect to water. Kluver clarified that the requirement to connect to water is because of the Utility Code, not the Zoning Code. The Mayor added that removing the requirement to connect to sewer & water in the Zoning Code did not take the requirement away. Neimes asked about the property being in the floodplain. Kluver answered that they would still need to follow appropriate requirements for building in a floodplain. Maziasz questioned that the property would need to connect with water, but not sewer. Kluver answered that this ordinance would eliminate the requirement for

Resorts to connect to sewer & water, within the Zoning Code. However, there are other provisions that would require them to connect to City services. Kluver further explained that in this case, a water main is in front of the parcel and would require connection. However, there is no sewer main in the area and it would be cost prohibitive to do so. Motion carried unanimously.

**Discussion & Action on Revised Resolution #22-002 for the Extension of TID #2 for One Year to Fund a Future Affordable Housing Project** – The Mayor stated that this resolution was approved last month, but because of the timeframe for TID extensions it didn't count and needs Council approval again. Broberg moved to resend last month's approval to extend TID #2 for one more year and to re-approve Resolution 22-002 for this extension, seconded by Novachek. Motion carried unanimously.

**Discussion & Action on Beautification Efforts Related to Bayfield Street Project in 2024/26** – The Mayor stated the discussion and stated that there is an informal Beautification Committee that assists with things throughout the City. Anderson added potential items for Bayfield Street such as Christmas lights and planters. Other suggested items included benches and ground-level planters. Novachek encouraged further discussion with the Beautification Committee because they've already started looking into costs. Maziasz suggested discussions with business owners and maybe forming a sub-committee. Neimes moved to send Beautification Planning to the Plan Commission, second by Anderson. Motion carried unanimously.

**Discussion & Action on Ordinance #22-006 To Amend the Beer Garden Size Requirements** – Janisch stated that there are other items that should be addressed with this ordinance amendment. Specifically, the \$10 permit fee identified is no longer in the Fee Schedule and appears to be the predecessor of the Temporary Extension of Premises. Also, the golf course which has a licensed premise of the course is well above the size requirements listed. Attorney Lindsey added that state statutes do not require that premise be limited to indoor space, it is the City ordinance that defines what the premise is. The purpose of the beer garden ordinance would be to control the area where alcohol is being served/consumed outside, and that the area is owned by the license holder. Lindsey recommends addressing any other needed changes all together, rather than pieces at a time. Broberg moved to table this item and bring back to Council, seconded by Neimes. Lindsey continued the discussion and confirmed that the proposed change to 75% of indoor space for outdoor premise size was acceptable, as well as parking lots not being included in the outdoor premise. Motion carried unanimously.

**Discussion on Conceptual Ordinance to Relax Open Container Requirements in City** – Discussion began on conceptual ordinance changes. Kluver stated that customers are not allowed to leave licensed premises with open intoxicants unless an ordinance specifically allows it. Lindsey confirmed this and added that relaxing the ordinance would allow individuals with open intoxicants in public places and along the streets. Anderson added that he did not see an issue with walking down the street with a beer in your hand; people that are prone to doing this probably already are. Anderson continued that he would like patrons of restaurants in town, that are waiting for their table, to be able to sit outside and have a drink. McGrath questioned that this could be addressed with a beer garden and opposed people being able to drink anywhere. She expressed concern for the perception of the community. McGrath further added that maybe changes can be made at the parks, campgrounds, and ballfields. Broberg added that he used to live on Madeline Island, which does have open container, and it caused a lot of problems. Police Chief Johnson expressed his concern of open container stating that it could encourage or lead to underaged drinking. Currently with bars and outdoor beer gardens, the bartenders are regulating the customers and the premise. Johnson added that if the City moves to open intoxicants on the streets, it would be the police having to regulate; and the police department does not have the time or staff to do this. Discussion continued. The Mayor ended the discussion.

**Discussion & Action on Notice of Annual Alcohol License Renewals** – Novachek moved to authorize staff to begin the alcohol license renewals process, seconded by Broberg. Motion carried unanimously. Janisch added that there is a demand for the limited number of "Class B" liquor licenses that the City has. Council does have the ability to revoke licenses for non-use, if the establishment is not open for the minimum numbers of days outlined in the ordinance. Janisch continued that there are two business that may be out of compliance. Janisch concluded that these "Class B" licenses are a privilege not a right and the City should begin addressing this because of the current demand in the city.

**Discussion & Action on Request to Allow for Open Container on Harbor View Event Center Property and the City Owned Portions of the “Omaha Block” Immediately to the North as well as Harbor View Drive in Between for the North Coast Car Show on July 30, 2022 from 9:00 a.m. until 9:00 p.m. – McGrath moved to approve the request for Open Container for the North Coast Car Show on July 30, 2022, seconded by Novachek. Motion carried unanimously.**

**Adjourn – Novachek moved to adjourn, seconded by Neimes. Motion carried unanimously. Meeting adjourned at 6:51PM.**

Tony Janisch  
Assistant City Administrator

**FINANCE COMMITTEE MEETING 4:30pm**

Committee Member Karen Spears-Novachek & Mary McGrath reviewed monthly expenditure vouchers.



**MAY 25, 2022  
PROCEEDINGS**

**CITY OF WASHBURN BOARD OF REVIEW**

5:00 PM – 7:00 PM,

City Hall

Present Board Members: Mayor Mary Motiff, Karen Spears-Novachek, Mary McGrath, Jennifer Maziasz, Thomas Neimes, Dave Anderson (5:21), Carl Broberg, City Clerk Scott J. Kluver

Others Present: Kitt Koski, Assessor – Bow-Mar Appraisal

Absent: Laura Tulowitzky

**Call to Order – Roll Call** - Meeting called to order by Motiff at 5:03 PM, roll call attendance revealed seven of the nine-member Board present, quorum recognized.

**Election of Chair and Vice-Chair** – Spears-Novachek nominated Motiff for chair. Motion by Spears-Novachek and seconded by Neimes, to close nominations and cast unanimous ballot for Motiff as Chair. Motion carried 7-0. Motiff assumed the Chair. Neimes nominated Spears-Novachek for vice-chair. Motion by Neimes second by Maziasz to close nominations to and cast a unanimous ballot for Spears-Novachek as Vice -Chair. Motion carried 7-0.

**Verify Training Requirements/Confidentiality Ordinance** - Noted for the record, certification of at least one Board Member; proper Public Notice; Confidentiality Ordinance in place. Certified Board Members being Mayor Motiff; Council members Maziasz, Neimes, Broberg, Novachek, McGrath, Anderson; and Clerk Kluver. Notice placed at Bremer Bank, Hansen’s IGA, Washburn Public Library, and the door of City Hall. Motiff noted that appropriate confidentiality ordinance is in place.

**Adoption of Policy Regarding Procedure for Sworn Telephone Testimony and Sworn Written Testimony** – Maziasz moved, and Neimes seconded, to adopt the sample policy provided for Sworn Telephone Testimony and Sworn Written Testimony. Motion carried 7-0.

**Adoption of Policy Regarding the Procedure for Waiver of Board of Review Hearing Requests** – Maziasz moved, and Neimes seconded, to adopt the sample policy provided for Procedure for Waiver of Board of Review Hearing Requests. Motion carried 7-0.

**Receipt of Assessment Roll/Report by Assessor** - Kitt Koski reported on the Assessment Rolls for real and personal property and the current values and changes. New construction increased value by approximately one percent. Residential real estate increased by \$627,000 and Commercial real estate by \$300,000. Anderson arrived.

**Discussion on Need for Revaluation/Process Options** – Koski reported that the City has been out of compliance, and if we do not do a revaluation prior to 2024 the Department of Revenue will do a supervised revaluation. He recommends doing a drive-by revaluation to get as much updated information as possible without an interior visit since the last revaluation was in 2006. A full revaluation will likely be approximately \$65,000, and a drive by valuation will be approximately \$45,000. Discussion occurred on being able to use GIS/LIDAR to assist. Cost could be split between two years. Revaluation would start this fall, after approval of contract, and continue into the

spring of 2023. Board of Review for 2023 would be in the late summer/early fall of 2023.

**Examine Assessment Roll and Correct Errors** – Assessment role was reviewed.

**Formal Board of Review Session for Purpose of Hearing Objection to Annual Assessment** – No objections to assessments were filed. Motiff recessed the Board until 7:03 PM unless contacted by the City Clerk for a formal appearance before the Board. Motiff reconvened the Board of Review at 7:03 p.m. Roll Call

Present Board Members: Mayor Mary Motiff, Dave Anderson, Mary McGrath, Karen Spears-Novachek, Carl Broberg, Jennifer Maziasz, Thomas Neimes, City Clerk Scott J. Kluver

Others Present: Kitt Koski, Assessor – Bow-Mar Appraisal

Excused Absence: Laura Tulowitzky

With no case filings, Motiff adjourned the Board of Review at 7:04 p.m. Official recording of session on file.

*Scott J. Kluver*  
*City Clerk*

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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 this event 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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DRAFT

May 19, 2022

CITY OF WASHBURN PLAN COMMISSION MEETING

5:30PM Washburn City Hall & Remote Video Conferencing

COMMISSION MEMBERS: Dave Anderson, Felix Kalinowski, Leo Ketchum-Fish, Michael Malcheski, Mary Motiff, Nicolas Suminski, Matt Simoneau- (VIA Zoom)

ABSENT:

MUNICIPAL PERSONNEL: Scott Kløver, City Administrator, Tammy DeMars, Treasurer/Deputy Clerk

Meeting called to order at 5:32 pm by Motiff, attendance as recorded above.

**Approval of Minutes – April 21, 2022, Minutes – Motion by Suminski to approve the minutes of April 21, 2022, second by Malcheski. Motion carried 7-0.**

**Election of Vice Chair – Ketchum-Fish nominates Anderson, no other nominations made. Anderson moves to close nominations and cast vote, second by Suminski. Motion carried unanimously. Voice vote to elect David Anderson as Vice Chair, approved 7-0.**

**Public Hearing Anderson moves to open floor for public hearing, second by Ketchum-Fish. Motion carried 7-0. Ann and Tim McClaran, 109 County Hwy C, expressing concern about the noise and hours of operation. A letter from Alex Strachota and Ellie Braddock was also received and in the packet with concerns. Malcheski moves to close floor, second by Suminski. Motion carried 7-0.**

**Discussion & Recommendation on Conditional Use Permit for Agriculture Support Services to Operate a Portable Sawmill in a Light Industrial District, 1454 County HWY C, James Ledin Jr., Petitioner– Moved by Malcheski to recommend approval of Conditional Use Permit application for operation of a portable sawmill, second by Ketchum-Fish. Petitioner not in attendance due to work commitment. Copy of Council minutes from the discussion on the sale indicate Mr. Ledin, explained this is a small operation, all the wood will be used, any slabs 6” would be used as siding, smaller slabs as firewood and he gives the sawdust away for mulch/compost and has no intention of having logging trucks delivering. Discussion, he would be required to follow the noise ordinance as well. Kløver explains to those attending that with the conditional use permit process and the limitations placed on us my legislation. Section 7-55 (a)(1-9) reviewed by the Commission; 1- The size of the property is adequate for this use, 2- use is compatible, 3- Location is suitable, it is a Industrial District 4- no effects on traffic safety or pedestrian, 5- proposed use is suitable for this property , 6- no effect on the natural environment, 7- use is compatible with the surrounding properties, it is in the Industrial District 8-No effects known on the normal and orderly development and improvements in the surrounding property, 9- no known other factors to consider. Vote on original motion. Motion carried 7-0.**

**Discussion and Action on Façade Loan Application – Patsy’s Bar & Grill, 328 W. Bayfield St., Robert Stadler, Petitioner – Mr. Stadler unable to attend due to family commitment. He is requesting \$20,000 to be used toward siding and parking lot improvements. He would use LP Siding on the front of the building and the west side but would like to use metal on the rear and east side of the building. A picture of the type of steel was reviewed and after a lengthy discussion the Commission decided the steel panel siding, he wished to use is not a permitted material and cannot be used. Motion by Anderson to approve the loan in the amount of \$20,000.00 contingent on using siding material that meets our zoning ordinance, second by Kalinowski. Motion carries 6 -1 with Suminski opposed.**

**Discussion and Action on Application for Wall Sign and Projecting Sign on Front of Building, Blue Water Realty, 109 W. Bayfield Street, C-3 District – Jon Wheeler, Petitioner – Petitioner present. Moved by Ketchum-Fish to approve the application for a wall sign and projecting sign at 109 W. Bayfield Street, 2<sup>nd</sup> by Anderson. Questions asked and answered. Motion carried 7 - 0.**

**Discussion & Action on Downtown Design – Architectural Review for Addition to Garage 306 W. Bayfield Street, C-3 District – Callae Hyde, Petitioner – Malcheski moved to approve, second by Ketchum-Fish to approve the addition to garage at 306 W. Bayfield Street. Standard were reviewed General Architectural Standards: 1) Excluding residential buildings and Industrial Zoning Districts, all building exteriors facing a street, not including an alleyway, shall have at least 50 percent of the street face constructed with brick, decorative masonry, glass panel, or other appropriate similar finished façade as may be approved by the Plan Commission. Such brick, masonry, glass, or other decorative facing shall extend for a distance of at least 25 feet along the sides of the structure that do not face a street or at least 25 percent of the that side wall distance, whichever is greater. Existing asphalt shingle siding will be removed. Entire garage will be wood, with metal roof. 2) Outside of Industrial Zoning Districts, the appearance of any buildings with a front elevation or any building elevation facing Bayfield Street of more than 750 square feet in area shall be divided into distinct planes of 500 square feet or less. The following design features can be used to meet this provision (1) canopies or awnings; (2) arcades; (3) porches; (4) vertical wall offsets having a minimum depth of 8 inches and a minimum width of 10 feet; (5) horizontal offsets having a minimum depth of 2 feet; (6) pilasters having a minimum depth of 8 inches, a minimum width of 12 inches, and a minimum height of 80 percent**

**CITY OF WASHBURN**  
**119 Washington Avenue**  
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**Washburn, WI 54891**



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

To: Plan Commission Members  
From: Scott J. Kluver, Administrator  
Re: James Ledin CUP – Agricultural Support Services in the I-1 Light Industrial District  
Date: May 6, 2022

Enclosed you will find the application materials from James Ledin for a Conditional Use Permit (CUP) to operate a portable sawmill at 1454 CTH C.

