

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 8, 2020 City Hall 4:30PM
▪ Committee Review-Monthly Expenditures

NOTICE OF CITY COUNCIL MEETING
Monday, June 8, 2020 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/84817504934> or by calling 1-888-788-0099 (Toll Free) and entering Webinar ID: 848 1750 4934 as opposed to being present for the meeting. The meeting will also be broadcast on Washburn Cable Access Television, and be live streamed on the City of Washburn YouTube Channel. Limited seating will be available at the meeting and guests are asked to keep a six-foot distance from one another.

The Council may elect to go into Closed Session for a portion of the meeting pursuant to Wisconsin State Statutes 19.85(1)(c) for considering employment agreement for a Public Works Director following which they may reconvene in Open Session to take any action necessary on the closed session items.

AGENDA

- Call to Order/Roll Call/Pledge of Allegiance
- Approval of Minutes – City Council Meeting – May 18, 2020; Board of Review May 26, 2020
- Approval of Monthly Expenditures via Roll Call Vote
- Public Comment
- Mayoral Announcements, Proclamations, Appointments
 - Vacancy on Plan Commission; Vacancy on CDBC Housing Review Committee
- Discussion & Action on Resolution #20-010 Extending the Mayor’s Proclamation of March 17, 2020 and Declaring a Health Emergency in the City of Washburn **TAB 1**
- Discussion & Action on Request to Amend the Land Purchase Agreement with Pearl Beach Construction **TAB 2**
- Discussion & Action on Redistricting Concepts and Preparations **TAB 3**
- Discussion & Action on Resolution #20-009 Approving the 2019 Compliance Maintenance Annual Report for the Sewer Utility **TAB 4**
- Alcohol Licensing Matters –
 - Approval of Annual Alcohol and Beer Garden License Renewal Applications **TAB 5**
- Closed Session
 - Consideration of Employment Offer for a Public Works Director
- Adjourn

May 18, 2020

CITY OF WASHBURN COMMON COUNCIL MEETING

5:30PM

Washburn City Hall & Remote Call-In

City Council Members:

Present, in-person:

Laura Tulowitzky, Tom Neimes, Mary McGrath, Carl Broberg,
Karen Spears-Novachek, Dave Anderson

Present, remote:

Jennifer Maziasz

Municipal Personnel:

In-person:

Mayor Mary D. Motiff, City Administrator Scott J. Kluver,
Assistant City Administrator Tony Janisch, City Attorney Max
Lindsey, Fire Department Chief Mike Pedersen

Present, remote:

None

Excused Absence:

None

Call to Order - Meeting called to order at 5:34PM by Mayor Motiff. Roll call attendance depicted six (6) of seven (7) members of the Common Council in attendance. Quorum of the Council recognized. Maziasz joined meeting after rollcall.

Approval of Minutes – City Council Meeting of April 13, 2020 & April 21, 2020 - A motion was made by Novachek to approve the April 13 & 21, 2020 minutes of the City Council, second by Neimes. Motion carried unanimously.

Approval of Expenditures- No expenditures were presented for approval.

Public Comment – There was no public comment.

Mayoral Announcements, Proclamations, Appointments- The Mayor made the following proclamations, noting that National Skilled Nursing Care Week and National Police Week occurred the week prior and Emergency Medical Services Week occurring this week. The Mayor expressed extra recognition for these three groups noting that the Covid-19 pandemic has increased the risk of these workers to carry out their duties. Mayor Motiff further proclaimed the Week of the Young Child which has been adjusted to occur in June. The Mayor's final proclamation is in Honoring Washburn High School Class of 2020 Graduates, noting that the pandemic has also altered their final year of high school.

Discussion & Action on Proposed Survey Map for Block 89 of the Original Townsite of Washburn Affecting Tax IDs 33493 and 33494 – Kristy Jensch, Petitioner – Kristy Jensch was present via web conferencing to answer any questions. Moved by McGrath to approve the proposed survey map for Block 89 affecting Tax IDs 33493 and 33494 contingent that taxes are paid in full, seconded by Novachek. Motion carried unanimously.

Discussion & Action on Request to Extend Driveway Width – Clayton Russell, Petitioner – Mayor Motiff stated that she contacted Mr. Russell for further information regarding the request. She shared from Mr. Russell that when an adjoining landowner added onto a house, a basement sump pump causes excessive wetting or flooding to the Russell property because of how the drainage is. Moved by McGrath to approve the request to extend the driveway width at the Russell parcel, seconded by Broberg. Tulowitzky asked if the problem occurs because of a sump pump, shouldn't it be resolved with the neighbor. Assistant Administrator Tony Janisch stated that in discussion of this issue with former Public Works Director Bob Anderson, he felt that the driveway extension was the best solution moving forward. Motion carried unanimously. Mr. Russell was attending the meeting via web conferencing and offered a thank you to Council through the chat option.

Discussion & Action on Disposal of Fire Department Brush Truck – Fire Department Chief Mike Petersen was present to answer any questions. Moved by Novachek to approve the disposal of the Fire Dept. brush truck with a minimum price set at \$2,000 and negotiations can occur with the Town of LaPointe, seconded by Broberg. Motion carried unanimously.

Discussion & Action on Resolution 20-008 – Approving Submission of a DNR Recreational Trails Program Grant Application for a Portion of the Biking/ATV/Snowmobile Trail in the City of Washburn – No discussion occurred. Moved by McGrath to approve submission of a DNR Recreation Trails grant proposal for the City, seconded by Broberg. Motion carried unanimously.

Discussion and Action on Approval of Contract with Dallenbach, Anich & Wickman, S.C. for Municipal Attorney Services with Max Lindsey as Primary Counsel – No discussion occurred. Moved by Broberg to approve the contract for municipal attorney services, seconded by Neimes. City Attorney Lindsey stated that the firm name is now Anich, Wickman & Lindsey. Motion carried unanimously.

Alcohol Licensing Matters – Discussion & Action on Request to Reduce Alcohol License Fees Due to Covid-19 – The Mayor stated that a request was made by a Dan Doman representative of Ashland/Bayfield Co. Tavern League for a reduction of Alcohol Licensing Fees. Discussion ensued regarding a reduction in fees, separating discussion on alcohol licensing vs. operator licensing. Moved by Neimes to reduce Alcohol Licensing Fees by 50% for this current year only and with Operator Licensing Fees remaining the same, seconded by Anderson. Motion carried unanimously.

