

CITY OF SPARTA
PUBLIC SAFETY AGENDA
July 11, 2016

CITY HALL

5:30 P.M.

- 1. Call Meeting to Order**
- 2. Consent Agenda: Consisting of Minutes from the June 6, 2016 meeting, and Police Department's monthly report for May and bills**
- 3. Consideration of New/Renewal Bartenders Licenses**

Sheila Juricic	Lori Ann Krueger	Doris Wiedemann
Gail Raddatz	Schannel Giraud	Adam Reichenbach
Jami Knoll	Emily Tuchalski	Rebecca Humphrey
Paul Hoffman	Steven Young	Susan Betts
Tracy Scholze	Steven Hemmersbach	Mischell Schur
Joel Geier	Melissa Dockerty	Lori Geier
Harold Oesterle	Lori Oesterle	Kristina Oesterle
Shyrell Campobello	Samantha Harry	Joyce Jorgensen
Jennifer Finch	Gerald Lofft	
- 4. Consideration of Second Hand Article or Second Hand Jewelry License for Wild Woman's at 210 S. Water Street**
- 5. Consideration of "Class A" Liquor License for A-1 Tomah Midwest located at 810 W. Wisconsin St.**
- 6. Consideration of "Class A" Liquor License for Amish Cheese House located at 711 Avon Rd.**
- 7. Consideration of "Class A" Liquor License for AMBA, Inc. located at 4105 Theater Rd.**
- 8. Consideration of "Class A" Liquor License for Wal Mart Stores located at 1600 W. Wisconsin Street**
- 9. Consideration of Cigarette License for The Hangout, LLC located at 115 W. Oak St.**
- 10. Consideration of "Class B" Liquor License and Class "B" Beer License for Griselda Sanchez-Hernandez dba Jarochos Mexican Restaurant located at 620 Industrial Dr., Suite 8**
- 11. Consideration to Allow More "Class A" Liquor License Applications**
- 12. Consideration of Temporary "Class B"/Class "B" Retailer's License for St. Patrick's Church Summerfest on August 14, 2016**

- 13. Discussion on Warning Sirens – Severe Weather & Tornado**
- 14. Discussion on City's K-9 Program Update**
- 15. Items for Future Consideration**
- 16. Adjourn**

A possible quorum of the Common Council may be in attendance at this meeting but no action will be taken by the Council.

Posted: 7-8-16

CITY OF SPARTA
PUBLIC SAFETY MINUTES
June 6, 2016

PRESENT: Jim Church, Kevin Brueggeman, Alli Karrels,

ABSENT: Josh Lydon, Ed Lukasek

ALSO PRESENT: Todd Fahning, Dave Kuderer, Kevin Riley, Mayor Button, Yvonne Smart, Steve Schutt, Dick Heitman, Nick & Gregg Hansen, Kim Bowen, Renae Caldwell

Chairman Jim Church called the meeting to order at 5:30 p.m.

A motion was made by Alli Karrels and seconded by Kevin Brueggeman to approve the consent agenda consisting of the minutes of the May 2, 2016 meeting and the Police Department's monthly reports for April and bills. Motion carried 3-0.

A motion was made by Alli Karrels and seconded by Kevin Brueggeman to approve the Circus License for Downtown Cooperative on June 23, 2016 in Memorial Park. Motion carried 3-0.

Upon proper payment of any fees, the following new or renewal bartenders licenses were approved for a two year term on a motion by Alli Karrels and seconded by Kevin Brueggeman. Motion carried 3-0.

JUNE MEETING-JUNE 6, 2016	<u>RENEWAL</u>			
KOLE HARRIS	YES	\$60.00		HARRIS CROSSING
AMY THURSTON		\$5.00	NEW	VFW
AMY THURSTON	YES	\$60.00		VFW
STEPHANIE GRAY	YES	\$60.00		AMERICAN LEGION
KIRA SCHAITEI		\$60.00	NEW	MARKET BAR
JENNIFER ARNOLD	YES	\$60.00		LYNDA LOU'S
CARISSA MARX	YES	\$60.00		MARKET BAR
SOPHIE SCHMITZ	YES	\$30.00	1 YR	THE GREENS
KATHLEEN OLSON	YES	\$60.00		LYNDA LOU'S
BETHANY SCHANENBERGER	YES	\$60.00		KWIK TRIP
CRYSTLE GROOM	YES	\$60.00		KWIK TRIP
TRACIE BRANDAU	YES	\$60.00		KWIK TRIP
ROSEMARY AUSTIN	YES	\$60.00		KWIK TRIP
MELISSA SHAWLEY		\$60.00	YES	KWIK TRIP
JOSEPH LIMPOCO		\$60.00	YES	KWIK TRIP
ELIZABETH MARTEN		\$60.00	YES	KWIK TRIP
DEAN RHODABACK		\$60.00	YES	KWIK TRIP
DESIREE' MANKE		\$60.00	YES	KWIK TRIP
MEGAN MASHAK	YES	\$60.00		KWIK TRIP
RYAN LEVENDOWSKI	YES	\$60.00		KWIK TRIP