The location was recently created via CSM and is included in the packet. At this time, no immediate structures are planned, but there may be a shed near the center of the property in the future. The special standards indicate that any structure must be 100 feet from all side and rear lot lines. Ingress/egress has been provided and would be available to deliveries and pick-ups. No additional employees except Mr. Ledin are anticipated.

There would also be adequate space for the one additional off-street parking space required.

Note the criteria in the ordinance by which the Commission should either approve or deny the permit in 7-55 of the enclosed ordinance and the responses provided for that criteria.

Please let me know if you have any questions on this application. I have no objections to this request.

**CITY OF WASHBURN**  
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**715-373-6160**  
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**CITY OF WASHBURN**  
**NOTICE OF PUBLIC HEARING**

A Public Hearing will be held by the Plan Commission on, Thursday, May 19, 2022, at 5:30 P.M. at City Hall, 119 Washington Avenue, for public comment on the following issue:

Conditional Use Permit Application:

Request for Agriculture Support Services – Operate a portable sawmill in accordance with the regulations of 8 - 233 out of the property located at 1454 CTH "C". James Ledin Jr., Petitioner

The property is zoned I-1, Light Industrial. Residents unable to attend the public hearing may provide written comment to the Zoning Administrator prior to the hearing.

Scott J. Kluver  
Zoning Administrator

As required by ordinance, copy mailed to property owners within 150 feet of the subject property.

**NOTICES MAILED FIRST CLASS MAIL 04/22/2022**

**ALEX STRACHOTA**  
PO BOX 92  
WASHBURN, WI 54891

**WASHBURN ASSEMBLY OF GOD**  
PO BOX 632  
WASHBURN, WI 54891

**TIM & ANNE McCLARAN**  
24 JAQUITH RD  
LANDGROVE, VT 05148

**MICHAEL & REBECCA WORBLEWSKI**  
1491 CTH C  
WASHBURN, WI 54891



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The property is zoned I-1, Light Industrial. Residents unable to attend the public hearing may provide written comment to the Zoning Administrator prior to the hearing.

Scott J. Kluver  
Zoning Administrator

**publ.: Class 2 – April 29 and May 6, 2022**  
**Daily Press Box Ad**

# CITY OF WASHBURN CONDITIONAL USE PERMIT

A Conditional Use Permit is hereby granted, pursuant to Title 13, Chapter 1, Article 7, Division 3 of the City of Washburn Zoning Ordinance to James Ledin Jr. (hereinafter User), in respect to property currently zoned I-1 Light Industrial, herein referred to as Subject Property, described as:

**Street Address:** 1454 CTH C

**Legal Description:** Lot 2 of Bayfield County CSM 2232

**Tax ID:** Not Assigned Yet                      **PIN:** Not Assigned Yet

This Conditional Use Permit is granted for the purpose of permitting the User, and only the User, to engage in the permitted use set forth immediately below:

1. To operate a portable sawmill (Agricultural Support Services use) at the property located at 1454 CTH C, in the I-1 Light Industrial District in accordance with Section 13-1-8-233 of the City of Washburn Zoning Code.

This Conditional Use Permit is subject to the following special conditions:

1. This Conditional Use Permit is issued exclusively to the User, does not run with the land for which it is issued, and may not be sold, conveyed, assigned or otherwise transferred to any other person or entity. This permit will be effective once all conditions are complied with as specified in ordinance.
2. Issuance of a Conditional Use Permit does not indicate that the City of Washburn has certified the above referenced dwelling nor has it inspected the building, nor does it ensure that it meets local, state, federal, or professional requirements or standards related to the subject use.
3. The User must comply with Title 8, Chapter 3 of the City of Washburn ordinances regarding the placement and use of waste and recycling facilities.
4. All conditional uses referred to above may be carried out upon the Subject Property during times that are allowable by the City's noise ordinance (11-2-6).
5. One off-street parking space for each employee shall be provided.
6. Any structure or storage area constructed on the property shall be at least 100 feet from any side or rear property lines.



\_\_\_\_\_  
Notary Public, Bayfield County, Wisconsin

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Scott J. Kluver, Zoning Administrator  
City of Washburn

\_\_\_\_\_  
Date

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 2022, the above-named Scott J. Kluver, known to be the person who executed for the foregoing instrument and acknowledge the same.

\_\_\_\_\_  
Notary Public, Bayfield County, Wisconsin

My commission expires: \_\_\_\_\_



## CITY OF WASHBURN CONDITIONAL USE PERMIT

A Conditional Use Permit is hereby granted, pursuant to Title 13, Chapter 1, Article 7, Division 3 of the City of Washburn Zoning Ordinance to James Ledin Jr. (hereinafter User), in respect to property currently zoned I-1 Light Industrial, herein referred to as Subject Property, described as:

**Street Address:** 1454 CTH C

**Legal Description:** Lot 2 of Bayfield County CSM 2232

**Tax ID:** Not Assigned Yet                      **PIN:** Not Assigned Yet

This Conditional Use Permit is granted for the purpose of permitting the User, and only the User, to engage in the permitted use set forth immediately below:

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2. Issuance of a Conditional Use Permit does not indicate that the City of Washburn has certified the above referenced dwelling nor has it inspected the building, nor does it ensure that it meets local, state, federal, or professional requirements or standards related to the subject use.
3. The User must comply with Title 8, Chapter 3 of the City of Washburn ordinances regarding the placement and use of waste and recycling facilities.
4. All conditional uses referred to above may be carried out upon the Subject Property during times that are allowable by the City's noise ordinance (11-2-6).
5. This permit shall remain in effect so long as the permit holder complies with all conditions of this permit and applicable City of Washburn ordinances.



Statement on the nature of the approval:

In approving this Conditional Use Permit, the Plan Commission confirmed the size of the parcel was not an issue, the use is compatible, the location of the use on the property is not a concern, traffic safety should not be a problem, it is a suitable additional use, there are no negative impacts on the environment known of, concerns with impacts on the neighbors were discussed and it would not impede the normal development. The Common Council adopts these findings.

Appeal rights for applicant and other aggrieved persons:

Within 30 days of the decision date, a written appeal, including the reasons for the appeal, must be received by the City Clerk. The appeal process will follow the procedure outlined in 13-1-7-23 of the zoning ordinance.

\_\_\_\_\_  
James Ledin, Jr.

\_\_\_\_\_  
Date

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 2022, the above-named James Ledin, Jr., to me known to be the person who executed for the foregoing instrument and acknowledge the same.

\_\_\_\_\_  
Notary Public, Bayfield County, Wisconsin

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Mary D. Motiff, Mayor  
City of Washburn

\_\_\_\_\_  
Date

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 2022, the above-named Mary D. Motiff, known to be the person who executed for the foregoing instrument and acknowledge the same.

\_\_\_\_\_  
Notary Public, Bayfield County, Wisconsin

My commission expires: \_\_\_\_\_



\_\_\_\_\_  
Scott J. Kluver, Zoning Administrator  
City of Washburn

\_\_\_\_\_  
Date

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 2022, the above-named Scott J. Kluver, known to be the person who executed for the foregoing instrument and acknowledge the same.

\_\_\_\_\_  
Notary Public, Bayfield County, Wisconsin

My commission expires: \_\_\_\_\_



CITY OF WASHBURN  
119 Washington Avenue  
P.O. Box 638  
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715-373-616  
715-373-616  
FAX 715-373-614

**APPLICATION FOR CONDITIONAL USE PERMIT**

(Zoning Code 13-7-51 through 62)

Name: JAMES McLEOD JR Initial Application  Amendment/Renewal

Physical and Mailing Address of Applicant: 405 E 3rd St WASHBURN, WI

Telephone Number: 715-373-2227 E-mail: jledinj@yaho.com

Address/Description of Permit Property: Lot 2 CSM 2232

Requested Conditional Use: Agriculture Support Services Zoning District: I-1

*Applicant shall submit a letter detailing the desired use, along with a scaled site plan of the property if new construction is involved.*

*It is the responsibility of the applicant to provide the name and address (both physical and mailing) of property owners within a 150 foot radius the permit property. Please use attachments for longer lists.*

1. Alex Strachota - PO Box 92, Washburn WI 54891
2. Washburn Assembly of God, PO box 632, Washburn WI 54891
3. Tim & Anne McClaran, 24 Jagdish Rd, Landgrove VT 05148
4. Michael & Rebecca Wroblewski, 1491 CTHC, Washburn, WI 54891
5. \_\_\_\_\_

APPLICATION FOR CONDITIONAL USE PERMIT --- Page 2

*I have read municipal code 13-7-52 through 62 as presented to me upon application and understand the process related to the issuance of a Conditional Use Permit. I also understand that I may be required to submit supplemental information as may be required elsewhere in the zoning code for my particular request.*

Application Signature:  Date: 4/15/22

**Filing Fee:** A \$150 filing fee is due at the time of submitting the application. A receipt of the fee payment shall be attached to this application form and shall serve as the application submission date.

**OFFICE USE ONLY**

Date of Review Completed by Zoning Administrator: 042022

Date of Public Hearing: 051922

Dates of Publication/Mailing: \_\_\_\_\_

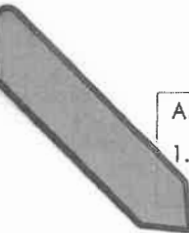
Recommendation of Plan Commission: \_\_\_\_\_

Approval by Council: \_\_\_\_\_



shall only become effective when all required signatures have been obtained and the original signature copy is returned to the zoning administrator.

- (18) **Public record copy.** A duplicate copy of the decision document shall be retained as a public record.
- (19) **Recording of decision document.** If the property owner returns the decision document within the required time period with the required signatures, the zoning administrator shall record the decision document against the subject property in the office of the Bayfield County register of deeds.
- (20) **Administrative steps.** If the conditional use is approved and the zoning administrator has created a map showing conditional uses, the zoning administrator shall add the conditional use to that map.



Amendment(s):  
 1. Ordinance 18-001, adopted April 9, 2018

**7-55 Basis of decision**

(a) **Generally.** When reviewing conditional uses other than nonconforming conditional uses, the Plan Commission in making its recommendation and the Common Council in making its decision shall consider the following factors:

- (1) the size of the parcel on which the proposed use will occur;
- (2) the presence of and compatibility with other uses on the subject property, if any;
- (3) the location of the proposed use on the subject property (e.g., proximity of the proposed use to other existing or potential land uses);
- (4) effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site;
- (5) the suitability of the subject property for the proposed use;
- (6) effects of the proposed use on the natural environment;
- (7) effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances;
- (8) effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the zoning district and adjoining districts; and
- (9) any other factor that relates to the purposes of this chapter set forth in s. 1-5 or as allowed by state law.

(b) **Nonconforming conditional uses.** When reviewing nonconforming conditional uses, the Plan Commission in making its recommendation and the Common Council in making its decision shall make the following determinations:

- (1) The nonconforming use will not be adverse to the public health, safety, or welfare.
- (2) The nonconforming use is in keeping with the spirit and intent of this chapter.
- (3) The nonconforming use would not be otherwise detrimental to the area and in particular the surrounding properties.

The Common Council shall grant approval for a nonconforming conditional use only if the council can make an affirmative finding for all of the criteria listed in this subsection.

(c) "Substantial evidence" as used in this Article means facts and information, other than mere personal preferences or speculation, directly pertaining to the requirements and conditions an applicant must meet to obtain a conditional use permit and that reasonable persons would accept in support of a conclusion.