Alcohol Licensing Matters – Introduction of Annual Alcohol and Beer Garden License Renewal Applications Program – Assistant Administrator Janisch explained the process of alcohol licensing renewal. Moved by McGrath to direct City Staff to begin the Alcohol Licensing Renewal process, second by Novachek. Motion carried unanimously.

Council Training on Open Meeting and Open Record Laws – City Attorney Lindsey presented a tutorial of Wisconsin Public Record Laws, directing attention to the supplement included with the Council packet.

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

Tony Janisch
Assistant City Administrator

MAY 26, 2020 CITY OF WASHBURN BOARD OF REVIEW PROCEEDINGS

5:00 PM – 7:00 PM, City Hall

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

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

Absent: Carl Broberg, 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 Anderson, to close nominations and cast unanimous ballot for Motiff as Chair. Motion carried 7-0. Motiff assumed the Chair. McGrath nominated Spears-Novachek for Vice-Chair. McGrath moved and Anderson seconded to close nomination and cast a unanimous ballot for Spears-Novachek for 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: Broberg, McGrath, Neimes, Spears-Novachek, Tulowitzky, and Clerk Kluver.

Adoption of Policy Regarding Procedure for Sworn Telephone Testimony and Sworn Written Testimony – Spears-Novachek moved, and McGrath 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 – Spears-Novachek moved, and McGrath seconded, to adopt the sample policy provided for Procedure for Waiver of Board of Review Hearing Requests. Motion carried 7-0.

Examine Assessment Roll and Correct Errors – Kitt Koski introduced himself. He reported on the Assessment Rolls for real and personal property and the current values and changes. Errors to the assessment roll have been completed. Koski reported there were just a few phone calls and no-in-person contacts for Open Book. A newly constructed home did have an adjustment made based on comparable appraisals provided. Spears-Novachek moved and Anderson seconded to accept the assessment role. Motion carried 7-0.

Formal Board of Review Session for Purpose of Hearing Objection to Annual Assessment – No objections to assessments were filed. Motiff recessed the Board until 7:00 PM unless contacted by the City Clerk for a formal appearance before the Board. Motiff reconvened the Board of Review at 6:55 p.m. Roll Call

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

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

Excused Absence: Carl Broberg, Laura Tulowitzky

With no case filings, Motiff adjourned the Board of Review at 7:00 p.m. Official recording of session on file.

Scott J. Kluver
City Clerk

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To: Honorable Mayor and City Council Members
From: Scott J. Kluver, Administrator
Re: Resolution Adopting the Public Health Emergency
Date: May 28, 2020

Enclosed you will find a resolution drafted by our attorney that extends the Health Emergency Declaration an additional four months from the date of adoption. The City has been operating with a Health Emergency since since March 17th. This resolution would continue to give the Mayor or myself the authority to take whatever actions are necessary, within the law but without Council approval, for the duration of the emergency.

A couple of the primary reasons for approving this are to continue to utilize video conference technology for meetings and to maintain eligibility if we incur expenses that may be reimbursable through FEMA or other funds.

Other municipalities have included limits on total unbudgeted expenditures that are authorized or specifically altered other procedures such as in-person signing of checks or vouchers. If the Council desires to impose any specific limits, they would need to be included within the resolution. Please let me or our attorney know if you have any specific questions related to this matter.

**CITY OF WASHBURN COMMON COUNCIL
RESOLUTION #20-010
EXTENDING THE HEALTH EMERGENCY DECLARATION**

The Common Council of the City of Washburn, Bayfield County, Wisconsin, by this resolution, adopted by a majority of the Common Council with a quorum present and voting and proper notice having been given, resolves and orders as follows:

WHEREAS, the World Health Organization designated the 2019 novel Coronavirus outbreak as a Public Health Emergency of International Concern, and

WHEREAS, the United States Health and Human Services Secretary declared a Public Health Emergency for the entire United States, to aid the nation's healthcare community in responding to the 2019 novel Coronavirus "COVID-19", which is contagious, and at times fatal, respiratory disease, and

WHEREAS, the Mayor of the City of Washburn proclaimed a Health Emergency in the City of Washburn on March 17, 2020, which was ratified by the Common Council at its next meeting, and

WHEREAS, the March 17, 2020, Health Emergency Declaration is set to expire four months after the date of its adoption, and

WHEREAS, COVID-19 continues to pose a threat to local residents and the State of Wisconsin has seen a recent uptick in the number of confirmed cases, and

WHEREAS, a fast response to any increased cases in the City of Washburn is critical to containing the spread of COVID-19, and

WHEREAS, it is expected that COVID-19 will continue to pose a threat to the citizens of Washburn throughout the summer tourist season.

NOW, THEREFORE BE IT RESOLVED, that the Common Council declares that a local public health emergency continues to exist throughout the City of Washburn.

IT IS FURTHER RESOLVED that during the existence of said local emergency the powers, functions and duties of the emergency management organization of this City, shall be those prescribed by state law, and by ordinances and resolutions of the City of Washburn as previously approved by the City of Washburn Common Council.

IT IS FURTHER RESOLVED that the Mayor of the City of Washburn and the City of Washburn Clerk, acting under the powers granted pursuant to Wis. Stat. §323.14(4)(b), for and on behalf of the employees and residents of the City of Washburn, will do whatever is necessary and expedient to protect the health and well-being of the City of Washburn and its residents, including the issuance of Administrative Orders and other directives as may be required for a period not to exceed four months from the date of this resolution.

IT IS FURTHER RESOLVED, that all councils, boards, committees and/or commissions of the City of Washburn are authorized to conduct meetings via video conference, telephone, or other similar means to avoid the physical presence of members. The attendance of any members of such council, board, committee and/or commission via video or telephonic means shall count toward a quorum of such council, board, committee and/or commission and such member shall have the full authority to engage in discussions and vote as if he or she were personally present at the meeting. This authority shall exist for a period not to exceed four months from the date of this resolution.

The City Clerk shall publish this resolution under § 60.80, Wis. Stats, and shall become effective upon adoption and publication.

Attest:

Mary D. Motiff
Mayor

Scott J. Kluver
City Clerk

Adopted: _____

Published: _____

PROCLAMATION OF HEALTH EMERGENCY IN THE CITY OF WASHBURN

WHEREAS, the World Health Organization designated the 2019 novel Coronavirus outbreak as a Public Health Emergency of International Concern, and

WHEREAS, the United States Health and Human Services Secretary declared a Public Health Emergency for the entire United States, to aid the nation's healthcare community in responding to the 2019 novel Coronavirus "COVID-19", which is contagious, and at times fatal, respiratory disease, and

WHEREAS, the Governor of the State of Wisconsin has declared a public health emergency under Wisconsin Statute 323.10, and

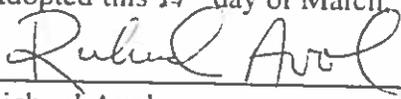
NOW, THEREFORE BE IT PROCLAIMED, by the Mayor of the City of Washburn and City of Washburn Clerk, pursuant to Wis. Stat. §323.11 and 323.14(4)(b) that a local public health emergency now exists throughout the City of Washburn.