SHIRLEY KREMMER	YES	\$60.00		KWIK TRIP
AMY GRIFFIN	YES	\$60.00		KWIK TRIP
NICHOLAS BELL	YES	\$60.00		CASEY'S
MARY WITHERS	YES	\$60.00		CASEY'S
BRANDON PECH	YES	\$60.00		CASEY'S
SHAUNA PFEIFER	YES	\$60.00		CASEY'S
JESSICA CRANDALL	YES	\$60.00		CASEY'S
RONALD GENSKE, JR.	YES	\$60.00		CASEY'S
ELIZABETH FIELDS	YES	\$60.00		CASEY'S
DAVID WAYT	YES	\$60.00		CASEY'S
SARAH POLLOCK	YES	\$60.00		CASEY'S
TINA CHALLET		\$60.00	YES	CASEY'S
CORRIE FRISK	YES	\$60.00		CASEY'S
TERRY STODDARD	YES	\$60.00		CASEY'S
SHANNON SCHOLZE	YES	\$60.00		AMBER INN
NOVA MASON		\$5.00	YES	AMERICAN LEGION
VIRGINIA BACKUS	YES	\$60.00		SOUTHSIDE TAP
LISA LABARRE-ZEBELL	YES	\$60.00		CLUB 16
CHERI ROSE	YES	\$60.00		WALGREENS
DOMINIQUE WITTMERSHAUS		\$60.00	YES	COLONIAL
JAMIE NICHOLS	YES	\$60.00		COLONIAL
ALLEN JANDT	YES	\$60.00		VFW
ROSELLA MARTINSON	YES	\$60.00		RALLY POINT
TRACY SCHOLZE		\$7.50	YES	AMBER INN

A motion was made by Alli Karrels and seconded by Kevin Brueggeman to approve the following Second Hand Article or Second Hand Jewelry License and Mobile Home License upon proper payment of any fees or fines for 2016-2017: Motion carried 3-0.

Rachel McPherson for Urban Nest
 Bryon Crawford for Crawford's New & Used
 Terry Oswald for Search and Find, LLC
 Greendale Manor – Mobile Home

A motion was made by Kevin Brueggeman and seconded by Alli Karrels to approve the following cigarette and video game licenses upon proper payment of any fees or fines for 2016-2017: Motion carried 3-0.

Amber Inn – Cigarette and Video Games
 American Legion – Video Games
 Brewski's/Best Western – Video Games
 Club 16 – Video Games
 The Colonial Bowling & Banquet Center – Video Games

Foxhole Pub – Video Games
The Hangout – Video Games
Harris Crossing – Video Games
Market Bar – Video Games
Shifty's Shack – Cigarette and Video Games
Wayside Tavern – Cigarette and Video Games
The Green's – Cigarette and Video Games
WalMart – Cigarette and Video Games
Amish Cheese House – Cigarette and Video Games
Sparta Super Gas – Cigarette and Video Games
Hansen's IGA – Cigarette
Casey's General Store – Cigarette
Sparta Cooperative – Cigarette
Kwik Trip #318 – Cigarette
Walgreens – Cigarette
Kwik Trip #317 – Cigarette
Sparta BP – Cigarette
Sparta Travel Center – Cigarette
Denny's Market – Cigarette
Family Dollar – Cigarette
Rally Point Pub – Cigarette and Video Games
Lynda Lou's – Video Games
VFW – Video Games

A motion was made by Alli Karrels and seconded by Kevin Brueggeman to accept the following "Class B" licenses upon proper payment of any fees or fines for 2016-2017 except for Southside Saloon until they are approved by the State of Wisconsin to have their license issued. Motion carried 3-0.

Lynda Lou's
Rally Point Pub
VFW Post 2112
El Vallarta
Italiano's
Southside Saloon-Needs valid seller's permit

At last month's meeting, there were several bartender's renewal applications that were being recommended for denial because of alcohol related convictions or citations which would cause them not to have a license because of our ordinance. Some business owners came to speak in favor of their employees getting approved as these offenses were their first and these employees needed their jobs. Dick stated that we follow the state statutes regarding this issue. We can still approve on a case by case basis or go through the appeals process. We can just leave this ordinance as is. **A motion was made by Kevin Brueggeman and seconded by Alli Karrels to not change the ordinance regarding bartender denials. Motion carried 3-0.**

The following bartender applications were recommended last month for denial but were not acted on:

Katrina Fanning, Cheyanne McCracken, Trisha Nordvall, Yvonne Smart, Faith Peterson, William Jensen and Erin Schultz. Steve Schutt from Italiano's spoke in favor of renewing Yvonne Smart's license and Yvonne Smart explained the situation on how she got the citations and that she wants to move forward. Last month, Jason Boris spoke in favor of Katrina Fanning and Trisha Nordvall getting their licenses renewed. **A motion was made by Alli Karrels and seconded by Jim Church to deny the licenses for Cheyanne McCracken, Faith Peterson, William Jensen and Erin Schultz and to approve the licenses for Yvonne Smart, Katrina Fanning and Trisha Nordvall. Motion carried 3-0.**

Chief Kuderer updated the Committee on the recent Alcohol Compliance Check. These businesses passed: Amish Cheese House, BP Travel Station, Brewski's Pub, Casey's General Store, Cenex Service Station, Sparta BP, Sparta Super Gas, Wal Mart, Jake's Northwoods, The Greens and El Vallarta. These three businesses did not pass: Foxhole Pub, Club 16 and Italiano's.

There are some areas on the Licensing part of our Ordinances that need to be updated. One being the charge which was recently approved of \$500.00 for "Class A" Liquor licenses, and change the quote marks on the "Class B" Liquor licenses. Also, there are no quotas in the state statutes for the "Class A" Liquor licenses. **A motion was made by Alli Karrels and seconded by Kevin Brueggeman to make the changes regarding the placement of the quotes for the "Class A" Liquor licenses and the "Class B" Liquor licenses, the addition of the \$500.00 charge for the "Class A" Liquor licenses and that we start out issuing a limit of 5 of the "Class A" Liquor licenses until we see what the interest is and how the stores are managing this. Motion carried 3-0.**

A motion was made by Alli Karrels and seconded by Kevin Brueggeman to approve the "Class A" Liquor License for Hansen's IGA Store located at 834 W. Wisconsin Street upon proper payment of any fees or fines. Motion carried 3-0.

Items mentioned for future consideration were:

Officer Jake Edwards is resigning June 11, 2016 so the Police Department will be hiring an officer.