Amendment(s):  
 1. Ordinance 18-001, adopted April 9, 2018

**CITY OF WASHBURN**

PO BOX 638

WASHBURN, WI 54891

Receipt Nbr: 32631

Date: 4/15/2022

Check

RECEIVED FROM James Ledin

\$150.00

<u>Type of Payment</u>	<u>Description</u>	<u>Amount</u>
Accounting	ZONING PERMITS James Ledin CUP Application	150.00

---

TOTAL RECEIVED 150.00

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Receipt Memo: Conditional Use Permit Application

50

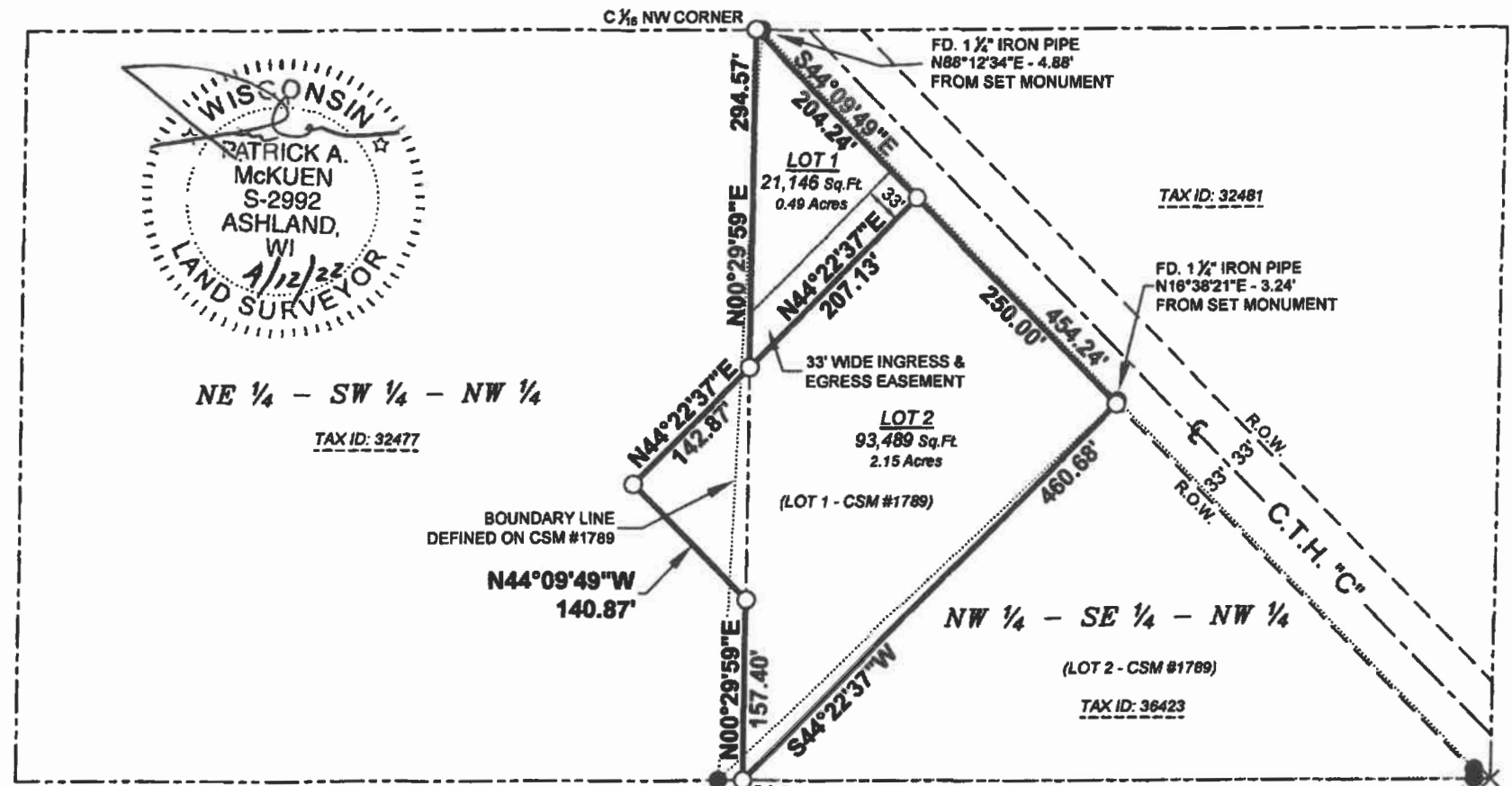


# BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2232

LOT 1 OF CSM # 1789 RECORDED AS DOC. 2012R-542768 IN VOL. 10 OF CSM'S ON PG'S. 292-293 WITHIN THE BAYFIELD COUNTY REGISTRY, TOGETHER WITH A PARCEL OF LAND LOCATED IN THE NE 1/4 - SW 1/4 - NW 1/4, ALL LOCATED WITHIN THE SW 1/4 - NW 1/4 AND THE SE 1/4 - NW 1/4, SECTION 31, TOWNSHIP 49 NORTH, RANGE 4 WEST, CITY OF WASHBURN, BAYFIELD COUNTY, WISCONSIN.



NE 1/4 - SW 1/4 - NW 1/4  
TAX ID: 32477



BOUNDARY LINE  
DEFINED ON CSM #1789  
N44°09'49"W  
140.87'

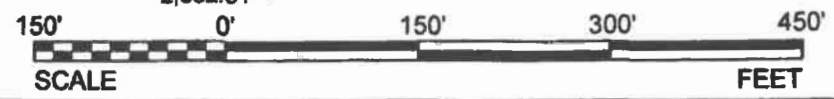
NW 1/4 - SE 1/4 - NW 1/4  
(LOT 2 - CSM #1789)  
TAX ID: 36423

### LEGEND

- -SET 1"O.D. x 18" IRON PIPE WEIGHING 1.13 LBS PER LIN. FOOT
- -FD. 1 1/4" O.D. IRON PIPE
- ✕ -CALCULATED POSITION (NO MONUMENT SET)
- ( ) -RECORDED AS DIMENSION

WEST 1/4 CORNER  
SEC. 31, T49N, R4W  
FD. 2 1/2" B.C.I.P. (19.55 CHAINS)  
1,261.49' CW 1/4 CORNER  
N89°57'40"E (N89°57'42"E)

CENTER 1/4 CORNER  
SEC. 31, T49N, R4W  
FD. 1 1/2" IRON PIPE



BEARINGS ARE GRID BASED  
WCCS - BAYFIELD COUNTY WITH  
THE SOUTH LINE OF THE NORTHWEST 1/4  
MEASURED TO BEAR N89°57'40"E

**SURVEYORS NOTE:**  
LARRY NELSON, PLS #1276 OF NELSON SURVEYING COMPLETED A 2-LOT CSM (CSM #1789) DATED 2/28/12. I FIND HIS DIMENSIONS AND PLACEMENT OF MONUMENTATION TO BE IN ERROR. IT APPEARS AN ERROR OCCURRED DURING PROPORTIONING SECTION 31 WITH THE ORIGINAL GLO FIELD NOTES.

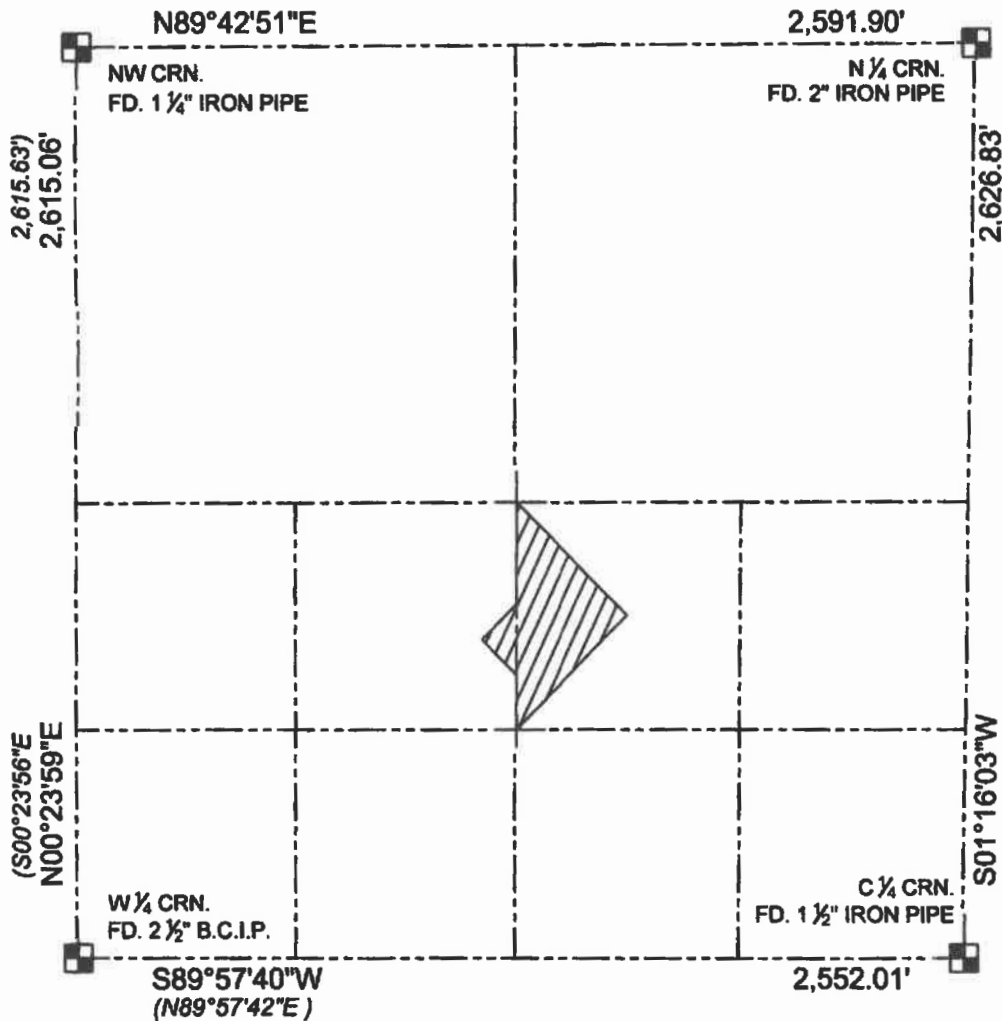
FIELDWORK COMPLETED:  
3/24/22

**Pine Ridge Land Surveying, LLC.**  
Professional Land Surveying Services  
*Value & Quality in a Timely Manner...*  
PATRICK A. MCKUEN, PLS  
1424 1/2 Lake Shore Dr. W.  
Ashland, Wisconsin  
Phone (715) 682-2969  
WWW.PINERIDGESURVEYING.COM  
PROJECT NO. C.O.W.22 - 31-49-4  
SHEET 1 OF 3 SHEETS

# BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2232

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NW 1/4 - SEC. 31 - T49N - R4W  
NOT TO SCALE



**Pine Ridge Land Surveying, LLC.**  
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SHEET 2 OF 3 SHEETS

# BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 2232

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### Surveyor's Certificate

I, Patrick A. McKuen, Professional Land Surveyor S-2992, hereby certify that I have surveyed and mapped; Lot 1 of CSM # 1789 recorded as Doc. # 2012R-542768 in Vol. 10 of CSM's on Pg's 292-293 within the Bayfield County Registry, together with a parcel of land located in the NE 1/4 - SW 1/4 - NW 1/4, all located within the SW 1/4 - NW 1/4 and the SE 1/4 - NW 1/4, Section 31, Township 49 North, Range 4 West, City of Washburn, Bayfield County, Wisconsin more particularly described as follows:

Commencing at the West 1/4 corner of said section; Thence N89°57'40"E along the monumented south line of the NW 1/4 of said section a distance of 1,261.49 feet to the CW 1/8 corner; Thence N00°29'59"E along the east line of the SE 1/4 - SW 1/4 a distance of 655.15 feet to the Point of Beginning; Thence N00°29'59"E and continuing along said east line a distance of 157.40 feet; Thence N44°09'49"W a distance of 140.87 feet; Thence N44°22'37"E a distance of 142.87 feet to the east line of the SE 1/4 - SW 1/4; Thence N00°29'59"E along said east line a distance of 294.57 feet to the C 1/8 NW corner of said section which falls along the southerly right of way of C.T.H. "C"; Thence S44°09'49"E along said right of way a distance of 454.24 feet; Thence S44°22'37"W a distance of 460.68 feet to the east line of the SE 1/4 - SW 1/4 and the Point of Beginning.

That the above described parcel of land contains 114,635 square feet which is 2.64 acres.

That I have made this map at the direction of Scott Kluver, 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 12 day of April, 2022



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

### CITY OF WASBURN ZONING APPROVAL CERTIFICATE

I, SCOTT KLUVER, CITY OF WASHBURN PLANNING & ZONING DEPARTMENT, DO HEREBY APPROVE THIS BAYFIELD COUNTY CERTIFIED SURVEY MAP

SIGNED:  SCOTT KLUVER

DATED THIS 14 DAY OF April, 2022.

**Pine Ridge Land Surveying, LLC.**  
Professional Land Surveying Services  
*Value & Quality in a Timely Manner...*  
PATRICK A. MCKUEN, PLS  
1424 1/2 Lake Shore Dr. W.  
Ashland, Wisconsin  
Phone (715) 682-2969  
WWW.PINERIDGESURVEYING.COM  
PROJECT NO. C.O.W.22 - 31-49-4  
SHEET 3 OF 3 SHEETS

3

**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 *SSK*  
Re: Cost for Bigelow/Holman Lakeview Drive Transition at 8<sup>th</sup> Avenue  
Date: May 31, 2022

Enclosed you will find a conceptual plan to redesign the intersection of Bigelow Street and Holman Lakeview Drive at the intersection of 8<sup>th</sup> Avenue West. The purpose for considering this improvement is that these streets are intended to be used as part of the detour for the Phase 1 STH 13 Project in 2024. In order to prepare these streets for the detour, WisDOT is planning on doing improvements and paving in the fall of 2023. Without doing a redesign of this intersection, there will be a jog in the detour that will require traffic to make turns which will slow down the traffic in this area. Having the redesign will allow for a smoother flow of the traffic in this area and leave the improvement for the future.