IT IS FURTHER PROCLAIMED AND ORDERED by the Mayor of the City of Washburn that during the existence of said local emergency the powers, functions and duties of the emergency management organization of this City, shall be those prescribed by state law, and by ordinances and resolutions of the City of Washburn as previously approved by the City of Washburn Common Council.

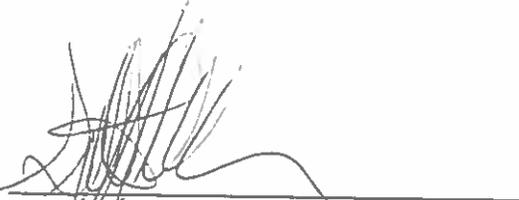
IT IS FURTHER PROCLAIMED AND ORDERED, that the Mayor of the City of Washburn and the City of Washburn Clerk, acting under the powers granted pursuant to Wis. Stat. §323.14(4)(b), for and on behalf of the employees and residents of the City of Washburn, will do whatever is necessary and expedient to protect the health and well-being of the City of Washburn and its residents, including the issuance of Administrative Orders and other directives as may be required for a period not to exceed four months from the date of this proclamation.

IT IS FURTHER PROCLAIMED AND ORDERED, that all councils, boards, committees and/or commissions of the City of Washburn are authorized to conduct meetings via video conference, telephone, or other similar means to avoid the physical presence of members. The attendance of any members of such council, board, committee and/or commission via video or telephonic means shall count toward a quorum of such council, board, committee and/or commission and such member shall have the full authority to engage in discussions and vote as if he or she were personally present at the meeting. This authority shall exist for a period not to exceed four months from the date of this proclamation.

Adopted this 17th day of March, 2020.



Richard Avol,
Mayor of the City of Washburn



Scott Kluver,
City of Washburn Clerk

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P.O. Box 638
Washburn, WI 54891



715-373-6160
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To: Honorable Mayor and City Council Members
From: Scott J. Kluver, Administrator ^{SKL}
Re: Request for Extension of Development Deadline Before Buyback Option Kicks In
Date: June 1, 2020

Enclosed you will find a request from Mr. Karl Dornburg, President of Pearl Beach Construction, to change the provisions of the land purchase agreement that was signed in the spring of 2019. That agreement, which is also included, stipulates the deadline that Mr. Dornburg has to complete the construction of the facility he proposed on land that he purchased from the City. A copy of the site plan of that proposed facility is included for reference.

No physical activity has occurred on the site (SW corner of the intersection of Central Avenue and Harbor View Drive) since the agreement was signed. I have encouraged Mr. Dornburg to pursue the project and show progress on the development. He had been working with an architect and getting his building plans finalized for state approval. In recent conversations with Mr. Dornburg, he stated that the manufacturer of a portion of the project has been shut down for a couple months because of the pandemic which has delayed his progress on the project as well.

You will see the options and the timeframe Mr. Dornburg is requesting for his project. It is my hope that Mr. Dornburg will be able to participate in the conversation related to this request.

I do not object to the consideration of a reasonable extension for this project. I believe that this is an important project for this community in multiple ways. I am continuing to encourage Mr. Dornburg to continue with the project and show progress.

washburnadmin@cityofwashburn.org

From: Pearl Beach Disaster <pbdisaster@hotmail.com>
Sent: Friday, May 15, 2020 3:56 PM
To: Scott Kluver (washburnadmin@cityofwashburn.org)
Subject: City of Washburn Lot 48, S. Central Ave. and W Harbor View Dr.

Scott,

Reference Exhibit A of the subject Land Purchase Agreement, dated 04/09/2019.

Pearl Beach Construction Co. respectfully requests the August 31, 2020 date shown in bulleted numbers 3, 4 and 6 be extended by four months to be December 31, 2020. This request is due to the COVID-19 pandemic whereby many material manufacturers across the country have suspended production and are expecting delayed lead times when ramping back up. Additionally, we would like the verbiage in bullet 4 changed to read ... *If Pearl Beach Construction has completed substantial improvements on the property but has not completed construction as of December 31, 2020, the City ~~may~~ will grant a six-month extension prior to exercising its buy-back option as stated herein.*

A second option for consideration - it might be more prudent to extend the contract by one year (August 31, 2021) due to medical experts predicting the pandemic's return in the fall. In any event, at a minimum, we will complete site development, foundation and utilities (electricity, gas, water, storm & sewer drains) this season using locally sourced materials and labor.

Thank you for your consideration in this matter.

Regards,

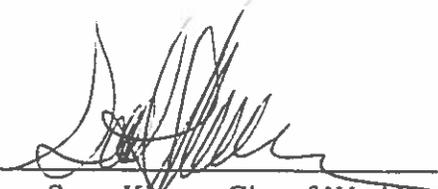
Karl Dornburg - President
Pearl Beach Construction Co.
50551 Chesterfield Road
Chesterfield, MI 48051
586-258-9295 Mobile
866-470-5954 Fax

EXHIBIT A
DEVELOPMENT AGREEMENT

March 4, 2019

1. Pearl Beach Construction shall complete all construction on the Property known as City of Washburn Lot 48 (the "Property") in accordance with the site plan approved by the City of Washburn Planning Commission on December 20, 2018, subject to any amendments to said approved site plan made after this date.
2. Pearl Beach Construction shall work to adjust the grading and drainage on the Southwest portion of the Property to minimize any impact to the boat storage buildings on that parcel.
3. All construction on the Property and a final inspection shall be completed on or before August 31, 2020.
4. If all construction on the Property has not been completed according to the approved site plan by August 31, 2020, Pearl Beach Construction, or the then-current owner, shall convey the Property back to the City of Washburn free of cost. If Pearl Beach Construction has completed substantial improvements on the property but has not completed construction as of August 31, 2020, the City may grant a six-month extension prior to exercising its buy-back option as stated herein.
5. If the Property is conveyed back to the City of Washburn pursuant to Paragraph 4, the parties agree that Pearl Beach Construction shall pay to the City the sum of \$10,000, which the parties agree is a reasonable amount of liquidated damages for the amount of time that the property will have sat undeveloped and such actual damages would be difficult to accurately determine.
6. Prior to August 31, 2020 or the later date of any extension granted pursuant to Paragraph 4, Pearl Beach Construction shall not sell the property to any other party without the written consent of the City.