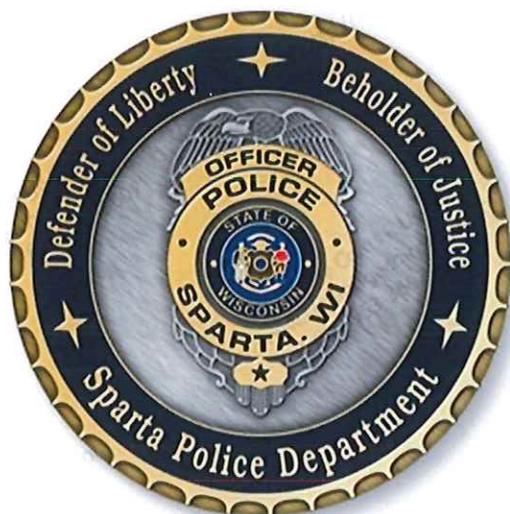
A motion was made by Kevin Brueggeman and seconded by Alli Karrels to adjourn at 6:02 p.m. Motion carried 3-0.

Respectfully Submitted,

Julie Hanson
City Clerk

Sparta Police Department

Monthly Report



May 2016

Activity Report:

During the month of May the Sparta Police Department responded to 1608 calls for service, issued 245 traffic citations, arrested 17 people for Operating While Under the Influence and made 242 non-traffic related arrests. Overall activity level was slightly less when compared with the prior year.

Index Crimes:

Part I Offenses Reported:

Homicide: 1	Sex Offense: 7	Assault: 2	Burglary: 0
Theft: 22	Motor Vehicle Theft: 5	Arson: 0	Robbery: 0

Part II Offenses Reported:

Fraud: 13	Criminal Damage: 13	Drug: 12
Domestic: 7	Disorderly: 1	Weapons: 1

Part III Traffic Offenses Reported:

Crashes: 28	Traffic Complaints: 35	Traffic Stops: 537
Parking Complaints: 29	Parking Tickets Issued: 15	

Part IV Incidents:

Alarms: 18	Mental: 5	Suspicious: 61	Open door/window: 0
Warrants: 9	Noise: 8	911 hang up: 13	Animal: 30

Citations & Arrests

Traffic: **245**

Non-Traffic: **242**

Speed Related	29	Bail Jumping	34
Traffic Signs & Signals	11	Battery	10
Driver License Violations	43	Burglary	1
Vehicle Registration	22	Disorderly Conduct	34
OMVWI/PAC	22	Obstructing/Resisting	8
Insurance	58	Drug Related	38
Seat Belts	32	Theft	19
All Others	28	Underage Drinking	2
		Curfew	1
		Truancy	2
		All Others	93

Chief's Report

Training:

- The Combined Tactical Unit conducted training at Sparta.
- Officer James attended NAPWDA – K-9 conference
- Officer Johnson attended Operation Rush Drug interdiction training
- Department wide EVOG training (required by Training and Standards)
- Chief Kuderer attended a Joint Chiefs & Sheriffs training conference.
- Officer Schroeder attended training for Active Threat using small unit tactics.

Homicide:

- On May 17, 2016 Sparta Police were dispatched to 508 North Water street for a report of a subject being shot. Officers arrived and found Adam Garcia lying in a bedroom with a gunshot wound to the chest. Adam Garcia later died at the Sparta Hospital.

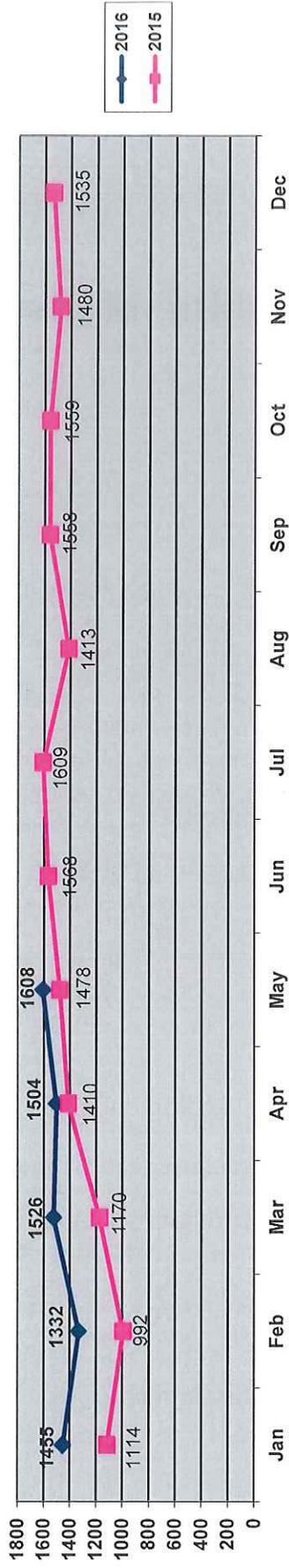
An investigation was conducted using FBI Agents, CIA Agents, the Wisconsin crime lab, Monroe County Sheriff's Department, Drug Task force, Juneau sheriff's department and Tomah Police.

Two subjects were arrested for Homicide and theft of drugs within 24 hours of the shooting. The subjects are in jail waiting for trial.

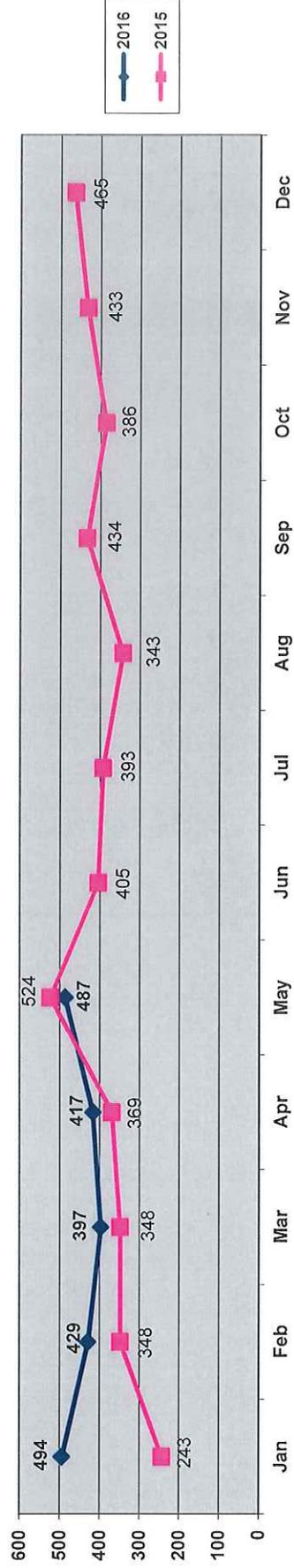
EVENT:

- There were no problems at the Memorial Day Parade. The community support was great with a lot of people watching the parade and participating in the ceremony at the park.