Also enclosed you will find a cost estimate to make this happen. The City portion of the cost would be \$97,000, which would essentially cover the base earthwork, and will include a culvert installation over the existing stormwater detention pond. We would work to make any necessary adjustments to the pond to not lose capacity. WisDOT would be responsible for the final basecourse and the actual paving of the road.

The challenge, of course, is the funding in order to complete the work this year. We would be able to budget for this work next year, but it would be more ideal to have the initial work settle over the winter before it is paved. At this time, I am asking Council if they would like to proceed with doing this work, and I am looking at any other possible alternatives for funding if you are. Please let me know if you have other questions related to this potential project. I will hopefully have more answers in funding prior to the meeting.



**PUBLIC WORKS IMPROVEMENT  
OPINION OF PROBABLE CONSTRUCTION COST**

**Bigelow Street Realignment (8th Ave East)**

Date: May 23, 2022

**City of Washburn**

24 Ft. Wide

Estimator: MCS

360 Ft. Long

Total City Est: \$97,000.00

DESCRIPTION	UNITS	APPROX. QUANTITY	UNIT PRICE	TOTAL PRICE
<b><u>DRAINAGE</u></b>				
12" Culvert PE	L.F.	30	\$35.00	\$1,050.00
24" Culvert PE	L.F.	130	\$55.00	\$7,150.00
12" AE Metal	Each	2	\$250.00	\$500.00
24" AE Metal	Each	2	\$550.00	\$1,100.00
Contingency				\$1,000.00
Engineering				\$1,100.00
<b>TOTAL ESTIMATED DRAINAGE COST</b>				<b>\$11,900.00</b>

**STREET CONSTRUCTION**

Roadway Earthwork	C.Y.	3200	\$12.00	\$38,400.00
Remove Curb and Gutter (By DOT)	L.F.	70	\$5.00	\$350.00
Salvage Existing Roadway	S.Y.	700	\$2.00	\$1,400.00
Geotextile Stabilization Fabric	S.Y.	2000	\$2.00	\$4,000.00
Base Course	C.Y.	800	\$25.00	\$20,000.00
Base Course (DOT)	C.Y.	400	\$25.00	\$10,000.00
3" Asphaltic Concrete Paving (By DOT)	S.Y.	1000	\$18.00	\$18,000.00
Turf Replacement	S.Y.	1200	\$3.00	\$3,600.00
Clearing and Grubbing	L.S.	1	\$1,000.00	\$1,000.00
Pavement Saw Cutting (By DOT)	L.F.	70	\$5.00	\$350.00
Contingency				\$9,700.00
Engineering				\$10,700.00
<b>TOTAL ESTIMATED STREET CONSTRUCTION</b>				<b>\$117,500.00</b>

Construction Subtotal	\$106,900.00
10% Contingency Subtotal	\$10,700.00
Design and Construction Engineering Subtotal	\$11,800.00

<b>***PROJECT TOTAL ***</b>	<b>\$ 129,000.00</b>
<b>DOT Portion</b>	<b>\$32,000.00</b>
<b>City Portion</b>	<b>\$ 97,000.00</b>





AK-Standards 01/11/2023  
 1:250 Minimum City of Washburn Engineering/Planning/Map/Graphic/Street/Map/Layout/Plan 1 IN 100 FT

DES BY	MCS						
DR BY	MGN	PROJ NO					
CHK BY	MCS	DATE					
		NO	DATE	REVISION	NO	DATE	REVISION

**BIGELOW STREET**  
**WASHBURN, WISCONSIN**



####

SHEET NO. ####

4



**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: Capital Budget Reallocation/City Hall Vermiculite Removal  
Date: May 27, 2022

Within the 2022 Capital Budget there were \$20,000 allocated for City Hall improvements, specifically for replacing the Air Conditioning/Air Handling unit. In obtaining estimates for that work, it was noted that the attic is full of vermiculite. Vermiculite is assumed to contain asbestos, and the potential contractor has advised that before they would do any work, the vermiculite would need to be remediated. This is something that should be done.

Enclosed you will find an estimate to remove the vermiculite. As you can see the cost estimate is \$25,250. We would have an additional \$5,000 that was in the Capital Budget for the copy machine that we were able to charge to last year. So, we could afford to do this, unfortunately, we will not have any dollars left over to actually do the Air Conditioning/Air Handling unit. Here is to hoping the system holds together for the summer! I recommend approving this re-allocation of dollars to address the vermiculite, and will be requesting additional be in next year's capital budget for the HVAC upgrades. For your reference, I have included the estimate received for the HVAC upgrades.

# ACCT

I N C O R P O R A T E D

Asbestos Control &  
Consulting Team

230 HWY 33 N, CLOQUET, MN 55720  
Telephone (218) 879-2241 \* Fax (218) 879-6194

## Proposal

TO: Scott Kluver

EMAIL: washburnadmin@cityof

washburn.org

---

City of Washburn

---

DATE: May 26, 2022

---

FROM: Dave Rice

---

# OF PAGES: 1 (including cover sheet)

---

RE: Removal of vermiculite attic insulation from Washburn City Hall,

---

119 N. Washington Ave., Washburn, MN 54891

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We propose to furnish the material, labor, & equipment to remove vermiculite attic insulation at the above location for..... \$25,250.00

- The above price includes disposal, air monitoring and notification to the DNR.

Thank you for the opportunity of submitting this quote. If you have any questions, please give me a call at 218-213-3474.

Sincerely,

Dave Rice



POWERED BY API GROUP

THE JAMAR COMPANY | 4701 MIKE COLALILLO DR. | DULUTH, MN 55807-2762 | PHONE 218.628.1027 | FAX 218.628.1174

May 27, 2022

City of Washburn  
119 Washington Ave  
Washburn, WI 54891

Attn: Mr. Scott Kluver  
Proposal: 22-S-0142  
Scope: City Hall AC Project and Control System Upgrades  
Location: Washburn, WI

#### Existing Conditions:

The facility is currently conditioned by an air handling unit in the attic space, and an R22 air conditioning system (condensing unit, coil, and refrigeration lines). This AC equipment was installed in 1996 and there is concern of potential mechanical issues. The existing control for this equipment is an electromagnetic timeclock, with Barber Colman staging controls. This control system is original to the air handling unit installed in 1976. The heating system is (2) Weil McLain Gold 85% efficient natural gas boilers, with (4) circulation pumps that serve independent zones of finned tube radiation around the perimeter of the facility.

#### Jamar's Recommendation:

Due to the age of this existing air conditioning equipment and the phaseout of R22 refrigerant, the next logical step is to upgrade this equipment to new efficient R410A air conditioning equipment. This includes a new condensing unit, new refrigeration lines properly sized to the new equipment, and a new evaporator coil in the existing air handling unit.

Along with the air conditioning unit upgrade, control system retrofit is highly recommended to update the vintage stand-alone electromechanical controls to new direct digital controls technology with operator interface (*this is listed as phase 2 on this proposal*). This new system will provide several advantageous gains as explained in the next few paragraphs.

First, with updated sensors and control logic we can provide more consistent control of the DX cooling coil and, more importantly, by taking control of the damper actuators and associated sensors we can provide more fresh air from the outside when outdoor conditions are suitable for free cooling. This should help maintain air quality and air distribution within the facility

Second, you will gain access to the HVAC controls system including scheduling, monitoring, trending, and alarming capabilities. This non-proprietary system (non-proprietary being not registered or protected as a trademark or brand name; generic.) comes with a custom user interface that is accessible by web browser on your computer for simple access to the system. This system also comes with a remote connection feature (*at your discretion*) so in the event

of an alarm or issue, the HVAC system can be accessed from our service office to troubleshoot and help minimize service calls.

Finally, updating and tying in the boiler controls to the same non-proprietary DDC technology (*listed as phase 3 of this proposal*) would provide for the same access into the heating system graphics for monitoring/alarms in the event of an issue (*ie. email an alarm to maintenance if the boiler trips out in winter time when the facility is empty*). This system will also allow fine tuning of the outside air reset schedule which will limit the boilers when the heat load in the building drops in the shoulder seasons, and will provide communication between your heating and cooling systems to eliminate the potential for simultaneous heating and cooling.

The Jamar Company is pleased to provide the following proposal to perform the subject project as detailed below.

1. Our base proposal is based on **providing / including** the following:
  - A. Reclaim refrigerant, and demo of existing R22 condenser, coil, and lineset
  - B. Provide and install new York 7.5 ton single stage condensing unit, new hard copper linesets with insulation, and new evaporator coil in the existing air handling unit
  - C. Provide minor removal of ceiling grid to gain access into attic space for coil replacement (*existing grid and tiles to be reinstalled*)
  - D. Electrical disconnect and reconnect only, no new work is included
  - E. Evac of refrigerant lines, charge, and startup of new equipment
  - F. Permitting
  - G. Tools and equipment
  
2. Our proposal is based on **excluding** the following:
  - A. Base bid excludes any control work, existing controls will be reinstalled
  - B. Any new electrical work (*the existing electrical wiring appears sufficient for new*)
  - C. Asbestos abatement
  - D. Testing or treatment of water / glycol systems / air quality testing
  - E. Any other mechanical work not listed above
  
3. Our proposal is based on the following general **exceptions and / or clarifications**:
  - A. Proposal includes current pricing on all material and equipment which remains valid for 15 days from the date of this proposal and must be repriced if work is extended beyond that date. If, during the performance of this agreement, the price of any material significantly increases, through no fault of Contractor / Subcontractor, the price of affected material shall be adjusted by the amount necessary to cover the price increase. Any proposed fee change will be provided to Owner / Contractor with appropriate supporting documents. Approval of the increased price must be in writing signed by both parties. If Owner / Contractor does not accept the increased price, this agreement becomes void and unenforceable. Where delivery of material is delayed through no fault of Contractor / Subcontractor, as a result of the shortage or unavailability of such material or labor, Contractor / Subcontractor shall not be



We appreciate the opportunity to provide pricing for this project and look forward to discussing this project further with you. If there is any other way we can be of assistance, please contact me at (218) 391-0360.

*signature on last page*



- A. Payments:** Invoices are to be rendered on a progress basis for materials delivered to the jobsite and work completed through the date. Owner agrees to pay such progress billing in full. Terms of payment are net thirty (30) days from date of invoice. Owner agrees that payment to Contractor shall not be contingent upon settlement of any insurance claim of Owner. Final payment shall be in all cases due and payable within thirty (30) days after final invoice date. For special order materials, Owner agrees to pay Contractor in accordance with any special vendor payment stipulations. All invoices not paid in 30 days will be charged 1½% interest per month on the unpaid balance as well as any fees incurred resulting from collection efforts.
- B. Default:** In case of any default by Owner, Contractor may declare the price for all unpaid installments, plus materials purchased and work performed but not invoiced, to be immediately due and payable. Default by the Owner shall consist of failure to pay any installment invoice when due, no demand necessary. A service charge will be assessed and added to the price on all payments past due and owed by the Owner under this contract at a monthly rate of 1½%, or if such rate is prohibited under applicable law, then at the maximum rate permitted under applicable law. Owner shall pay any reasonable attorney and collection fees incurred on the collection of past due accounts.
- C. Defects and Guarantees:** The Contractor agrees to make good without cost to the Owner any and all defects due to faulty workmanship for which written notice is received by Contractor within the period of one year (1) from date of substantial completion of the project.
- D. Losses:** Any loss or damage from any cause, not by the fault of the Contractor, to the materials on site or work in place shall be borne by the Owner. Owner assumes no responsibility whatsoever on account of damage to or theft of Contractor's tools and/or equipment, unless said tools and equipment are damaged or stolen by negligence of the Owner. Owner and Contractor waive claims against each other for consequential damages arising out of this Contract. Consequential damages include, but are not limited to, loss of use, income, profit, business and reputation.
- E. Changes to Scope:** Changes, alterations, and additions to the plans, specifications, schedule or scope of work described in this Contract shall be approved in writing by Contractor and Owner. For any changes to this Contract, there shall be a corresponding increase or decrease in contract price, the value of which shall be agreed upon prior to performance of said work and an equitable adjustment of time to complete, if warranted. If no agreement is reached prior to performance of additional work, and Contractor is directed by Owner to continue with said work so as to avoid delays, then price based on a time-and-material basis will be considered as accepted and payable by the Owner, and invoiced as a change to this Contract.
- F. Termination of Contract:** In the event the Contract between the Owner and the Contractor should be terminated prior to its completion, then the Owner and the Contractor agree that an equitable settlement for work performed under this agreement prior to such termination, will be handled as a Change to Scope of the Contract as provided by Paragraph E above. If no agreement is reached, through no fault of Contractor, then this Contract shall be considered in default, and shall be handled in accordance with Paragraph B.
- G. Insurance Requirements:** Contractor shall procure and maintain the following insurance limits:
- |   |   |
|---|---|
| Workers Compensation<br>Employer's Liability including "Stop Gap" | Statutory Limits<br>\$1,000,000 each accident   |
| Commercial General Liability                                      | \$2,000,000 each occurrence<br>\$2,000,000 products/completed operations aggregate<br>\$4,000,000 general aggregate (per project) |
| Commercial Automobile Liability                                   | \$2,000,000 Bodily Injury and Property Damage<br>Combined Single Limit  |
- A certificate of insurance will be provided upon request. If insurance coverage is required above the levels listed above, they can be provided with additional premium costs paid for by the Owner, with a change to the Contract in accordance with Paragraph E.
- H. Indemnification:** The Contractor agrees to assume responsibility and liability, to the fullest extent permitted by law, for all damages or injury to all persons, whether employees or otherwise, and to all property, arising out of or resulting from, the execution of the work provided for in this Contract or occurring or resulting from the use by the Contractor, his agents or employees, of materials, equipment, instrumentalities or other property, whether the same be owned by the Contractor, the Subcontractor or third parties, but only to the extent caused by the negligent act or omission of the Contractor, and save harmless the Owner, his agents and employees from all such claims including, without limiting the generality of the foregoing, claims for which the Owner may be or may be claimed to be, liable, but only to the extent caused by the negligent act or omission of the Contractor, and legal fees and disbursements paid or incurred to enforce the provisions of this paragraph and the Contractor further agrees to obtain, maintain and pay for such general liability insurance coverage and endorsements as will insure the provision of this paragraph.
- I. Arbitration:** At Contractor's discretion, any disputes arising under this Contract shall be resolved by binding arbitration to be administered by the American Arbitration Association in accordance with the Construction Industry Arbitration Rules in effect on the date of the Contract. The hearing shall be held in the jurisdiction of Duluth, MN.
- J. Entire Agreement:** This Contract represents the entire agreement of the parties and it supersedes all prior negotiations, representations or agreements, whether oral or written.
- K. Amendment:** This Contract may be amended only by a written instrument signed by both parties.
- L. Notice:** All notices required hereunder shall be in writing and deemed to have been given when delivered personally or one (1) business day after being sent by overnight carrier or three (3) business days after being sent by U.S. Mail. All notices should be sent to the addresses listed above, unless changed by written notice.