Dated: 0409/19

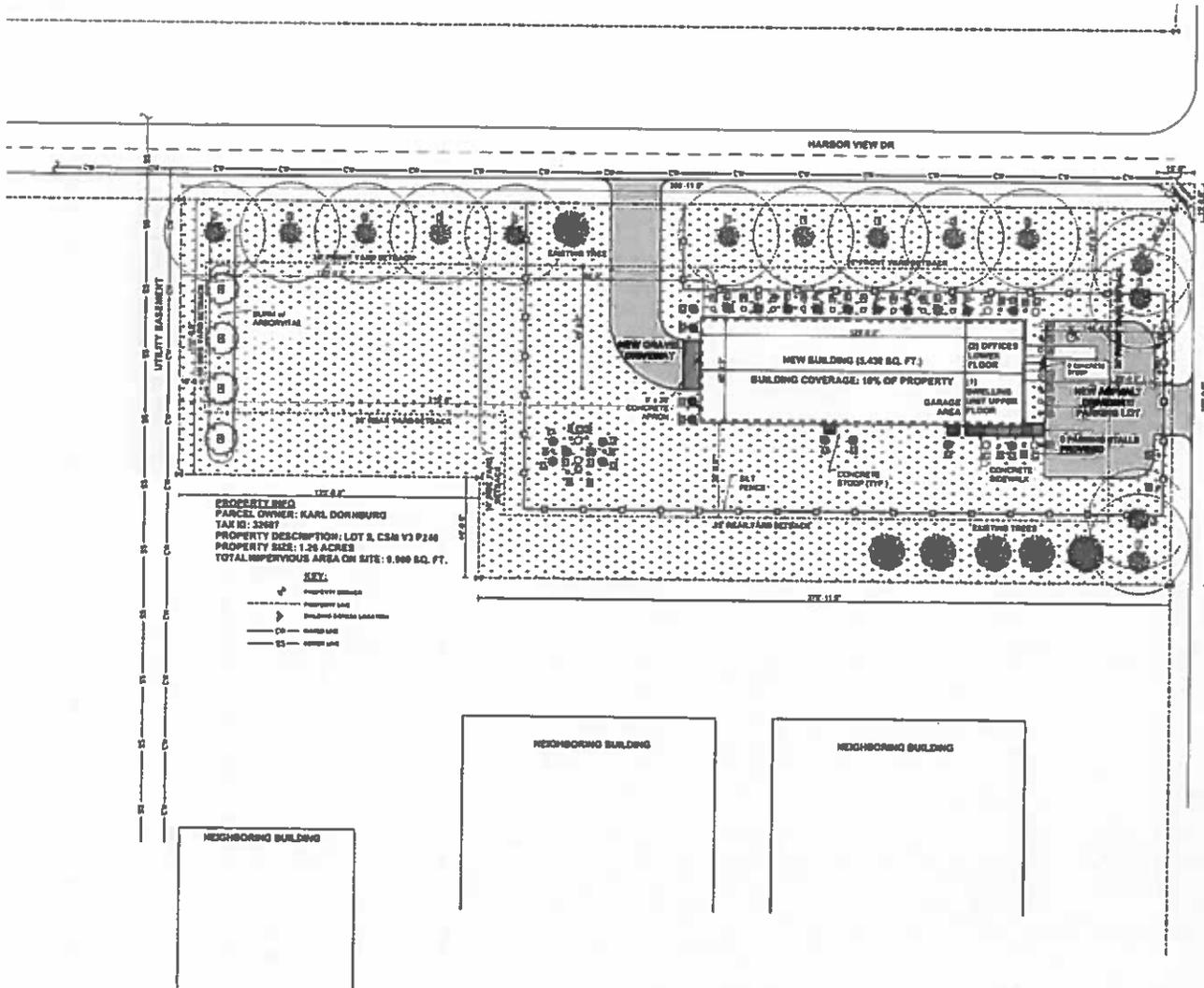
By: 
Scott Kraver, City of Washburn Clerk

Dated: 4/9/19
Richard Avol

By: Richard Avol
Richard Avol, Mayor

Dated: 27 Mar 19

By: Karl Dornburg
Karl Dornburg, Pearl Beach Construction



Site Plan/Landscaping Plan
 SCALE: 1" = 20'

PLANTING SCHEDULE

SYM.	DESCRIPTION	PLANTING SIZE	SIZE AT MATURITY
B	Large Deciduous Shrub Dwarfed Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	10' DIA.	6' HIGH x 8' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	12' DIA.	8' HIGH x 10' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	14' DIA.	10' HIGH x 12' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	16' DIA.	12' HIGH x 14' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	18' DIA.	14' HIGH x 16' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	20' DIA.	16' HIGH x 18' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	22' DIA.	18' HIGH x 20' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	24' DIA.	20' HIGH x 22' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	26' DIA.	22' HIGH x 24' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	28' DIA.	24' HIGH x 26' WIDE
B	Large Deciduous Shrub Amur's Spiney Hawthorn INDICATED SYMBOLS SEE 1.1 NOTES	30' DIA.	26' HIGH x 28' WIDE

NOTES:
 1. THE LOCATION OF THE PLANTS LISTED ON THE LANDSCAPING PLAN IS APPROXIMATE AND SUBJECT TO CHANGE IF A BETTER ARRANGEMENT IS FOUND AND FROM DESIGN. THE NUMBER OF PLANTS SHOWN ARE APPROXIMATE AND SUBJECT TO CHANGE.
 2. ALL PLANTS LISTED ARE SUBJECT TO THE AVAILABILITY OF PLANTS FROM LOCAL NURSERIES. IF A BETTER PLANT IS IDENTIFIED, A SIMILAR SPECIES WILL BE PLANTED UNLESS ALL PLANTS LISTED AS PART OF THE LANDSCAPING PLAN WILL BE PLANTED UNLESS SO INDICATED.