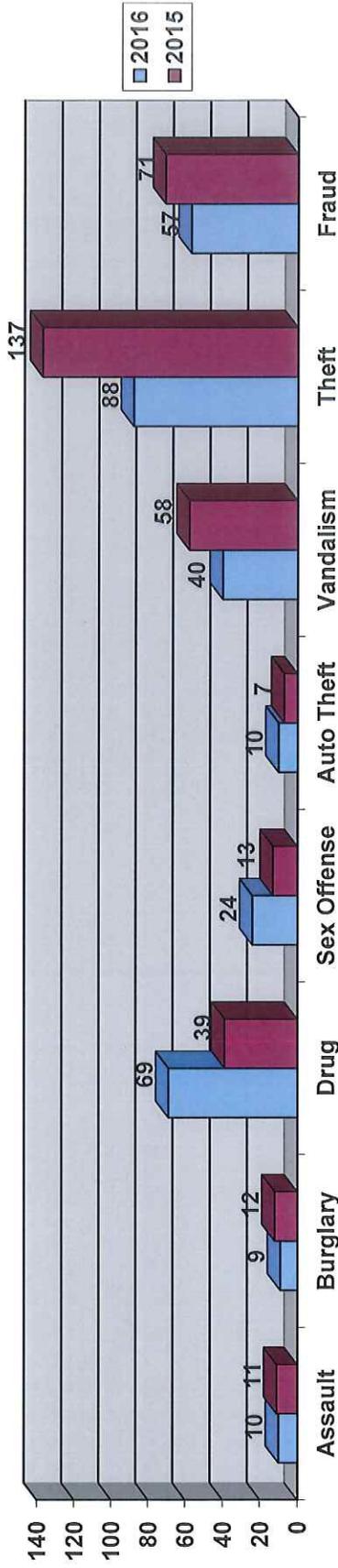
2015/2016 Year to Date Calls for Service



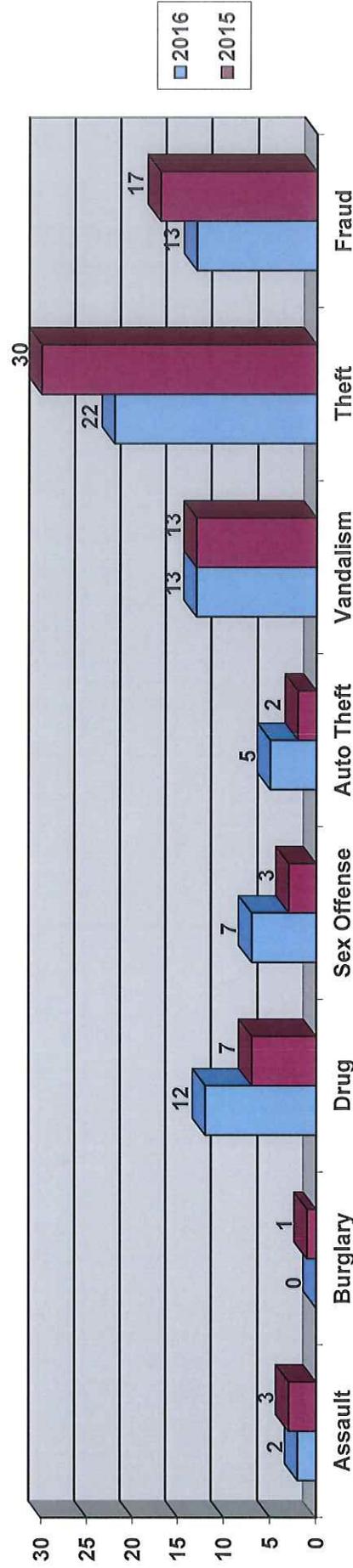
2015/2016 Year to Date Citations & Arrests