*signature on next page*

In Witness whereof, the Contractor and Owner signify their understanding and agreement with the terms hereof by signing below:

**THE JAMAR COMPANY**

**COMPANY**

Signature: 

Signature: \_\_\_\_\_

Name: Josh Aune

Name: \_\_\_\_\_

Its: Project Manager

Its: \_\_\_\_\_

Date: May 27, 2022

Date: \_\_\_\_\_

Federal Tax ID: 41-1509431  
MN State Tax ID: 3186956

The Jamar Company is an equal opportunity employer and federal contractor or subcontractor. Consequently, the parties agree that, as applicable, they will abide by the requirements of 41 CFR 60-1.4(a), 41 CFR 60-300.5(a) and 41 CFR 60-741.5(a) and that these laws are incorporated herein by reference. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. These regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability. The parties also agree that, as applicable, they will abide by the requirements of Executive Order 13496 (29 CFR Part 471, Appendix A to Subpart A), relating to the notice of employee rights under federal labor laws.

5

**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: Resolution for Compliance Maintenance Annual Report (CMAR) – Treatment Plant  
Date: May 16, 2022

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

In summary, for 2021, 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.

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 \$3,900,000 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**  
**715-373-6161**  
**FAX 715-373-6148**

**RESOLUTION NO. #22-004**  
**Approving the 2021 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 2021 Compliance Maintenance Annual Report; and

**FURTHERMORE**, directs its City Clerk to submit the reviewed 2021 Compliance Maintenance Annual Report to the Wisconsin Department of Natural Resources by the submittal date.

Resolved this 13<sup>th</sup> day of June, 2022, 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:  
5/13/2022 **2021**

## 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	0.1525	x	232	x	8.34	=	295
February	0.1492	x	232	x	8.34	=	289
March	0.3290	x	145	x	8.34	=	397
April	0.4106	x	104	x	8.34	=	355
May	0.2843	x	149	x	8.34	=	354
June	0.1928	x	186	x	8.34	=	300
July	0.1783	x	231	x	8.34	=	344
August	0.1576	x	272	x	8.34	=	357
September	0.1554	x	220	x	8.34	=	285
October	0.1530	x	212	x	8.34	=	270
November	0.1597	x	157	x	8.34	=	210
December	0.1531	x	185	x	8.34	=	236

### 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>

3

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/13/2022 2021

## 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:  
5/13/2022 **2021**

<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>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.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
--	--

<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:  
5/13/2022 **2021**

## 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	7	1	0	0
February	30	27	7	1	0	0
March	30	27	5	1	0	0
April	30	27	4	1	0	0
May	30	27	4	1	0	0
June	30	27	6	1	0	0
July	30	27	6	1	0	0
August	30	27	6	1	0	0
September	30	27	5	1	0	0
October	30	27	5	1	0	0
November	30	27	5	1	0	0
December	30	27	8	1	0	0

\* Equals limit if limit is <= 10

Months of discharge/yr	12		
Points per each exceedance with 12 months of discharge		7	3
Exceedances		0	0
Points		0	0
<b>Total number of points</b>			<b>0</b>

0

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?

N/A

### 2. Flow Meter Calibration

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

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

2021-05-17

No

If No, please explain:

### 3. Treatment Problems

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

N/A

### 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

No

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/13/2022 2021

<p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>If Yes, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> N/A</p> <p>Please explain unless not applicable:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></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:  
5/13/2022 **2021**

## 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	5	1	0	0
February	30	27	7	1	0	0
March	30	27	4	1	0	0
April	30	27	5	1	0	0
May	30	27	6	1	0	0
June	30	27	6	1	0	0
July	30	27	4	1	0	0
August	30	27	6	1	0	0
September	30	27	6	1	0	0
October	30	27	3	1	0	0
November	30	27	5	1	0	0
December	30	27	5	1	0	0

\* 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	0	
Points	0	0	
<b>Total Number of Points</b>		<b>0</b>	

0

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?

N/A

<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:  
5/13/2022 **2021**

## 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	0.615	1	0
February	1	0.548	1	0
March	1	0.362	1	0
April	1	0.310	1	0
May	1	0.295	1	0
June	1	0.272	1	0
July	1	0.155	1	0
August	1	0.472	1	0
September	1	0.780	1	0
October	1	0.253	1	0
November	1	0.366	1	0
December	1	0.340	1	0
Months of Discharge/yr			12	
<b>Points per each exceedance with 12 months of discharge:</b>				<b>10</b>
Exceedances				0
<b>Total Number of Points</b>				<b>0</b>

0

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?

N/A

<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:  
5/13/2022 2021

## Biosolids Quality and Management

### 1. Biosolids Use/Disposal

1.1 How did you use or dispose of your biosolids? (Check all that apply)

- Land applied under your permit
- Publicly Distributed Exceptional Quality Biosolids
- Hauled to another permitted facility
- Landfilled
- Incinerated
- Other

NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.

1.1.1 If you checked Other, please describe:

Reed beds.

### 2. Land Application Site

2.1 Last Year's Approved and Active Land Application Sites

2.1.1 How many acres did you have?

20.30 acres

2.1.2 How many acres did you use?

0 acres

2.2 If you did not have enough acres for your land application needs, what action was taken?

N/A

2.3 Did you overapply nitrogen on any of your approved land application sites you used last year?

Yes (30 points)

No

2.4 Have all the sites you used last year for land application been soil tested in the previous 4 years?

Yes

No (10 points)

N/A

### 3. Biosolids Metals

Number of biosolids outfalls in your WPDES permit:

3.1 For each outfall tested, verify the biosolids metal quality values for your facility during the last calendar year.

#### Outfall No. 003 - LIQUID SLUDGE

Parameter	80% of Limit	H.Q. Limit	Ceiling Limit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	80% Value	High Quality	Ceiling
Arsenic		41	75														0	0
Cadmium		39	85														0	0
Copper		1500	4300														0	0
Lead		300	840														0	0
Mercury		17	57														0	0
Molybdenum	60		75													0		0
Nickel	336		420													0		0
Selenium	80		100													0		0
Zinc		2800	7500														0	0

3.1.1 Number of times any of the metals exceeded the high quality limits OR 80% of the limit for molybdenum, nickel, or selenium = 0

Exceedence Points

0 (0 Points)

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/13/2022 2021

<p> <input type="radio"/> 1-2 (10 Points)  <input type="radio"/> &gt; 2 (15 Points)            3.1.2 If you exceeded the high quality limits, did you cumulatively track the metals loading at each land application site? (check applicable box)  <input type="radio"/> Yes  <input type="radio"/> No (10 points)  <input checked="" type="radio"/> N/A - Did not exceed limits or no HQ limit applies (0 points)  <input type="radio"/> N/A - Did not land apply biosolids until limit was met (0 points)            3.1.3 Number of times any of the metals exceeded the ceiling limits = 0            Exceedence Points  <input checked="" type="radio"/> 0 (0 Points)  <input type="radio"/> 1 (10 Points)  <input type="radio"/> &gt; 1 (15 Points)            3.1.4 Were biosolids land applied which exceeded the ceiling limit?  <input type="radio"/> Yes (20 Points)  <input checked="" type="radio"/> No (0 Points)            3.1.5 If any metal limit (high quality or ceiling) was exceeded at any time, what action was taken? Has the source of the metals been identified?  <div style="border: 1px solid black; padding: 2px; width: fit-content;">N/A</div> </p>	0																				
<p>4. Pathogen Control (per outfall): 4.1 Verify the following information. If any information is incorrect, use the Report Issue button under the Options header in the left-side menu.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Outfall Number:</td><td></td></tr> <tr><td>Biosolids Class:</td><td></td></tr> <tr><td>Bacteria Type and Limit:</td><td></td></tr> <tr><td>Sample Dates:</td><td style="text-align: center;">-</td></tr> <tr><td>Density:</td><td></td></tr> <tr><td>Sample Concentration Amount:</td><td></td></tr> <tr><td>Requirement Met:</td><td style="text-align: center;">No</td></tr> <tr><td>Land Applied:</td><td style="text-align: center;">No</td></tr> <tr><td>Process:</td><td></td></tr> <tr><td>Process Description:</td><td></td></tr> </table> <p>4.2 If exceeded Class B limit or did not meet the process criteria at the time of land application. 4.2.1 Was the limit exceeded or the process criteria not met at the time of land application?  <input type="radio"/> Yes (40 Points)  <input checked="" type="radio"/> No            If yes, what action was taken?  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>	Outfall Number:		Biosolids Class:		Bacteria Type and Limit:		Sample Dates:	-	Density:		Sample Concentration Amount:		Requirement Met:	No	Land Applied:	No	Process:		Process Description:		0
Outfall Number:																					
Biosolids Class:																					
Bacteria Type and Limit:																					
Sample Dates:	-																				
Density:																					
Sample Concentration Amount:																					
Requirement Met:	No																				
Land Applied:	No																				
Process:																					
Process Description:																					
<p>5. Vector Attraction Reduction (per outfall): 5.1 Verify the following information. If any of the information is incorrect, use the Report Issue button under the Options header in the left-side menu.</p>																					

# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/13/2022 2021

Outfall Number:		<b>0</b>
Method Date:		
Option Used To Satisfy Requirement:		
Requirement Met:	No	
Land Applied:	No	
Limit (if applicable):		
Results (if applicable):		
<p>5.2 Was the limit exceeded or the process criteria not met at the time of land application?</p> <p><input type="radio"/> Yes (40 Points)</p> <p><input checked="" type="radio"/> No</p> <p>If yes, what action was taken?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>6. Biosolids Storage</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; width: 100%;"></div>		
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px;">N/A</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:  
5/13/2022 2021

## Staffing and Preventative Maintenance (All Treatment Plants)

### 1. Plant Staffing

1.1 Was your wastewater treatment plant adequately staffed last year?

- Yes
- No

If No, please explain:

Could use more help/staff for:

1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?

- Yes
- No

If No, please explain:

### 2. Preventative Maintenance

2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?

- Yes (Continue with question 2)
- No (40 points)

If No, please explain, then go to question 3:

2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?

- Yes
- No (10 points)

2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?

- Yes
  - Paper file system
  - Computer system
  - Both paper and computer system
- No (10 points)

0

### 3. O&M Manual

3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?

- Yes
- No

### 4. Overall Maintenance /Repairs

4.1 Rate the overall maintenance of your wastewater plant.

- Excellent
- Very good
- Good
- Fair
- Poor

Describe your rating:



# Compliance Maintenance Annual Report

Washburn City Of

Last Updated: Reporting For:  
5/13/2022 **2021**

All major equipment is tracked on a white board for maintenance intervals and performed according to O&M manuals.

<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:  
5/13/2022 2021

## 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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OIT and Basic Certification: ○ Averaging 6 or more CECs per year. ○ Averaging less than 6 CECs per year. Advanced Certification: ● Averaging 8 or more CECs per year. ○ Averaging less than 8 CECs per year.	
---	--

<b>Total Points Generated</b>	<b>0</b>
<b>Score (100 - Total Points Generated)</b>	<b>100</b>
<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"/></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 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?</p> <p>Year: <input style="width: 100px;" type="text" value="2020"/></p> <p><input checked="" type="radio"/> 0-2 years ago (0 points) <input type="checkbox"/></p> <p><input type="radio"/> 3 or more years ago (20 points) <input type="checkbox"/></p> <p><input type="radio"/> N/A (private facility)</p> <p>2.3 Did you have a special account (e.g., CWFP 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?</p> <p>Year: <input style="width: 100px;" type="text" value="2020"/></p> <p><input checked="" type="radio"/> 1-2 years ago (0 points) <input type="checkbox"/></p> <p><input type="radio"/> 3 or more years ago (20 points) <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.