PROPOSED NEW BUILDING PLAN
PEARL BEACH CONSTRUCTION
 8001 CENTRAL AVE., SUITE 100, PEARL BEACH, MS 39276
 Site/Landscaping Plan

CS
DESIGN & ENGINEERING
 WITH PERMISSION BY CS, INC.
 801 LARK BEACH ROAD, SUITE 100, PEARL BEACH, MS 39276
 (601) 775-1111 FAX 601-775-1112 www.csdesignandengineering.com

DATE: 11/11/11
 L.S.
 J.C.B.
 AS NOTED
 REVISIONS: 01/11

PROJECT NO:
18-3230

DATE: 11/11/11
A-2
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 NUMBER: 174204

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715-373-6160
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To: Honorable Mayor and City Council Members
From: ^{SK} Scott J. Kluver, Administrator
Re: Redistricting Preparations – Conceptual Discussion
Date: May 14, 2020

In about 10 or 11 months, the City will be in the middle of the redistricting process using data from the 2020 census. Now is the time to consider the following question: Is the Council satisfied with its current structure and aldermanic district representation, or does it want to consider a different structure? Now is the time to consider any potential changes before we get into making any necessary changes to aldermanic lines as these changes would need to be thoroughly thought through and adopted as a Charter ordinance.

Currently, the Council has three aldermanic districts that roughly divide the City in three areas east, west, and central core. There are two alders from each district, and one alder that represents the entire city. One alder from each district is up for election each year. The at-large seat is up for election every other year, opposite of the Mayor.

Does the Council like the current structure with districts, or would it prefer everyone be at-large (city-wide). What are the pros and cons of this? Going to an at-large representation would make for an easier election process for City staff, but it would increase the area that most alders represent. It would change the political process because in such a scenario the top three individuals with most votes would win in one year, and the top four would win in the next. Currently, the person with the highest number of votes in each district wins. The current system favors geographical diversity, whereas the at-large system favors popularity of candidates. Do you value having representation from various parts of the City over the ability of interested individuals to serve even though they could potentially all be neighbors?

Are you satisfied with two-year terms? There are possibilities to change to three or four-year terms as well.

I encourage you to discuss your preferences and come to consensus now so there is a clear direction when we get into the redistricting process. It will take a couple months for any changes with a charter ordinance to go into effect.

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To: Honorable Mayor and City Council Members
From: Scott J. Kluver, Administrator *SK*
Re: Resolution for Compliance Maintenance Annual Report (CMAR) – Treatment Plant
Date: May 27, 2020

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

In summary, for 2020, the treatment plant met all of the requirements and limits of the DNR with the exception of finances. That does not mean that the treatment plant is not in need of additional maintenance, it simply means that the process of treating the waste water is working well. Staff are doing a great job meeting the requirements, catching up on plant maintenance, and making efforts to operate the plant as efficiently as possible.

With respect to the failing grade for financial management, that will remain until the utility's revenues match or exceed its expenses. Despite the failing grade this year, the financial situation has been improving. The only reason the Utility received a failing grade this year is because of the financing related to the Solar Project. Had we not had to take out additional debt, the Utility would have broken even. The solar array is working, and we will continue to monitor the impact on the reduction of electric costs. So far, it appears to be meeting expectations. A full report will be compiled in the coming months.

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 \$4,000,000 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.

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RESOLUTION NO. #20-009
Approving the 2019 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 to 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 2019 Compliance Maintenance Annual Report; and

FURTHERMORE, directs its City Clerk to submit the reviewed 2019 Compliance Maintenance Annual Report to the Wisconsin Department of Natural Resources by the submittal date.

Resolved this 8th day of June, 2020, 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:
5/27/2020 2019

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	0.1789	x	172	x	8.34	=	256
February	0.1697	x	184	x	8.34	=	260
March	0.3819	x	125	x	8.34	=	397
April	0.5239	x	72	x	8.34	=	313
May	0.4567	x	79	x	8.34	=	299
June	0.2308	x	160	x	8.34	=	308
July	0.2367	x	201	x	8.34	=	396
August	0.1939	x	239	x	8.34	=	387
September	0.2157	x	179	x	8.34	=	322
October	0.2512	x	119	x	8.34	=	249
November	0.1887	x	147	x	8.34	=	231
December	0.3087	x	132	x	8.34	=	340

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	1	1	0	0
April	1	1	1	0	0
May	1	1	1	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		3	3	0	0
Points		6	3	0	0
Total Number of Points					9

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3. Flow Meter

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

- Yes

Enter last calibration date (MM/DD/YYYY)

09/17/2019

- 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

- Yes

- Yes

- Yes

- No

- No

- 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.?

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<p><input type="radio"/> Yes <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>	
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Total Points Generated	9
Score (100 - Total Points Generated)	91
Section Grade	A

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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	4	1	0	0
February	30	27	4	1	0	0
March	30	27	6	1	0	0
April	30	27	8	1	0	0
May	30	27	6	1	0	0
June	30	27	7	1	0	0
July	30	27	8	1	0	0
August	30	27	7	1	0	0
September	30	27	6	1	0	0
October	30	27	6	1	0	0
November	30	27	6	1	0	0
December	30	27	7	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
Total number of points			0

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)
09/17/2019

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

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If Yes, please explain:

The week of October 21, 2019 fecal coliform sample exceeded the weekly geometric mean. Believe exceedance was due to contamination of sample taken that day.

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

Yes

No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

Yes

No

N/A

Please explain unless not applicable:

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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

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

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Effluent Quality and Plant Performance (Phosphorus)

1. Effluent Phosphorus Results

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

Outfall No. 001	Monthly Average phosphorus Limit (mg/L)	Effluent Monthly Average phosphorus (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance
January	1	0.225	1	0
February	1	0.207	1	0
March	1	0.212	1	0
April	1	0.236	1	0
May	1	0.217	1	0
June	1	0.232	1	0
July	1	0.257	1	0
August	1	0.148	1	0
September	1	0.147	1	0
October	1	0.176	1	0
November	1	0.205	1	0
December	1	0.336	1	0
Months of Discharge/yr			12	
Points per each exceedance with 12 months of discharge:				10
Exceedances				0
Total Number of Points				0

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

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Biosolids Quality and Management

<p>1. Biosolids Use/Disposal</p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input checked="" type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Reed Beds</div>	0
<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"/> >= 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"/> < 90 days (40 Points)</p> <p><input type="radio"/> N/A (0 Points)</p> <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	0
<p>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; margin-top: 5px;">N/A</div>	

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Staffing and Preventative Maintenance (All Treatment Plants)

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

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

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Operator Certification and Education

1. Operator-In-Charge

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

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

Name:

JOEL E WEBER

Certification No:

31842

0

2. Certification Requirements

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

Sub Class	SubClass Description	WWTP	OIC		
		Basic	OIT	Basic	Advanced
A1	Suspended Growth Processes	X			X
A2	Attached Growth Processes				
A3	Recirculating Media Filters				
A4	Ponds, Lagoons and Natural				X
A5	Anaerobic Treatment Of Liquid				
B	Solids Separation	X			X
C	Biological Solids/Sludges	X			X
P	Total Phosphorus	X			X
N	Total Nitrogen				
D	Disinfection	X			X
L	Laboratory				X
U	Unique Treatment Systems				
SS	Sanitary Sewage Collection	X	X	NA	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, N and A5 not required in 2019; subclass SS is basic level only.)