Year to Date Major Crime Comparison
Running Total 2015/2016

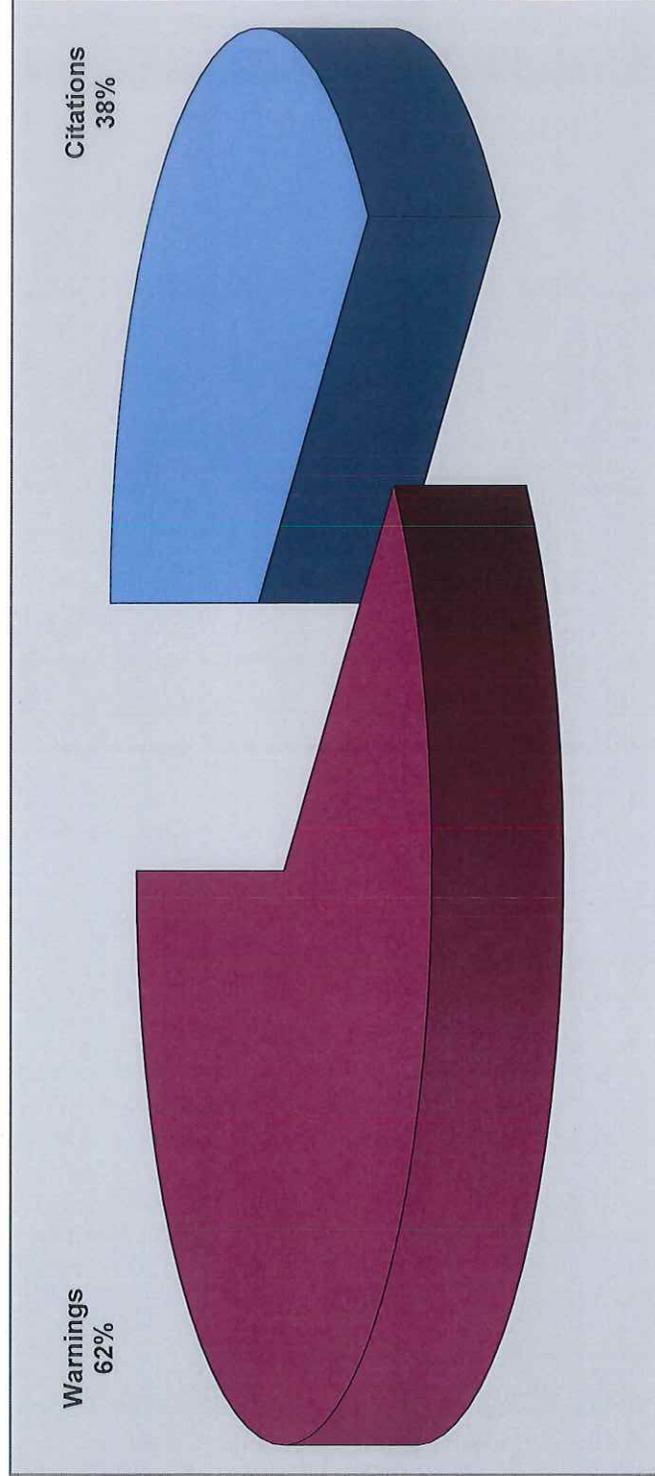


Major Crime Comparison
May 2015/2016



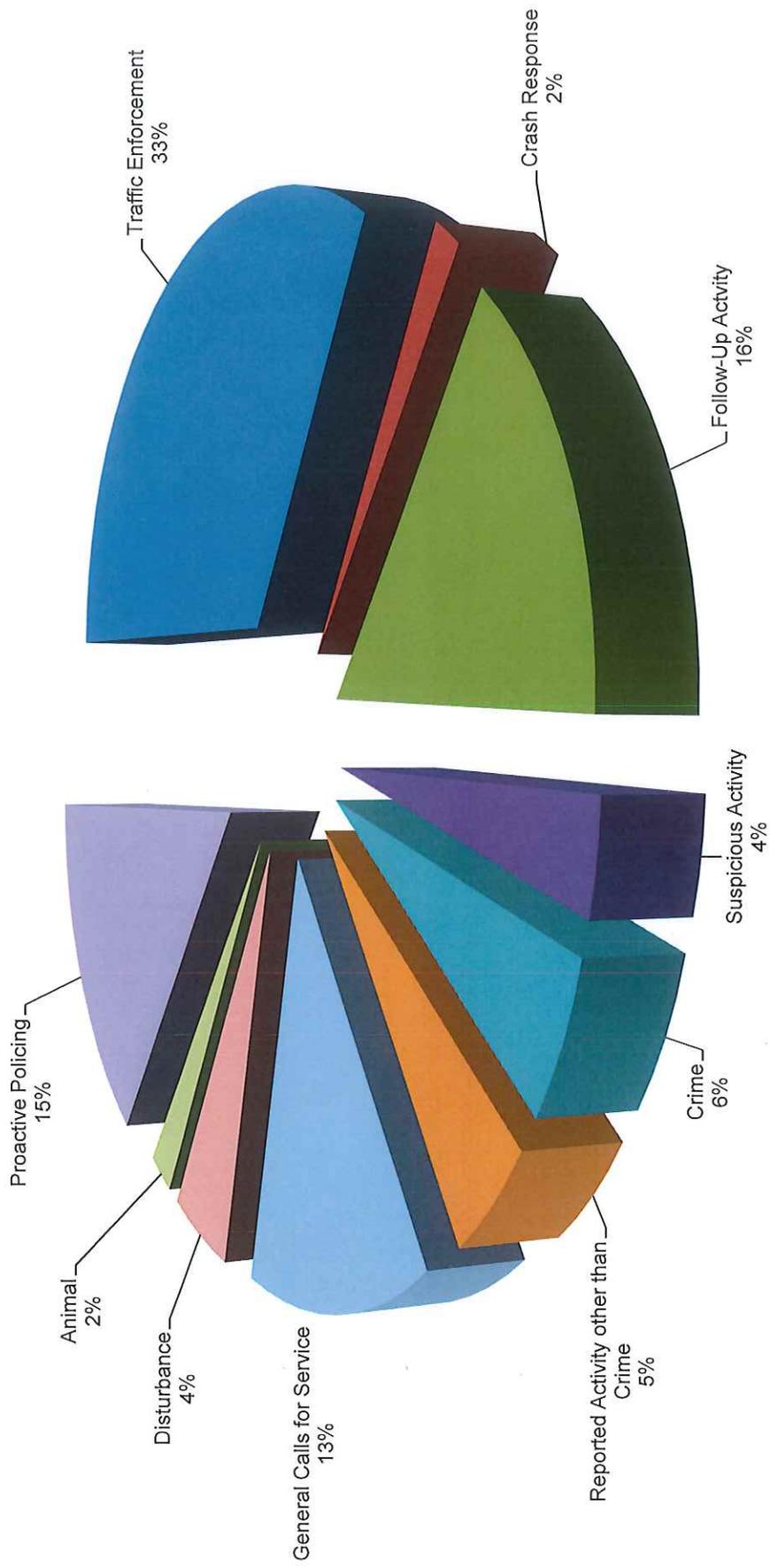
May 2016 Traffic Stops
Warnings/Citations Comparison *

Traffic Stops



* Data does not take into account multiple citations issued on a single stop.