3.3 What amount should be in your Replacement Fund?

\$ 143,247.00

0

Please note: If you had a CWFP 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	Repair Lake Side fine screen	20,000	2022
2	Clean and upgrade aeration zone for better mixing	60,000	2023
3	Bayfield Street sewer replacement project.	2,000,000	2024
4	Remove air lift return pumping system and install submersible VFD return pumps for better solids return.	75,000	2025

## 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	242	
February	253	
March	156	
April	164	
May	161	
June	202	
July	249	
August	177	
September	169	
October	153	
November	168	
December	793	
<b>Total</b>	<b>2,887</b>	<b>0</b>
<b>Average</b>	<b>241</b>	<b>0</b>

## 6.1.2 Comments:

Pump #2 at condo lift station ran 413.5 hours in December resulting in high Kw usage. Normal operating hours are 2 to 3. Unsure why this happen. Are pulling pumps this spring to investigate potential problem.

## 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?

Service contract with Flygt to pull and inspect all pumps at lift stations for proper operation and controls in 2022.

## 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	30,680	4.73	6,486	9.15	3,353	1,202
February	31,560	4.18	7,550	8.09	3,901	1,684
March	23,600	10.20	2,314	12.31	1,917	839
April	22,680	12.32	1,841	10.65	2,130	634
May	22,040	8.81	2,502	10.97	2,009	160
June	22,000	5.78	3,806	9.00	2,444	28
July	19,560	5.53	3,537	10.66	1,835	55
August	21,080	4.89	4,311	11.07	1,904	9
September	23,760	4.66	5,099	8.55	2,779	60
October	24,800	4.74	5,232	8.37	2,963	291
November	32,960	4.79	6,881	6.30	5,232	666
December	37,120	4.75	7,815	7.32	5,071	1,238
<b>Total</b>	<b>311,840</b>	<b>75.38</b>		<b>112.44</b>		<b>6,866</b>
<b>Average</b>	<b>25,987</b>	<b>6.28</b>	<b>4,781</b>	<b>9.37</b>	<b>2,962</b>	<b>572</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



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- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

Reed beds for prolonged sludge drying and storage.

### 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?

Better aeration in aeration zone and replacing air lift system with submersible VFD RAS pumps for better solids control and the use of less air to reduce the number of blowers needed.

### 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

Describe and Comment:

Done in spring of 2022. Still assessing information.

Part of the facility

Year:

By Whom:

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Describe and Comment:
<input type="text"/>

<b>Total Points Generated</b>	40
<b>Score (100 - Total Points Generated)</b>	60
<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:

Cleaned and televised 18 blocks of Bayfield Street (HWY 13) in conjunction with WISDOT highway reconstruction and City utilities replacement beginning in 2024. Continued updating of GIS records of sewer 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 newly created 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="11"/>	% of system/year
Root removal	<input type="text" value="4"/>	% 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="10"/>	% of system/year
Manhole inspections	<input type="text" value="20"/>	% of system/year
Lift station O&M	<input type="text" value="0"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year

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Private sewer I/I removal  % of private services

River or water crossings  % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

Replacing 920 feet of old sewer line in conjunction with sewer relocation project for Washburn Iron Works in 2022.

### 3. Performance Indicators

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

<input type="text" value="27.96"/>	Total actual amount of precipitation last year in inches
<input type="text" value="31.0"/>	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="0.206"/>	Average daily flow in MGD (if available)
<input type="text" value="0.411"/>	Peak monthly flow in MGD (if available)
<input type="text" value=""/>	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="2.0"/>	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:

I&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?

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<p><input type="radio"/> Yes <input checked="" type="radio"/> 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: 5px;">Lower precipitation amounts and less severity of storms caused less extreme I&amp;I events for 2021.</div>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 5px;">Replacement of 18 blocks of old sanitary sewer and water on Bayfield Street scheduled to begin in 2024 in conjunction with WISDOT highway reconstruction. Continued enforcement of private sump pumps 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>

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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	A	4	10	40
TSS	A	4	5	20
Phosphorus	A	4	3	12
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>124</b>
<b>GRADE POINT AVERAGE (GPA) = 3.88</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)



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## Resolution or Owner's Statement

Name of Governing Body or Owner:	<input type="text" value="City of Washburn Council"/>
Date of Resolution or Action Taken:	<input type="text"/>
Resolution Number:	<input type="text"/>
Date of Submittal:	<input type="text"/>
<b>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):</b>	
Influent Flow and Loadings: Grade = A	<input type="text"/>
Effluent Quality: BOD: Grade = A	<input type="text"/>
Effluent Quality: TSS: Grade = A	<input type="text"/>
Effluent Quality: Phosphorus: Grade = A	<input type="text"/>
Biosolids Quality and Management: Grade = A	<input type="text"/>
Staffing: Grade = A	<input type="text"/>
Operator Certification: Grade = A	<input type="text"/>
Financial Management: Grade = F	<input type="text" value="Financial improvements are happening thanks to on site lab, solar, refinancing of debt and other improvements but unfortunately not enough to bring us 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)	<input type="text"/>
<b>ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS</b> (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) <b>G.P.A. = 3.88</b>	
<input type="text"/>	

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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 *SK*  
Re: Temporary Street Closure – W. 4<sup>th</sup> Street  
Date: May 27, 2022

Please see the attached request to temporarily close W. 4<sup>th</sup> Street from 8<sup>th</sup> Avenue West to 5<sup>th</sup> Avenue West for approximately a half-hour (approximately 12:30 PM to 1:00 PM) on Sunday, June 27<sup>th</sup> for the Washburn Challenge Road Race. As you will see in the request, residents would still be able to come and go, but may just have a minor delay as racers pass. Flaggers will be at the intersections to temporarily halt traffic. This section of the street will be set up as the finish line. The Police Chief has also reviewed this request and we have no objections to its approval.

Washburn Challenge Road Race /

Wisport Cycling / wi-sport.com

R. J. Ochman 763-898-6065

Race date: 10110 Welcome Ave. N.  
June 19, 2022 Brooklyn Park, MN 55443

Local contact: Dave Wilcox 836 W. 3<sup>rd</sup> St,  
715-492-0401 Washburn

Event insurance: Badger State Games

[visitwausau.com/summer-games](http://visitwausau.com/summer-games)

Contact: Nick Ockwig - [nockwig@visitwausau.com](mailto:nockwig@visitwausau.com)

Race start to line up on Central Ave next  
to Dupont Club - then proceed north on  
Hwy. 13.

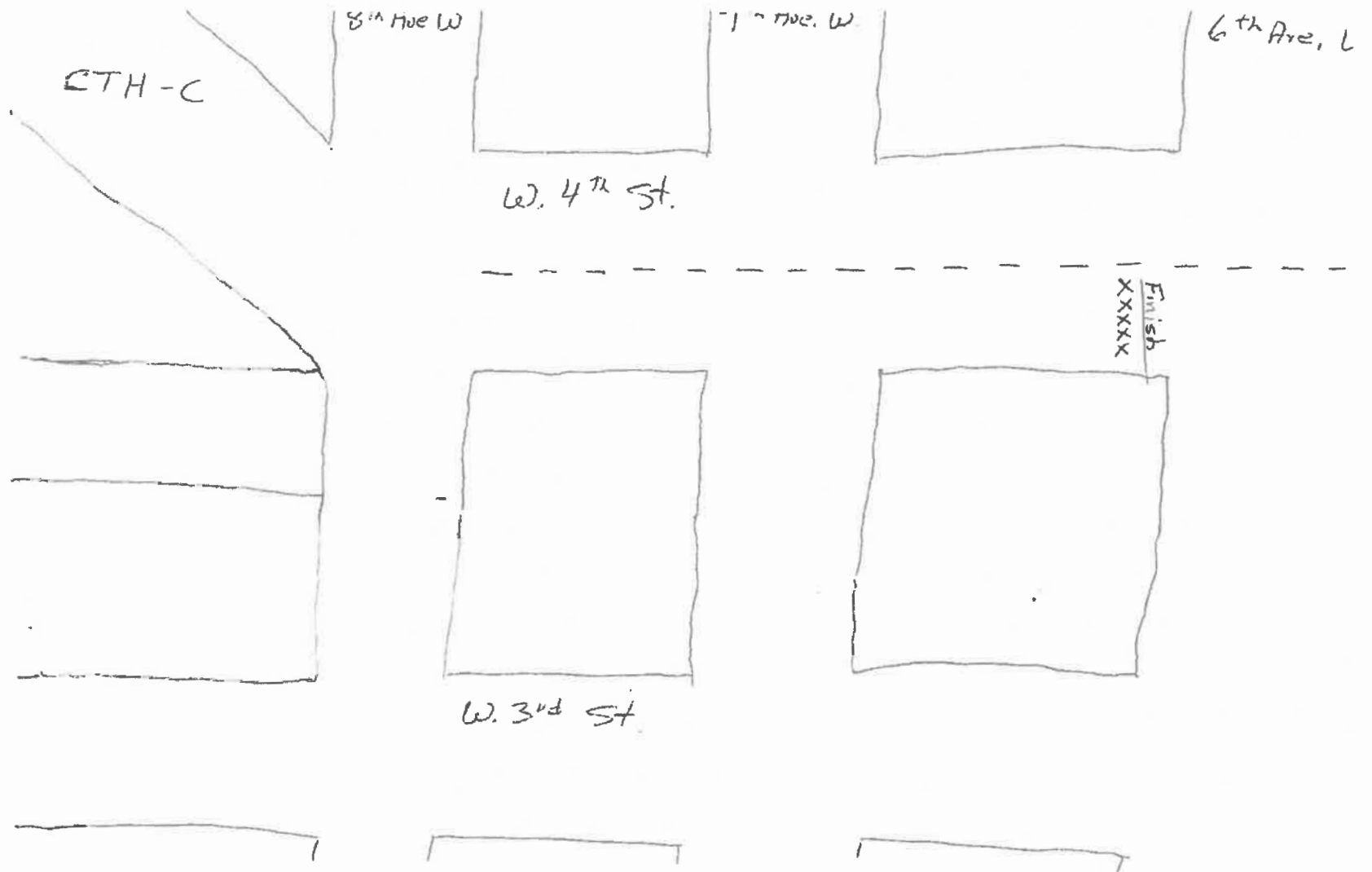
Race finish to be on W. 4<sup>th</sup> St. from  
8<sup>th</sup> Ave. W. to 5<sup>th</sup> Ave. W.

Temporary - intermittent closures at  
cross streets likely will be needed.

Course volunteers will be stationed at  
8<sup>th</sup> Ave. W., 7<sup>th</sup> Ave. W., and 6<sup>th</sup> Ave. W.

Race start: 10:30 am

Finishers will begin arriving at 12:30/1:00 pm.



Washburn Challenge Road Race

Dave Wilcox 715-492-0401

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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: Temporary Street Closure – 3<sup>rd</sup> Ave. West  
Date: June 2, 2022

Enclosed you will find a request for the temporary closure of 3<sup>rd</sup> Ave. W from Bayfield St (Hwy 13) to the Alley, along Wikdahl Park, between 7:00am to 7:00pm on Saturday July 2<sup>nd</sup> for the Dandelion Days event. The Police Chief has reviewed this request and has no objections to its approval.

## Tony Janisch

---

**From:** no-reply@weebly.com  
**Sent:** Wednesday, June 1, 2022 12:16 PM  
**To:** asstadmin@cityofwashburn.org  
**Subject:** New Form Entry: Contact Form

You've just received a new submission to your [Contact Form](#).

[Mark as Spam](#)

### Submitted Information:

**Name**

michael mckenna

**Phone Number**

715-373-0320

**Email**

jonathanwalburg@gmail.com

**Address**

Tony Janisch, City of Washburn  
asstadmin@cityofwashburn.org  
washburn, wi 54891

**Comment**

The Dandelion days committee requests a street closure on saturday july 2nd from 8am to 6pm .For safety reasons we request 3rd ave west from hwy. 13 to the alley by wikdal park.



**City of Washburn**  
 119 Washington Avenue P.O. Box 638  
 Washburn, Wisconsin 54891  
 715-373-6160 www.cityofwashburn.org



Application must be submitted a minimum of 30 days prior to date of use.  
 Special Event Permits must be approved by the Common Council.