- 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

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<p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p> <p>OIT and Basic Certification:</p> <ul style="list-style-type: none"> <input type="radio"/> Averaging 6 or more CECs per year. <input type="radio"/> Averaging less than 6 CECs per year. <p>Advanced Certification:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Averaging 8 or more CECs per year. <input type="radio"/> Averaging less than 8 CECs per year. 	
--	--

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Financial Management

1. Provider of Financial Information

Name:

Tammy DeMars

Telephone:

715-373-6160

(XXX) XXX-XXXX

E-Mail Address
(optional):

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

Yes (0 points)

No (40 points)

If No, please explain:

Refinancing current debt and trying to run sewer utilities more efficiently to bring back into black.

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year:

2019

40

0-2 years ago (0 points)

3 or more years ago (20 points)

N/A (private facility)

2.3 Did you have a special account (e.g., CWFPP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

Yes (0 points)

No (40 points)

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year:

2019

1-2 years ago (0 points)

3 or more years ago (20 points)

N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR

\$ 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.)

\$ 0.00

3.2.3 Adjusted January 1st Beginning Balance

\$ 143,247.00

3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)

+ \$ 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 CWF 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	upgraded boiler system.	5000.00	2019
2	Remove and replace EDI diffuser membranes, inspect and leak check aeration by aeration works. Install D.O. probe in aeration along with panel and controls for future BioMizer upgrade.	52950.00	2020
3	Install BioMizer aeration system	37175.00	2021
4	Upgrade RAS/WAS airlift system with submersible pump system.	69900.00	2022
5	Bayfield Street sewer replacement project.	2000000.00	2024

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	294	
February	319	
March	190	
April	180	
May	184	
June	164	
July	192	
August	182	
September	201	
October	148	
November	210	
December	284	
Total	2,548	0
Average	212	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

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

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

6.2.2 Comments:

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

- No
- Yes

Year:

By Whom:

Describe and Comment:

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6.4 Future Energy Related Equipment

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

Perform O&M on lift stations. Future upgrade planned on Marina Lift station.

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	43,560	5.55	7,849	7.94	5,486	1,617
February	42,720	4.75	8,994	7.28	5,868	1,601
March	40,280	11.84	3,402	12.31	3,272	1,044
April	48,640	15.72	3,094	9.39	5,180	794
May	51,800	14.16	3,658	9.27	5,588	357
June	53,360	6.92	7,711	9.24	5,775	13
July	43,960	7.34	5,989	12.28	3,580	12
August	35,800	6.01	5,957	12.00	2,983	11
September	38,160	6.47	5,898	9.66	3,950	92
October	28,480	7.79	3,656	7.72	3,689	477
November	46,760	5.66	8,261	6.93	6,747	1,137
December	38,640	9.57	4,038	10.54	3,666	1,243
Total	512,160	101.78		114.56		8,398
Average	42,680	8.48	5,709	9.55	4,649	700

7.1.2 Comments:

99KW solar system went on line in August 2019.

7.2 Energy Related Processes and Equipment

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

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

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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?

Oxygen probe is being set up in aeration along with controls for BioMizer upgrade to aeration basin and future RAS/WAS submersible pumping system. Fine air diffuser replacement has been scheduled for summer 2020.

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:

2019

By Whom:

Chris Groh (WRWA)

Describe and Comment:

Boiler upgrades for heating. Aeration controls for more efficient aeration.

Part of the facility

Year:

By Whom:

Describe and Comment:

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Total Points Generated	40
Score (100 - Total Points Generated)	60
Section Grade	F

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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:

Cleaning and televising of problem areas. Work toward I&I study and GIS of collection system. Moving forward with state DOT highway project of approx. 18 blocks of Bayfield Street (HWY 13).

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) 12/31/2014

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

0

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:

2. Operation and Maintenance

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

Cleaning	<input type="text" value="5"/>	% of system/year
Root removal	<input type="text" value="2"/>	% 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="0"/>	% of system/year
Manhole inspections	<input type="text" value="20"/>	% of system/year
Lift station O&M	<input type="text" value="1"/>	# 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="5"/>	% 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:

3. Performance Indicators

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

<input type="text" value="37.2"/>	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="1"/>	Number of basement backup occurrences
<input type="text" value="1"/>	Number of complaints
<input type="text" value="0.278"/>	Average daily flow in MGD (if available)
<input type="text" value="0.524"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.08"/>	Basement backups (number/sewer mile)
<input type="text" value="0.08"/>	Complaints (number/sewer mile)
<input type="text" value="1.9"/>	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 (MG)
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?

- Yes

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<ul style="list-style-type: none"> • No <p>If Yes, please describe:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <div style="border: 1px solid black; padding: 2px;">Higher than average precipitation caused more I&I events in 2019.</div> <p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <div style="border: 1px solid black; padding: 2px;">Proposed replacement of old sanitary sewer and manholes on 18 blocks of Bayfield Street moving forward. I&I study proposed for the near future.</div>
--

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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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
TOTALS			32	124
GRADE POINT AVERAGE (GPA) = 3.88				

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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Last Updated: Reporting For:
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Resolution or Owner's Statement

Name of Governing Body or Owner:	<input type="text"/>
Date of Resolution or Action Taken:	<input type="text"/>
Resolution Number:	<input type="text"/>
Date of Submittal:	<input type="text"/>

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F): Influent Flow and Loadings: Grade = A <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"/>
Collection Systems: Grade = A (Regardless of grade, response required for Collection Systems if SSOs were reported) <input type="text"/>

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS (Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00) G.P.A. = 3.88 <input type="text"/>

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: Tony Janisch, Assistant City Administrator

Re: Alcohol Licensing Renewal

Date: May 28, 2020

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 5/28/20

Distributor Notice and/or Department of Revenue Notice: None as of Report Date 5/28/20

Licensed Premises:

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

The Washburn Police Department has inspected all but one establishment. Chief Johnson was unable to make contact with the agent at Stage North. Of the establishments visited, they meet requirements without major concern. Chief Johnson notes in his enclosed report that he does recommend approving Stage North for licensing, stating he has not had issue with improper display of license in the past.