May 2016 Allocation of Police Services



SPARTA POLICE DEPARTMENT

Monthly Generated Income Report to the Common Council

Report for May 2016

PARKING TICKETS:	TOTALS:
Monthly Total	\$375.00

GENERAL FUNDS:	
Direct Seller's Permit & Copy Fees	\$141.52

OTHER INCOMES:	
Total Revenue	\$516.52
Less Amount Paid Directly or Previously Deposited to City Hall	\$0.00
Less Parking Amount Paid Directly to City Hall	\$0.00
Less Parking Paid by Tax Intercept	
Less Parking Paid by Credit Card & PayPal	\$80.00
TOTAL DEPOSIT	\$436.52

Highlighted lines indicate previously deposited with City hall with the exception of parking tickets which is indicated on 3rd to last line.

Parking Summary By Ordinance

Sparta Police Department

From 05/01/2016 To 05/31/2016

Date Run: 6/3/2016 7:21AM

Ordinance Description	Current Month	Fine Total	Year To Date	Same Month		Last Year
				Prior Year	Last Year	
Alternate	0	\$0	31	0	0	546
Excess of 48 Hours	1	\$15	9	1	1	24
Handicapped	0	\$0	0	0	0	4
No 2:00 am - 6:00 am	7	\$105	14	7	7	111
No Parking Anytime	1	\$15	7	0	0	6
No Truck or Van	0	\$0	5	0	0	10
Overnight Parking	1	\$15	2	0	0	41
Restricted	3	\$45	28	3	3	43
School Zone	0	\$0	1	0	0	1
State Traffic Parking	1	\$15	5	0	0	6
Two Hour	1	\$15	2	10	10	38
Totals:	15	\$225	104	21	21	830

Transaction

05/10/2016 through 06/14/2016

06/14/2016

Date	Account	Num	Description	Memo	Tag	Amount
Gas & Oil 371						
06/14/2016	Gas & Oil 371		Kwik Trip		Invoice	-2,786.47
Office Supplies 310						
05/12/2016	Office Supplies 310	8039063674	Staples	16PO35	Invoice	-180.18
05/23/2016	Office Supplies 310	18065902	Staples		Invoice	-300.11
06/01/2016	Office Supplies 310	8039362436	Staples		Invoice	-71.84
05/28/2016	Office Supplies 310	8039457605	Staples	PO #16PO41	Invoice	-142.86
Operating 340						
05/23/2016	Operating 340	498382	Arnold's Service And Towing	Tow - Nissan Quest Van - Trailer cou...	Invoice	-245.00
05/31/2016	Operating 340	498387	Arnold's Service And Towing	Tow - Chevrolet - Walmart to Impound	Invoice	-145.00
06/14/2016	Operating 340	608433	Arnold's Service And Towing	Tow - Black Import HS to Impound	Invoice	-125.00
06/02/2016	Operating 340	18824572	EO Johnson	Standard Payment	Invoice	-187.00
05/31/2016	Operating 340	18824573	RIPP Distributing Company, Inc	Invoice #126153/126826	Invoice	-80.00
05/31/2016	Operating 340	77055881	Uline	16PO38	Invoice	-145.40
05/23/2016	Operating 340		Brian James	K-9 Food Expenditure	Reimburse...	-120.02
05/23/2016	Operating 340		MCHS - Franciscan Healthcare	Multiple blood draws	Invoice	-319.50
05/31/2016	Operating 340		Sparta High School	Yearbook		-60.00
06/01/2016	Operating 340		Sparta Floral And Greenhouse	Flowers for in front of PD	Credit Card	-157.23
06/01/2016	Operating 340		Sparta Floral And Greenhouse	Flowers for in front of PD	Credit Card	-65.06
06/01/2016	Operating 340		USPS	Mailing evidence	Credit Card	-41.59
06/01/2016	Operating 340		Sparta Pharmacy	Water during 16-0745	Credit Card	-3.99
06/01/2016	Operating 340		National Notary Association	Uhis Notary Stamp	Credit Card	-34.00
06/01/2016	Operating 340		UW Veterinary Care	Larz oral surgery	Invoice	-2,387.64
06/14/2016	Operating 340		MCHS - Franciscan Healthcare	Multiple blood draws	Invoice	-284.00
05/31/2016	Operating 340	0008380IN	Prime Media Acquisition Corp	Thermal Paper for Squads	Invoice	-124.56
05/23/2016	Operating 340	IVC093467	Atlas Business Solutions, Inc	Schedule Anywhere Subscription	Invoice	-50.00
Physical Exams 392						
05/31/2016	Physical Exams 392	16728	Sparta Small Animal Veterinar...	Larz Statement #16728	Invoice	-101.55
Pubs Sem Dues 320						
06/01/2016	Pubs Sem Dues 320	106493	Wisconsin Department Of Just...	WI Command College Tuition - Notte...	Invoice	-750.00
05/19/2016	Pubs Sem Dues 320		Fox Valley Technical College	Cancelled LEEP Conf - Erickson	Reimburse...	225.00
05/23/2016	Pubs Sem Dues 320		Brian James	NAPWDA Conference	Reimburse...	-94.01
05/23/2016	Pubs Sem Dues 320		Kyle Guralski	Reimburse on paycheck - ASP Conf...	Reimburse...	-55.00
06/01/2016	Pubs Sem Dues 320		Chula Vista Resort		Credit Card	-410.00
06/01/2016	Pubs Sem Dues 320		Radisson Paper Valley Hotel		Credit Card	-164.00
Repair & Maintenance 240						
05/17/2016	Repair & Maintenance 240	52128	Kenworthy's Truck And Auto R...	WO #052128	Invoice	-938.84
						-472.15