**Reservations are not deemed valid until the fee of \$25.00-usage and \$25.00-security deposit has been paid at City Hall. The security deposit is refundable upon inspection. The applicant must pick up the security deposit or indicate to staff to destroy.**

Pickup \_\_\_\_\_ Destroy

## Special Event Application / Permit

■ **Copy of Permit Must Be In Possession During Use** ■

Name of Event: PANDELION DAYS (WASHBURN)

Event Sponsor/Promoter: MICHAEL MCKENNA / LEA ROLFSEN

Nature of applicant: (i.e. charitable organization, corporation, association, individual, etc.) INDIVIDUAL

If charitable organization, tax exempt number: N/A Is the public invited to this event? YES

Description of Event: A FUN FILLED FREE FAMILY EVENT w/ PUPPET SHOW, KIDS AREA, FULL STAGE (MUSIC, DANCE + PERFORMERS) ART + EDUCATIONAL BOOTHS

**Facility Use Requested: (Check all that apply)**

Memorial Park			Thompson's West End Park		
<input type="checkbox"/>	Waterfront	<input type="checkbox"/>	<input type="checkbox"/>	Beach	<input type="checkbox"/>
<input type="checkbox"/>	East Campground*	<input type="checkbox"/>	<input type="checkbox"/>	Campground *	<input type="checkbox"/>
<input type="checkbox"/>	Open area within circle	<input type="checkbox"/>	<input type="checkbox"/>	Open area south of campground	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Fishing Pier	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Playground	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

\* Campground use will not include seasonal sites

Athletic Fields		Jackie's Field	
<input type="checkbox"/>	Baseball Field	<input type="checkbox"/>	Little League Field
<input type="checkbox"/>	Softball Field	<input type="checkbox"/>	Skate Park
<input type="checkbox"/>	East Ice Rink	<input type="checkbox"/>	West Ice Rink
<input type="checkbox"/>	Pavilion	<input checked="" type="checkbox"/>	Wikdahl Park
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	(Other)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

**If City streets or trails are to be used, describe the streets & trails:**

N/A

**Dates of Use:**

Date(s) of Use: SATURDAY JULY 2<sup>ND</sup> 2022

Time of Use: From: 7 AM/PM To: 7 AM/PM

Date(s) of Use: \_\_\_\_\_

Time of Use: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Set Up Date: FRI NIGHT JULY 1<sup>ST</sup> Clean Up Date: SAT. JULY 2<sup>ND</sup>

Will there be an admission charge, sale, solicitation, donation, or collection involved with your use? NO

What will the money raised be used for? \_\_\_\_\_

Will there be vendors and/or concession booths at event provided by individuals not associated with sponsor?

Yes  No \_\_\_\_\_ Will there be a charge to vendors/concession booths? YES If yes, amount of charge: \$ 50-

Will paid performers, speakers, etc., be used during the event? YES

Will there be a separate charge to attend the speakers program? NO If yes, the amount of the charge \$ N/A

Planned Activities:		Estimated Attendance: <u>400 OR 50</u>	
Yes	No	Check all Planned Activities	Check All Planned Activities
	<input checked="" type="checkbox"/>	Is food to be served by applicant?	<input checked="" type="checkbox"/> Will caterer be used?
	<input checked="" type="checkbox"/>	Will alcohol be served? Sold? _____	Alcohol Beverage License: <u>N/A</u>
	<input checked="" type="checkbox"/>	Will Fireworks be displayed?	Fireworks Display Permit: <u>N/A</u>
<input checked="" type="checkbox"/>		Will Porta-Toilets be provided?	Number of Porta-Toilets Planned: <u>1</u>
<input checked="" type="checkbox"/>		Will a dance be held/	<input checked="" type="checkbox"/> Bonfire? <u>NO</u>
<input checked="" type="checkbox"/>		Tents, canopies to be placed?	<input checked="" type="checkbox"/> Amplified sound equipment to be used?
<input checked="" type="checkbox"/>		Stages to be placed?	<input checked="" type="checkbox"/> Generators to be used?
<input checked="" type="checkbox"/>		Electricity to be used?	
<input checked="" type="checkbox"/>		On-site signs/banners to be placed?	<input checked="" type="checkbox"/> Off site signs/banners to be placed?

If off site signs/banners are to be placed, note types and dimensions: 2' x 2' ROAD SIGNS TO BE PLACED NEAR SIDE WALKS

Provide locations for off-site signs & banners: HWY 13 (BOTH SIDES OF TOWN) 2 SIGNS ON COUNTY C

Applicant's Certificate of Insurance Must Be Received By the City at Least 10 Days Prior to the Event			
Who is providing Insurance Coverage? Applicant? _____ Chamber? <input checked="" type="checkbox"/> Other: _____			
Type of Insurance	Name of Insurance Co.	Per Occurrence Limit	Aggregate Limit
General Liability		\$	\$
Alcohol Liability		\$	\$
Spectator Liability		\$	\$

**APPLICANT'S RESPONSIBLE PARTY WHO IS TO BE ON-SITE ON THE DAY OF THE EVENT**

Name: *Michael McKenna* MICHAEL MCKENNA

Cell Phone: N/A Home Phone: (715) 373-0320

Any change, alteration or modification of intended use must be approved by the Common Council. Change of intended use, change in charges and fees, or change in disposition of funds raised may result in cancellation of this permit or a change in municipal fees. Any misrepresentation of your group or use, or failure to comply with municipal rules may result in expulsion from the park, forfeiture of future use and/or forfeiture of all fees & deposits.

**IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL HOLD THE CITY OF WASHBURN, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS HARMLESS FROM ALL DAMAGES, COSTS, OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY.**

I and/or my organization, further expressly certify that I and/or my organization will be responsible for any damage or loss sustained to the grounds, building furnishings or equipment occurring, or clean-up required as the result of my and/or my organization's occupancy of the municipal facility.

Print Name MICHAEL MCKENNA

WI Driver's License: \_\_\_\_\_

Title or Position: ORGANIZER

Home Phone: (715) 373-0320

Address: 76370 PAULSON RD.

Work Phone: (715) 373-0320

City & Zip: WASHBURN, WI.

Fax: \_\_\_\_\_

54891

e-mail: \_\_\_\_\_

Signature: *Michael McKenna*

Date: 1/19/22

**FOR OFFICIAL USE ONLY**

PERMIT NO: \_\_\_\_\_

Application Reviewed by Common Council (Date): \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee	Amount	Date Paid	Receipt No.	Waived By Council?	YES	NO
Facility Deposit	\$			Waived By Council?		
Cleanup Deposit	\$			Waived By Council?		
Pavilion Fee	\$			Waived By Council?		
Campsite Fee Charged	\$			Waived By Council?		
Park Use Fee	\$			Waived By Council?		
	\$					

**CITY OF WASHBURN**

PO BOX 638  
WASHBURN, WI 54891

Receipt Nbr: 32266  
Date: 1/19/2022  
Check

RECEIVED FROM MICHAEL MCKENNA

\$25.00

<u>Type of Payment</u>	<u>Description</u>	<u>Amount</u>
Accounting	PARK FEES	25.00
	WIKDAHL PARK PLUS \$25 SECURITY	
<hr/>		
TOTAL RECEIVED		25.00
<hr/>		

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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 Renewal

Date: June 3, 2022

**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 6/3/22

**Distributor Notice and/or Department of Revenue Notice:** None as of Report Date 6/3/22

**Licensed Premises:**

Fire House, 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 cases and discussed with owner of proper display of license.

I recommend that Council approve all alcohol licensing 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**

May 20, 2022

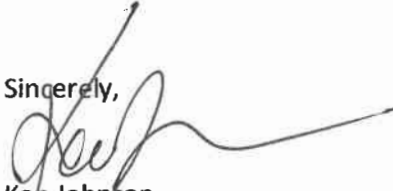
Mayor Mary Motiff  
City Administrator Scott Kluver  
Assistant City Administrator Tony Janisch  
City Council Members

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	License properly displayed, framed in glass.
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 is not hung but is framed behind glass and I was shown where it will be hung. It will be in compliance upon completion of construction.
211 Martini	License properly displayed, framed in glass.
Scarecrow Pizza	License properly displayed, framed in glass.

Sincerely,



Ken Johnson  
Chief of Police

**CITY OF WASHBURN**

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

**Renewals 7/1/2022 - 6/30/2023**

1. Washburn Development Property LLC, Jeffery Moberg agent, dba The Harbor View, Corporation Class “B” Fermented Malt Beverage & “Class B” Liquor, 128 Harbor View Drive.
2. Dauson, Inc., Harlan Guske agent, dba Firehouse Bar, Corporation Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor, 10 West Bayfield Street.
3. StageNorth, LLC, Bob Adams agent, dba Stage Door Bar, Corporation Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor, 123 West Omaha Street.
4. David Nickels, dba A Nickel's Worth Bar-n-Grill, Individual Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor, 800 West Bayfield Street.
5. The Snug, LLC, Kristi M. Doman agent, dba The Snug, , Corporation Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor, 308 West Bayfield Street
6. 211 Martini Bar LLC, Mark Nelson agent, dba 211 Martini, Corporation Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor, 211 West Bayfield Street.
7. 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.
8. DaLou’s Bistro, Inc., Dale Hanson agent, dba DaLou’s Bistro, Corporation Class “B” Fermented Malt Beverage & “Class C” Wine, 310 West Bayfield Street.
9. Santa Leyenda LLC, Nestor Tapia Estrada agent, dba Santa Leyenda, Corporation Class “B” Fermented Malt Beverage & “Class C” Wine, 901 West Bayfield Street.
10. ScareCrow Pizza LLC, Paul von Stoetzel agent, dba ScareCrow Pizza, Corporation Class “B” Fermented Malt Beverage & “Class C” Wine, 905 West Bayfield Street.
11. Naturally Superior, Inc., Dale A. Brevak agent, dba Lake Superior View Golf, Corporation Class “B” Fermented Malt Beverage, 950 County Hwy C.
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.
14. 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.

Tony Janisch

Assistant City Administrator

Daily Press - legal notice - May 13, 2022; May 17, 2022; and May 20, 2022



# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2022 ending: 04/30/2023  
(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) <u>Moberg</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>Robert</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2052 15<sup>th</sup> Ave Dresser, WI 54009</u>
Full Name (Last) <u>Anderson</u>	(First) <u>Charles</u>	(Middle Name) <u>Michael</u>	Home Address (Street, City or Post Office, & Zip Code) <u>39 CTR RD N, STAR PARADISE, WI 54026</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>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>
--	--

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

## C. Business Information

- Trade Name The Harbor View Event Center Business Phone Number 715 373 5492
- Address of Premises 128 Harbor View Drive Post Office & Zip Code Washburn, WI 54891
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
Main level bldg,  
Partial defined outdoor space/patio

Applicant's Wisconsin Seller's Permit Number <u>456 102931472002</u>	
FEIN Number <u>81-4417452</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class 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>President</i>	Date <i>4/3/2022</i>
Signature <i>Jeffrey Moberg</i>	Phone Number <i>715 781 6870</i>	Email Address <i>Washburninj@gmail.com</i>

**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



# Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-22 ending: 6-30-23  
(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>DAVSON INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name <u>GUSKE</u>	(First) <u>Harlan</u>	(Middle Name) <u>JAMES</u>	Home Address (Street, City or Post Office, & Zip Code) <u>Washburn P.O. Box 160 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>Guske</u>	<u>Harlan</u>	<u>JAMES</u>	<u>Washburn P.O. Box 160 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	(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 FIRE HOUSE BAR Business Phone Number 715-373-5780

2. Address of Premises 10 WEST Bayfield ST. Post Office & Zip Code PO Box 160 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.) ONE STORY BRICK

Building with Beer Garden

Applicant's Wisconsin Seller's Permit Number <u>456000440 530-03</u>	
FEIN Number <u>39-1790882</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.) Guske Harlan J.	Title / Member President	Date 4-4-22
Signature Harlan Guske	Phone Number 715-373-0911	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/5/2022	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: 07/01/2022 ending: 06/30/2023  
(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>STAGE NORTH LLC</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>ADAMS</u>	(First) <u>ROBERT</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>28445 OLD C RD 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>WEINEL</u>	(First) <u>JOHN</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>11721 OSPREY AVE S HASTINGS, MN 55033</u>
Vice President / Member Last Name <u>WEINEL</u>	(First) <u>ANA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>11721 OSPREY AVE S 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 <u>ADAMS</u>	(First) <u>ROBERT</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <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)

### C. Business Information

1. Trade Name STAGE DOOR 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.) STAGE DOOR BAR

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

Applicant's Wisconsin Seller's Permit Number <u>456000 15312 003</u>	
FEIN Number <u>39-1984532</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.) <b>ADAMS, ROBERT</b>	Title / Member <b>DIRECTOR</b>	Date <b>APRIL 7, 2022</b>
Signature <i>Robert Adams</i>	Phone Number <b>715-373-5763</b>	Email Address <b>ROBERT.ADAMS50@</b>

*GMAX.COM*

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <b>4/11/2022</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: July 1, 2022 ending: June 30, 2023  
(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) <u>Nickels</u>	(First) <u>Dave</u>	(Middle Name) <u>Paul</u>	Home Address (Street, City or Post Office, & Zip Code) <u>800 W Bayfield St Washburn 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 Nickels' Worth Bar-n-Gill Business Phone Number (715) 323-5421  
 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 on West end of said property with attached deck.