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 1st.

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 28, 2020

Mayor Mary D. 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	Unable to make contact with agent
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.
Karlyn Gallery	License properly displayed, framed in glass.

Regarding Stage North, I would recommend approving as I have not had an issue with improper display of license. I will continue to attempt contact with them.

Sincerely,



Ken Johnson
Chief of Police

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2020 ending: 06/30/2021
(MM DD YYYY) (MM DD YYYY)

456 Applicant's WI Seller's Permit No. | FEIN Number:
-000-293-205502-204998672

TO THE GOVERNING BODY of the: Town of
 Village of } WASHBURN
 City of

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 50.00
<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	\$ 225.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20.00
TOTAL FEE	\$ 295.00

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Windy Walleys ucdbe Patsys bar
 Address of Corporation/Limited Liability Company (if different from licensed premises) 77905 Washington Ave, Washburn, WI 54891
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>George W. Engelhard</u>	<u>77905 Washington Ave, Washburn, WI</u>	<u>54891</u>
Vice President/Member	<u>Barbara Engelhard</u>	<u>77905 Washington Ave, Washburn, WI</u>	<u>54891</u>
Secretary/Member	<u>Barbara Engelhard</u>		
Treasurer/Member	<u>Barbara Engelhard</u>		
Agent	<u>Barbara Engelhard</u>		
Directors/Managers			

C. 1. Trade Name Patsys bar Business Phone Number 715-373-5792
 2. Address of Premises 328 W Bay Field 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.) wood side porch smoking area & beer garden
5. Legal description (omit if street address is given above): Block 35, Lots 1, 2, 3 Entire Building
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the 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.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-20</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 reverse side.

For the license period beginning: 7-1-20 ending: 6-30-21
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Washburn

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Harlan J Guske</u>	<u>Washburn</u>	<u>160 54891</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>HARLAN J GUSKE</u>	_____	_____
Directors/Managers	_____	_____	_____

C.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

- 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.) _____
- Legal description (omit if street address is given above): _____
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 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
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Applicant's WI Seller's Permit No. <u>45600004253003</u> FEIN Number: <u>39-179 2882</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50.00</u>
<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	\$ <u>225.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>295.00</u>

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

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-1-2020</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 reverse side.

For the license period beginning: 07/01/2020 ending: 06/30/2021
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Washburn

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Washburn Development Property, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2052 85th AVE DRESSER WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 54009

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

President/Member Jeffrey Moberg 2052 85th AVE DRESSER WI 54009

Vice President/Member Michael Charles Anderson 37 CITY ROAD N, STARBUCK WI 54009

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Jeffrey Moberg

Directors/Managers _____

C. 1. Trade Name ▶ The Harbor View Business Phone Number 715 373 5492

2. Address of Premises ▶ 128 Harbor View Drive Post Office & Zip Code ▶ Washburn, WI 548

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.) 1 story bldg Basement Pot 10

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

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

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

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

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

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

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

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

Applicant's WI Seller's Permit No. FEIN Number: <u>456-102931472002</u> <u>81-4417452</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class B beer	\$ <u>50</u>
<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	\$ <u>450</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>18</u>
TOTAL FEE	\$ <u>568</u>

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/1/20</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 reverse side.

For the license period beginning: 07 01 2020 ending: 06 30 2021
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Washburn
 Village of }
 City of }

County of Bayfield Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

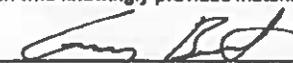
A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Lyndale Terminal, LLC
 Address of Corporation/Limited Liability Company (If different from licensed premises) ▶ 4567 American Blvd W Bloomington MN 55437
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Please see attached list
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ _____
 Directors/Managers _____

C.1. Trade Name ▶ Holiday Stationstore #227 Business Phone Number 715-373-2305
 2. Address of Premises ▶ 606 W. Bayfield St 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 above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Change of "officer" managers (not of Member) Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 286-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the 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.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
 Gary Brant, Vice President of Operations

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

Applicant's WI Seller's Permit No.: <u>456000052531304</u>		FEIN Number: <u>41-6022418</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	<u>55.00</u>
<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		\$	<u>20.00</u>
TOTAL FEE		\$	<u>75.00</u>

Renewal Alcohol Beverage License Application

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

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

To the Governing Body of the: Town of } 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	\$ <u>110</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>350</u>
<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	\$ <u>18.00</u>
TOTAL FEE	\$ <u>478</u>

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

Agent Last Name <u>MacArthur</u>	(First) <u>Wendy</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>50059 Holmes 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>Hansen</u>	(First) <u>Gregory</u>	(Middle Name) <u>J</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1320 Cardinal St, Bangor WI 54614</u>
Vice President / Member Last Name <u>Hansen</u>	(First) <u>Nicholas</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5225 Brackenwood Ct, IaCrosse WI 54601</u>
Secretary / Member Last Name <u>Hansen</u>	(First) <u>Kari</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1320 Cardinal St, Bangor WI 54614</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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

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

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

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

Grocery Store, entire building

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

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

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

License Number
Period Covered
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 Telephone (715) 373-5566	
Municipality Washburn	State WI	Zip Code 54891	County Bayfield
Mailing Address (if different than Business Address)		Municipality	
		State	Zip Code

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.)
 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 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.

Andreas Hansen

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

Applicable Laws and Rules

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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1st 2022 ending: June 30th 2023
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Washburn

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Nickels, David P Home Address 800 W. Bayfield St Post Office & Zip Code Washburn, WI 54871

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company A Nickels' North Bar-n-Grill

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C.1. Trade Name A Nickels' North Bar-n-Grill Business Phone Number (715) 373-5421

2. Address of Premises 800 W. Bayfield St Post Office & Zip Code Washburn, WI 54871

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 on West end of property w porch

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2776] Yes No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the 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.

David P. Nickels
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-13-20</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 reverse side.