Transaction

05/10/2016 through 06/14/2016

06/14/2016

Date	Account	Num	Description	Memo	Tag	Amount
06/14/2016	Repair & Maintenance 240	106546	Overhead Door Company Of T... New Remotes for Garage Doors		Invoice	-437.50
05/31/2016	Repair & Maintenance 240	525024541	Auto Value	Oil and Filter	Invoice	-29.19
Telephone 391						
05/28/2016	Telephone 391	139474463	U.S. Cellular	Inv #139474463	Invoice	-220.86
05/28/2016	Telephone 391	139558387	U.S. Cellular	Inv #139558387	Invoice	-279.50
TIME 394						
05/31/2016	TIME 394	20719	Wisconsin Department Of Just... May		Invoice	-245.00
Uniforms 393						
06/01/2016	Uniforms 393	5298708	LA Police Gear, Inc		Credit Card	-3.00
06/01/2016	Uniforms 393		Optics Planet		Credit Card	-79.00
06/02/2016	Uniforms 393		Amazon		Credit Card	-9.95
OVERALL TOTAL						-11,182.16

e-mailed to SPD
6-20-14

LICENSE APPLICATION

for

PAWNBROKER/SECONDHAND JEWELRY DEALER/SECONDHAND ARTICLE DEALER/SECONDHAND ARTICLE DEALER MALL/FLEA MARKET

CHECK ALL THAT APPLY:

Original Application

Renewal

TYPE:

Pawnbroker Secondhand Jewelry Dealer Secondhand Article Dealer Mall/Flea Market

INSTRUCTIONS:

INDIVIDUAL LICENSE (Complete Sections 1, 2, 3 and 6)
PARTNERSHIP LICENSE (Complete Sections 1, 2, 3, 4 and 6)
CORPORATE LICENSE (Complete Sections 1, 2, 3, 5 and 6)

Home 420 main
Wilton WI
54670

(SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) <i>Barnes Patricia A.</i>		Sex <i>F</i>	Race <i>W</i>	Date of Birth <i>6/7/1945</i>	Street Address <i>210 S. Water St.</i>
City <i>Sparta</i>	State <i>WI</i>	ZIP <i>54656</i>	Home Telephone Number <i>608 435 6420</i> <i>633 3672</i>		Place of Birth (City & State) <i>Rochester, MN</i>

(SECTION 2) CONVICTION RECORD

Have you, or any other person listed on this application, been convicted of any of the following:

A FELONY WITHIN THE LAST 10 YEARS?: YES NO

WITHIN THE LAST 5 YEARS OF:

a misdemeanor? YES NO

a statutory violation punishable by forfeiture? YES NO

a county or municipal ordinance violation? YES NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information:

(SECTION 3) BUSINESS INFORMATION

Business Name <i>Widowman's</i>	Street Address <i>210 S. Water, Sparta</i>	State <i>WI</i>	ZIP Code <i>54656</i>	Telephone Number <i>608 269 6217</i>
Owner's Name, <i>Patricia Barnes</i>	Street Address <i>"</i>	State <i>"</i>	ZIP Code <i>"</i>	Telephone Number <i>"</i>
Business Manager's Name <i>"</i>	Street Address <i>"</i>	State <i>"</i>	ZIP Code <i>"</i>	Telephone Number <i>"</i>
Building Owner's Name <i>same as above</i>	Street Address <i>"</i>	State <i>"</i>	ZIP Code <i>"</i>	Telephone Number <i>"</i>

(SECTION 4) PARTNERSHIP INFORMATION

Partnership Name:

N/A

List Name, Address, Sex / Race and Date of Birth (DOB) of All Partners:
(attach additional sheets if necessary)

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	ZIP

(SECTION 5) CORPORATE INFORMATION

Corporation Name:

State of Incorporation

N/A

List Name, Address, Sex / Race and Date of Birth (DOB) of All Corporation Officers and Directors:
(attach additional sheets if necessary)

Name (Last, First, MI)	Sex	Race	DOB	Street Address	City	State	ZIP

(SECTION 6) PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of ss. 134.71, 943.34, 948.62 or 948.63, Wis Statutes.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant:

Stephan A. Barnes

DATE:

6/16/2016

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Class
FEES RECEIVED: Pawnbroker Bond	Pawnbroker License	Secondhand Jewelry License	
Secondhand Article License	Secondhand Dealer Mall/Hear Market	TOTAL FEE	

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval

Recommend Denial (Attach Explanation)

Investigating Officer Signature

Date

2 - mailed to SPD 6-20-16

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending 6-30 20 17 ;

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

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

- 1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

- 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): A-I SPARTA GAS

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>President</u>	<u>JAYMIN PATEL</u>	<u>335 Dixieview St, West Salem, WI, 54669</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>JAYMIN PATEL</u>		
Directors/Managers			

- 3. Trade Name Amish cheese house Business Phone Number 608-269-4669

- 4. Address of Premises 711 AVON RD, Sparta, WI Post Office & Zip Code 54656

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
- 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- 8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date Jan 13 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- 9. 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.) on shelves & storage, cooler

- 10. Legal description (omit if street address is given above): C store

- 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? A-I Sparta GAS

- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of June, 20 16

Jill Hanson
(Clerk/Notary Public)

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

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

My commission expires _____

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

TO BE COMPLETED BY CLERK

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

2 - mailed to SPD 6-30-16

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending 6-30 2016

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

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ _____

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>		
<input type="checkbox"/> Class 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>17.00</u>		
TOTAL FEE	\$		

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>President</u>	<u>JAYMIN PATEL</u>	<u>335 Drywood St, West Salem, WI, 54689</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>JAYMIN PATEL</u>	<u>11</u>	
Directors/Managers			

3. Trade Name ▶ AMBA INC Business Phone Number 608-269-3277

4. Address of Premises ▶ 4105 Tractor RD, Sparta, WI Post Office & Zip Code ▶ 54656

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 - 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 - 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 - 8. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date July 15 of registration.
 - (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 - (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) cooler, shelf & storage

10. Legal description (omit if street address is given above): C-store

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

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? (phone 1-800-937-8864) Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of June, 2016

Julie Hanna
(Clerk/Notary Public)

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

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

My commission expires _____

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

TO BE COMPLETED BY CLERK

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

e-mail to sra 6-27-16

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____; ending 6-30 2017

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

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

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" type="checkbox"/> Class A liquor		\$	<u>500.00</u>
<input type="checkbox"/> Class 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		\$	
<input checked="" type="checkbox"/> Publication fee		\$	<u>17.00</u>
TOTAL FEE		\$	

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ Wal-Mart Stores, Inc.