Applicant's Wisconsin Seller's Permit Number <u>456-00001363312-03</u>	
FEIN Number <u>39-1784528</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class 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>Nickels, Dave P.</i>	Title / Member <i>Owner</i>	Date <i>4-12-22</i>
Signature <i>Dave Nickels</i>	Phone Number <i>(715) 373-5421</i>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/13/2022</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: 07/01/22 ending: 04/30/23  
(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>456-1027722043-02</u>	
FEIN Number <u>45-4364902</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class 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>

**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>The Snug, LLC</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>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 308 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.) Single story

pub/restaurant with beer garden & basement storage

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.) Doman, Kristi M	Title / Member owner / Agent	Date 4/5/22
Signature 	Phone Number 715 2096863	Email Address aslugpub@yahoo.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/15/2022	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 2022 ending: 06 30 2023  
(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 1030606 209-02</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>

## A. Individual or Partnership:

Full Name (Last) <u>NELSON</u>	(First) <u>BRITNEY</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>27100 BROWN RD MASON WI 54856</u>
Full Name (Last) <u>SNEED</u>	(First) <u>DAVID</u>	(Middle Name) <u>N</u>	Home Address (Street, City or Post Office, & Zip Code) <u>58335 WOOD RD MASON WI 54856</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>211 MARTINI BAR, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>211 W. BAYFIELD ST</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>NELSON</u>	(First) <u>MARIC</u>	(Middle Name) <u>RYAN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>27100 BROWN RD MASON WI 54856</u>
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## All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>NELSON</u>	(First) <u>MARK</u>	(Middle Name) <u>RYAN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>27100 BROWN RD MASON WI 54856</u>
Vice President / Member Last Name <u>NELSON</u>	(First) <u>BRITNEY</u>	(Middle Name) <u>ROCHELLE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>27100 BROWN RD MASON WI 54856</u>
Secretary / Member Last Name <u>SNEED</u>	(First) <u>DAVID</u>	(Middle Name) <u>NEWTON</u>	Home Address (Street, City or Post Office, & Zip Code) <u>58335 WOOD 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, LLC Business Phone Number 303 995 4226  
 2. Address of Premises 211 W. BAYFIELD ST Post Office & Zip Code WASHBURN, WI 54891

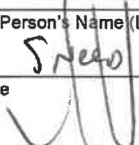
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No

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.)

THE ENTIRE BUILDING INSIDE, AND THE EXTERIOR FENCED AREA IN FRONT.

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.) Sneed, David N	Title / Member owner	Date 14 Apr 22
Signature 	Phone Number 303 995 4226	Email Address dave@replantus.org

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/19/2022	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: 07/01/2022 ending: 06/30/2023  
(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>SUPERIOR SHORES EATS, INC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>dba Patsy's Bar &amp; 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 Beaver 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 Beaver Rd Ashland WI 54806</u>
Vice President / Member Last Name <u>Martinsen</u>	(First) <u>Gregory</u>	(Middle Name) <u>D</u>	Home Address (Street, City or Post Office, & Zip Code) <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

- Trade Name Patsy's Bar & Grill Business Phone Number 715 373 5710
- Address of Premises 328 W. Bayfield St Post Office & Zip Code Washburn WI 54881
- 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 54881  
Block 535, lots 1, 2, 3 Entire Building, covered porch, wood side porch  
smoking area, and Beer Garden, Entire Property,

Applicant's Wisconsin Seller's Permit Number <u>456-1030938096-04</u>	
FEIN Number <u>88-0890222</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>Robert L Stadler</i>	Title / Member <i>Member</i>	Date <i>4/22/22</i>
Signature <i>ROBERT L STADLER</i>	Phone Number <i>715 292 2390</i>	Email Address <i>stadlers2010@gnmcc.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>04/22/22</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: 07-01-2022 ending: 06-30-2023  
(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)
<u>STENSVAD</u>	<u>LOIS</u>	<u>JANET</u>	<u>524 WASHINGTON AVE 54891</u>
<u>HANSON</u>	<u>Dale</u>	<u>GORDON</u>	<u>524 WASHINGTON AVE 54891</u>

### 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>Dalou's BISTRO Inc.</u>	<u>310 West Bayfield St. 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>HANSON</u>	<u>Dale</u>	<u>GORDON</u>	<u>524 WASHINGTON AVE 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>HANSON</u>	<u>Dale</u>	<u>GORDON</u>	<u>524 WASHINGTON AVE 54891</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>STENSVAD</u>	<u>LOIS</u>	<u>JANET</u>	<u>524 WASHINGTON AVE 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)
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,

Deck AREA, coolers, locked storage room, wait station

Applicant's Wisconsin Seller's Permit Number <u>456102656758303</u>	
FEIN Number <u>26-390185</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>Lois J. Stensvad</i>	Title / Member <i>owner / operator</i>	Date <i>4-15-2022</i>
Signature <i>Lois J. Stensvad</i>	Phone Number <i>715-373-1125</i>	Email Address <i>daleandlouie@yahoo.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/18/22</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: 07/01/2022 ending: 06/30/2023  
(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>SANTA LEYENDA LLC</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>TAPIA ESTRADA</u>	<u>NESTOR</u>		<u>712 Hillside Dr 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>TAPIA ESTRADA</u>	<u>NESTOR</u>		<u>712 Hillside dr washburn wi 54891</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BLANCAIRE</u>	<u>GRETA</u>	<u>LYNN</u>	<u>1012 Sanburn Ave Ashland wi 54806</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Gomez Gutierrez</u>	<u>Victor</u>	<u>JESUS</u>	<u>713 Main st E Ashland wi 54806</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 SANTA LEYENDA Business Phone Number 715 812 1099

2. Address of Premises 901 W Bayfield St Washburn Post Office & Zip Code \_\_\_\_\_

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


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

901 W Bayfield St Washburn WI 54891  
walking cooler, coolers, Tap beer served in dining room

Applicant's Wisconsin Seller's Permit Number <u>456-1030761472-04</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
- we haven't opened yet
- \_\_\_\_\_
- \_\_\_\_\_
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.) <u>TADIA ESTRADA NESTOR</u>	Title / Member <u>Member</u>	Date <u>4/19/22</u>
Signature 	Phone Number <u>816 223 2755</u>	Email Address <u>miliano.zapata@yahoo.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/19/2022</u>	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: 07/01/2022 ending: 06/30/2023  
(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>Scarecrow Pizza LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO BOX 241 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>von Stoetzel</u>	(First) <u>Paul</u>	(Middle Name) <u>Adrian</u>	Home Address (Street, City or Post Office, & Zip Code) <u>211 W. Pine St., 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)
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 Scarecrow Pizza Business Phone Number 715 812-1006  
 2. Address of Premises 905 W. Bayfield St. Post Office & Zip Code 428 W. Bayfield St 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.)  
Bar area and restaurant is where alcohol will be sold and imbibed. We store alcohol in multiple refrigerators behind the bar and in "The Line" kitchen area.

Applicant's Wisconsin Seller's Permit Number <u>436-1030797805</u>	
FEIN Number <u>87-2033838</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>von Stoetzel, Paul A.</i>	Title / Member <i>Owner/Proprietor</i>	Date <i>4/19/2022</i>
Signature <i>[Signature]</i>	Phone Number <i>651 491-5718</i>	Email Address <i>scarecrowpizza@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/19/2022</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: 07/01/2022 ending: 06/30/2023  
(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>Naturally Superior 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>Brevak</u>	(First) <u>Dale</u>	(Middle Name) <u>Arden</u>	Home Address (Street, City or Post Office, & Zip Code) <u>74035 Ondossagon, Washburn 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>Brevak</u>	<u>Dale</u>		<u>74035 Ondossagon Washburn, 54891</u>
Vice President / Member Last Name <u>Brevak</u>	(First) <u>Derek</u>	(Middle Name) <u>Jon</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8292 Hwy 80 Marshfield 54449</u>
Secretary / Member Last Name <u>Donat Brevak</u>	(First) <u>Donat</u>	(Middle Name) <u>Marie</u>	Home Address (Street, City or Post Office, & Zip Code) <u>74035 Ondossagon Washburn, 54891</u>
Treasurer / Member Last Name <u>Hudson</u>	(First) <u>Dana</u>	(Middle Name) <u>Ingrid</u>	Home Address (Street, City or Post Office, & Zip Code) <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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

### C. Business Information

- Trade Name Lake Superior View Golf Business Phone Number 715-373-1100 / 0393  
Seasonal
- Address of Premises 950 Co. Hwy C Post Office & Zip Code Washburn, 54891
- 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.) Storage shed

Clubhouse golf carts, all golf course property - including ball golf & disc golf property

Applicant's Wisconsin Seller's Permit Number <u>456-1020100 222 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, Donalee M</i>	Title / Member <i>Secretary</i>	Date <i>April 13, 2022</i>
Signature <i>Donalee M. Brevak</i>	Phone Number <i>715-373-0393</i>	Email Address <i>ddbrevak@centurytel.net</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/15/2022</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: 7/1/2022 ending: 06/30/2023  
(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 <b>456000043242004</b>	
FEIN Number <b>41-0880612</b>	
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>

### 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 <b>Indianhead Oil Co., LLC</b>	Address of Corporation / Limited Liability Company (if different from licensed premises) <b>PO Box 347 Columbus, IN 47202</b>
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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 <b>Rich Jr</b>	(First) <b>Eugene</b>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <b>702 West Pine St Washburn WI 54891</b>
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### All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <b>Johnson</b>	(First) <b>Richard</b>	(Middle Name) <b>David</b>	Home Address (Street, City or Post Office, & Zip Code) <b>970 Redwood Drive, Apple Valley, MN 55124</b>
Vice President / Member Last Name <b>Brant</b>	(First) <b>Gary</b>	(Middle Name) <b>Melburn</b>	Home Address (Street, City or Post Office, & Zip Code) <b>700 East 3rd Street, Monticello, MN 55362</b>
Secretary / Member Last Name <b>Zamuner</b>	(First) <b>Valéry</b>	(Middle Name) <b>---</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1304 Boulevard Mont-Royal, Outremont, Quebec, Can</b>
Treasurer / Member Last Name <b>Cunnington</b>	(First) <b>Kathleen</b>	(Middle Name) <b>Kerr</b>	Home Address (Street, City or Post Office, & Zip Code) <b>3424 E. Equestrian Trail Phoenix, AZ 85044</b>
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 West Bayfield PO Box 183 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

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.) Brant, Gary Melburn	Title / Member V. P. of Operations	Date 04/06/2022
Signature 	Phone Number 812-379-9227 Ext 1166	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk 4/13/2022	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

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456000043242004
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>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 West Bayfield PO Box 183</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 Ext 1166</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) 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](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)	
Cunnington		Kathleen		Kerr	
Home Address (street/route)		Post Office	City	State	Zip Code
3424 E Equestrian Trail			Phoenix	AZ	85044
Home Phone Number		Age	Date of Birth	Place of Birth	
602-728-7137		55	3/10/1967	Indianapolis, IN	

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

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

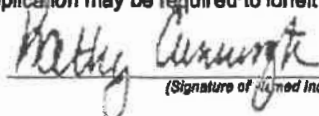
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Arizona Resident
- 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 employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Circle K Stores	Phoenix, AZ	January, 2011	Present
Employer's Name	Employer's Address	Employed From	To
Mac's Convenience Store	Columbus, OH	September, 2003	January, 2011

**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: 7/1/2022 ending: 6/30/2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Washburn, WI  
 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>456-0000294127-02</u>	
FEIN Number <u>39-0119250</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 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>

### 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>Midland Services Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>220 Third Ave. W - P.O. Box 500 Ashland WI 54806</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>Allen</u>	(First) <u>Trent</u>	(Middle Name)	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)	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)	Home Address (Street, City or Post Office, & Zip Code) <u>9181 Old Hwy 10 Saxon, WI 54559</u>
Secretary / Member Last Name <u>Letzner</u>	(First) <u>Peter</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>30840 Wauwabe Rd Washburn, WI 54891</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 Midland Services - Washburn Business Phone Number 715-373-5722  
 2. Address of Premises 137 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.)  
Convenience Store Building

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</i>	Title / Member <i>General Manager</i>	Date <i>4-11-22</i>
Signature <i>Trent Allen</i>	Phone Number <i>715-682-5528</i>	Email Address <i>tallen@midlandservices.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>4/15/2022</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  
**456-0000294177-02**

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Midland Services, Inc.</b>			Federal Employer Identification No. (FEIN) <b>39-0119250</b>		
Trade or Business Name (if different than Legal Name)			Telephone Number <i>office</i> <b>715 682-5528</b>		
Business Address (License Location) <b>137 W. Bayfield St.</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <b>Washburn</b>		
Municipality <b>Washburn</b>	State <b>WI</b>	Zip Code <b>54891</b>	Business Telephone <b>715 373-5722</b>		
Mailing Address (if different than Business Address) <b>Midland Services PO Box 500 Ashland WI 54821</b>			County <b>Bayfield</b>		
Municipality <b>Ashland</b>			State <b>WI</b>	Zip Code <b>54806</b>	

Organization (check one)

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

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?  
 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.

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

### Applicable Laws and Rules

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# Renewal Alcohol Beverage License Application

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

For the license period beginning: 06 30 2021 ending: 07 01 2022  
(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 456-0000340870-03	
FEIN Number 39-1098106	
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>

## 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 Hansens's IGA Inc.	Address of Corporation / Limited Liability Company (if different from licensed premises) P.O. Box 160, Bangor WI 54614
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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 Larson	(First) Kristy	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 228 W 3rd St. Washburn, WI 54891
---------------------------	-------------------	---------------	--

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

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

## C. Business Information

- Trade Name Hansen's IGA Inc. Business Phone Number 715-373-5566
- Address of Premises 226 W Bayfield ST Post Office & Zip Code 54891
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 27,000 sq ft bldg  
Grocery Store, entire building

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.com

**TO BE COMPLETED BY CLERK**

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

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

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

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

License Number
Period Covered 7/1/2021-6/30/2022
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 of: Washburn	Business Telephone (715) 373-5566
Municipality Washburn	State WI	Zip Code 54891
Mailing Address (if different than Business Address) P.O. Box 160	Municipality Bangor	County Bayfield
	State WI	Zip Code 54614

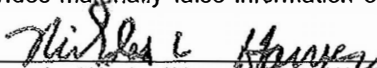
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