For the license period beginning: 07/1/2020 ending: 6/30/2021
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Washburn

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Midland Services Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 220 3RD Ave W Ashland WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Richard Frostman</u>	<u>2571 Junction Rd</u>	<u>Ashland WI 54806</u>
Vice President/Member	<u>Gregory Massaglia</u>	<u>9181 Old Hwy 10</u>	<u>Saxon WI 54539</u>
Secretary/Member	<u>Pete Tetzner</u>	<u>3084 Wingebo Rd</u>	<u>Washburn WI 54881</u>
Treasurer/Member	<u>Trent Allen</u>	<u>25100 Cozy Corner Rd</u>	<u>Ashland WI 54806</u>
Agent	<u>Terri Sell</u>	<u>21655 Moguah Pit Rd</u>	<u>Ashland WI 54806</u>
Directors/Managers	<u>Terri Sell</u>		

C. 1. Trade Name ▶ Midland Services - Washburn Business Phone Number 715 373-5722
 2. Address of Premises ▶ 123 W Bayfield St Post Office & Zip Code ▶ Washburn WI 54881

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

Applicant's WI Seller's Permit No. FEIN-Number: 456 000047111 02 87-0119250

LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>55.00</u>
<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	\$ <u>20.00</u>
TOTAL FEE	\$ <u>75.00</u>

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

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

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
456-0000294117-02

← 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) Midland Services Inc			Federal Employer Identification No. (FEIN) 39-0119250		
Trade or Business Name (if different than Legal Name)			Telephone Number (715) 373-5722		
Business Address (License Location) 137 W Bayfield St			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Business Telephone () "
Municipality Washburn	State WI	Zip Code 52891	of Washburn		County Bayfield
Mailing Address (if different than Business Address) PO Box 500			Municipality Ashland		State WI
					Zip Code 52806

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.)
 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 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

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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2020 ending: 06/30/2021
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } WASHBURN

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ STAGENORTH LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member JOHN WEINEL 11721 OSPREY AVE. S HASTINGS, MN 55033
 Vice President/Member ANA WEINEL SAME
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ ROBERT ADAMS
 Directors/Managers ROBERT ADAMS

C. 1. Trade Name ▶ STAGE DOOR BAR Business Phone Number 715-373-1194
 2. Address of Premises ▶ 123 W OMAHA STREET Post Office & Zip Code ▶ WASHBURN 54891

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

Applicant's WI Seller's Permit No. / FEIN Number: <u>456000015312003 / 39-1984532</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50</u>
<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	\$ <u>225</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>295.00</u>

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-10-20</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 reverse side.

For the license period beginning: 7-1-20 ending: 6-30-21
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Stensvad Lois Janet 524 Washington Ave. P.O. Box 677-54891
Hanson Dale Gordon 524 Washington Ave. P.O. Box 677-54891

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Dalou's BISTRO
 Address of Corporation/Limited Liability Company (if different from licensed premises) 310 West Bayfield Street
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Dale G. Hanson 524 Washington Ave P.O. Box 677 54891
 Vice President/Member Lois T. Stensvad " " " "
 Secretary/Member _____
 Treasurer/Member _____
 Agent Dale Hanson
 Directors/Managers Lois Stensvad / Dale Hanson

C. 1. Trade Name Dalou's BISTRO Business Phone Number 715-373-1125
 2. Address of Premises 310 West Bayfield St Post Office & Zip Code P.O. 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 rm. Deck. Coolers. Storage areas
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Applicant's WI Seller's Permit No. FEIN Number: <u>4561026567583-0326-3901851</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>50.00</u>
<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	\$ <u>20.00</u>
TOTAL FEE	\$ <u>120.00</u>

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-1-2020</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 reverse side.

For the license period beginning: 07/01/20 ending: 06/30/21
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Washburn

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Snug, LLC

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

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

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

President/Member President Daniel T Doman 302 E 3rd St Washburn WI 54891

Vice President/Member _____

Secretary/Member _____

Treasurer/Member Kristi M Doman, TRAS 302 E 3rd St Washburn WI 54891

Agent Kristi Doman 302 E 3rd St Washburn WI 54891

Directors/Managers Daniel Doman 302 E 3rd St Washburn WI 54891

C. 1. Trade Name The Snug Business Phone Number 715 313 0338

2. Address of Premises 308 W Bayfield St Post Office & Zip Code Washburn 54891

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the 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]
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

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

Applicant's WI Seller's Permit No.: FEIN Number: <u>4501627722043-2</u> <u>454304902</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50.00</u>
<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	\$ <u>225.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
TOTAL FEE	\$ <u>295.00</u>

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2020 ending: 06/30/2021
(MM/DD/YYYY) (MM/DD/YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Washburn

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Naturally Superior Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Dale Arden Brevak</u>	<u>74035 Orntossagm Rd.</u>	<u>Washburn, WI 54891</u>
Vice President/Member	<u>Derek Jon Brevak</u>	<u>8392 Hwy 10</u>	<u>Marshfield, WI 54449</u>
Secretary/Member	<u>Dona Lee Marie Brevak</u>	<u>74035 Orntossagm Rd.</u>	<u>Washburn, WI 54891</u>
Treasurer/Member	<u>Papa Ingrid Hudson</u>	<u>239 Blue Sky Dr.</u>	<u>Glenwood City, WI 57013</u>
Agent	<u>Dale A Brevak</u>		
Directors/Managers	<u>Dona Lee M Brevak</u>		

C. 1. Trade Name Lake Superior View Golf Business Phone Number 715-373-1100/0393
 2. Address of Premises 950 Co Hwy C 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.) Clubhouse, carts, all golf course property
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-1020/0022204 / 39-1908736</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50</u>
<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	\$ <u>20.00</u>
TOTAL FEE	\$ <u>70.00</u>

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

Dona Lee M Brevak
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-20</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

84-4570722

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2020 ending: June 30 2021
(MM DD YYYY) (MM DD YYYY)

Applicant's WI Seller's Permit No. FEIN Number	
456-1029822727-02	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 50.00
<input checked="" type="checkbox"/> Class C wine	\$ 50.00
<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	\$ 20.00
TOTAL FEE	\$ 120.00

TO THE GOVERNING BODY of the: Town of Village of City of WASHBURN

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company KARLYN Yellowbird Gallery LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member RONALD V PIERCY 410 N 2ND AVE E WASHBURN WI 54891
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent _____
Directors/Managers _____

C. 1. Trade Name KARLYN Yellowbird Gallery Business Phone Number 218-370-0476
2. Address of Premises 318 W. BAYFIELD ST WASHBURN WI Post Office & Zip Code 54891 WASHBURN

- 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) MEZZINE MID SECTION GROUND LEVEL
- 5. Legal description (omit if street address is given above): CLAS ROOM AND Gallery Floor All ground level
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. BUSINESS HAS BEEN CLOSED FROM DATE OF ISSUANCE Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the 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.


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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/27/20</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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