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

Title	Name	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Store Manager</u>	<u>Carrie Gullley</u>	<u>381 Lewis St. West Salem 54669</u>
Directors/Managers			

3. Trade Name ▶ Wal-Mart Business Phone Number _____
4. Address of Premises ▶ 1600 West Wisconsin St. Post Office & Zip Code ▶ Sparta, WI 54656

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Wal-Mart Store 1600 W Wisconsin St Sparta, WI 54656

10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of June, 2016

Julie Hanson
(Clerk/Notary Public)

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

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

2 - mailed to SOD 6-28-16

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

← 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) <i>The Hangout, LLC</i>			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name)			Telephone Number ()		
Business Address (Permit Location) <i>115 W. Oak</i>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()	
City <i>Spartan</i>	State <i>WI</i>	ZIP Code <i>54656</i>	of: <i>Spartan</i>	County <i>Morroe</i>	
Mailing Address (if different than Business Address)			City	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) LLC

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers 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 608-261-6435.)
- 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 and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- 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/index.html 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 28 day of June, 2016

Julia Hansen
(Clerk/Notary Public)

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

My commission expires _____

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____ ;
ending _____ 20____ ;

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

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

2 - mailed to SPD 7-5-16

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input checked="" type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	17.00
TOTAL FEE		\$	

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):

Gr Sanchez Hernandez, Griselda / Jarochos Mexican Restaurant

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>owner</u>	<u>Griselda Sanchez Hernandez</u>	<u>1200 River Rd. Lot 57</u>	<u>54656</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Griselda Sanchez Hernandez</u>		
Directors/Managers				

3. Trade Name Jarochos Mexican Restaurant Business Phone Number (608) 487 8200
4. Address of Premises 620 Industrial Dr. Ste 8 Post Office & Zip Code 54656

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) bar area, storage area, floor
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of June, 20 16

Julie Hanson
(Clerk/Notary Public)

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

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

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

My commission expires _____

TO BE COMPLETED BY CLERK

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

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Sanchez Hernandez		Griselda			
Home Address (street/route)		Post Office	City	State	Zip Code
1200 River Rd. Lot 57			Sparta	WI	54656
Home Phone Number		Age	Date of Birth	Place of Birth	
608 487 6753		28	01/16/88	Mexico	

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

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

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

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

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

Employer's Name	Employer's Address	Employed From	To

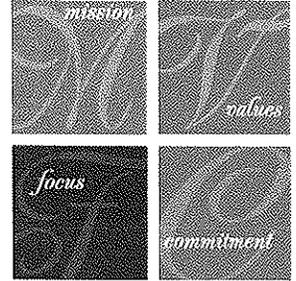
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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.

Subscribed and sworn to before me

this 27th day of June, 20 16
Julie Hanna
(Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires _____



VIA EMAIL

June 28, 2016

Ms. Julie Hanson
City of Sparta
201 Oak St.
Sparta, WI 54656

RE: LIQUOR LICENSE REQUEST

Dear Julie:

Thank you for taking the time to discuss with me our interest in applying for liquor licenses for our Sparta Kwik Trip stores. I understand that the City recently allowed for five liquor license applications in response to Wisconsin Legislative Act 372. I would like to request that the City consider allowing for two additional license applications. Kwik Trip would then like to submit liquor license applications for our two convenience stores.

As we discussed, over the past few years we have been expanding our food selections to include more meal preparation ingredients including fresh produce and meats. As a result, our customers can shop for an entire meal with one "Kwik" stop at their local Kwik Trip store. We would like to add to their shopping convenience by having wine and liquor products available to them as well.

Thank you in advance for presenting this request to your Public Safety Committee for consideration at the July 11, 2016 meeting. If you require anything further, you may reach me at (608) 793-6262 or dhafner@kwiktrip.com. Thank you in for your assistance with this matter. As always, you have been very helpful.

Yours truly,

Deanna Hafner
Licensing Agent

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 6-21-16

Town Village City of SPARTA County of MENAUB

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat.

at the premises described below during a special event beginning Aug 14 2016 and ending Aug 14, 2016 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) [] Bona fide Club [X] Church [] Lodge/Society [] Veteran's Organization [] Fair Association

(a) Name ST. PATRICKS CHURCH

(b) Address 118 SOUTH K ST SPARTA, WI 54656

(c) Date organized 1906

(d) If corporation, give date of incorporation N/A

(e) Names and addresses of all officers:
President PATRICK PATRICK
Vice President
Secretary
Treasurer

(f) Name and address of manager or person in charge of affair: STEVE HEMMELSBACH
1001 SUSAN BARRY BLVD SPARTA, WI 54656

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 118 SOUTH K ST SPARTA, WI 54656

(b) Lot N/A Block N/A

(c) Do premises occupy all or part of building? N/A

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover.

3. NAME OF EVENT

(a) List name of the event ST. PATRICKS CHURCH SUMMERFAST

(b) Dates of event Aug 14, 2016

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Stephen R. Hemmelsbach 6-20-16 (Signature/date)
Officer ST. PATRICKS CHURCH (Name of Organization)

Officer (Signature/date) Officer (Signature/date)

Date Filed with Clerk Date Reported to Council or Board

Date Granted by Council License No.

NR 51968 10.00 V.41527 St. Pats

OK OK 6-21-16