



ADMINISTRATIVE COMMITTEE AGENDA

Date and Time: Wednesday, August 3, 2022 at 8:00AM
Location: City Hall, 101 South Boulevard, Baraboo, WI 53913
Room: C205 *Dennis O Thurow* Committee Room

Notices:

Members Noticed: Alderpersons: Kathleen Thurow, Heather Kierzek & Bryant Hazard
Citizen or other notices: Mayor Rob Nelson, City Administrator Casey Bradley; Interim Police Chief Rob Sinden; Finance Director Julie Ostrander; City Engineer Tom Pinion; Clerk Brenda Zeman; Library for subsequent posting, and Media

- 1) Call to Order:
 - a) Roll call of members
 - b) Note Compliance with Open Meeting Law.
 - c) Approve minutes – July 5, 2022
 - d) Approve agenda.

- 2) Action Item(s):
 - a) Review and recommendation to the Common Council for a Class “B” Fermented Malt Beverage and a “Class C” Wine License for TB’s Broadway Diner, LLC, 304 Broadway St.

 - b) Review and recommendation to the Common Council for the Liquor License Change of Agent for Kwik Trip #855 to Cody Sayles

 - c) Review and recommendation to the Common Council for the Liquor License Change of Agent for Kwik Trip #657 to Riley Kay Roberts

 - d) Review and recommendation to the Common Council on approving the Temporary Liquor License (aka Picnic License) for the Baraboo Area Chamber of Commerce Oktoberfest, 9-24-2022

- 3) Information Item(s):
 - a) Date and time of next meeting: Tuesday, September 6, 2022 at 8:00AM

- 4) Adjournment:

For more information about the City of Baraboo, visit our website at www.cityofbaraboo.com.

Agenda prepared by Brenda Zeman, (608) 355-2700

Agenda posted by Donna Griggel on August 1, 2022

Any person, who has a qualifying disability as defined by the Americans with Disabilities Act and requires the meeting or materials at the meeting to be in an accessible location or format, should contact the Baraboo City Clerk at 101 South Boulevard, Baraboo, Wisconsin or by phone (608) 355-2700 during regular business hours at least 48 hours before the meeting to ensure reasonable arrangements are made to accommodate each request.

Administrative Committee**July 05, 2022**

Present: Alderpersons Kathleen Thurow, Heather Kierzek, Bryant Hazard

Absent: None.

Also Present: City Clerk Brenda Zeman, Finance Director Julie Ostrander, Interim Police Chief Rob Sinden

Citizen Present: None

The meeting was called to order by Chairman Kathleen Thurow at 8:00am, with roll call and noting compliance with the Open Meetings Law.

Motion by Hazard second by Kierzek to approve the June 20, 2022, minutes.

Motion by Kierzek seconded by Hazard to approve the agenda. Motion carried unanimously

Action Items:

- a) Review and recommendation to the Common Council the updated Title VI Policy.

Finance Director Ostrander highlighted the items Mayor Nelson identified for correction. Pages 2 and 7 were missing commas in the text. Page 2 needed changes to responsibilities for developing the plan as Cheryl Giese and 2017 as updated by Brenda Zeman. Page 4 was missing the word "the". Appendix 7 the Council's demographic table was eliminated because they are elected. The section relates to non-elected citizens remains and encourages minority participation for non-elected boards.

Motion by Kierzek, seconded by Hazard for recommendation to the Common Council the updated Title VI Policy.

Motion carried unanimously

Informational Items

- a) Date and time for next meeting: Tuesday, August 2, 2022, at 8:00AM

Motion to adjourn by Hazard, seconded by Kierzek at 8:04AM and unanimously carried.

Respectfully submitted, Julie Ostrander, Finance Director

IFTI - click mouse in "For the license period beginning" field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save

Print

Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 08/01/2020 ending: 6/30/23
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-103111523-04</u>	
FEIN Number <u>88-3239426</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$ <u>100-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class 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>35</u>
TOTAL FEE	\$

9163
9163

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
TB'S Broadway Diner LLC \$ 218.26

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

President / Member Last Name <u>Bowen</u>	(First) <u>Thomas</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>E9992 County Rd P Wisconsin Dells WI 53913</u>
Vice President / Member Last Name <u>Bowen</u>	(First) <u>Britany</u>	(Middle Name) <u>Dawn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>same</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Bowen</u>	(First) <u>Thomas</u>	(Middle Name) <u>James</u>	Home Address (Street, City or Post Office, & Zip Code) <u>same</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Broadway Diner Business Phone Number 608-356-3287
 2. Address of Premises 304 Broadway St Post Office & Zip Code Baraboo WI 53913

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

restaurant/diner and outdoor patio

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

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

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <i>Bowen, Thomas J</i>	Title/Member <i>Member</i>	Date <i>7/15/22</i>
Signature <i>Tom Bowen</i>	Phone Number <i>---</i>	Email Address <i>---</i>

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	

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of Baraboo County of Sauk

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 855
(Trade Name)

located at 1330 South Blvd., Baraboo, WI 53913

appoints Cody T. Sayles
(Name of Appointed Agent)

(Home Address of Appointed Agent)

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

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Agent of Kwik Trip 657, City of Baraboo, until new agent appointed.

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Since 2012

Place of residence last year _____

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: *Ronald J. Jellow*
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Cody T. Sayles, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Cody T. Sayles X 7-11-22 Agent's age _____
(Signature of Agent) (Date)

_____ Date of birth _____
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Baraboo County of Sauk
 City

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 657
(Trade Name)

located at 604 8th St., Baraboo, WI 53913

appoints Riley Kay L. Roberts
(Name of Appointed Agent)

(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? All my life.

Place of residence last year _____

For: KWIK TRIP, INC
(Name of Corporation / Organization / Limited Liability Company)

By: Ronald J. Jellow
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Riley Kay L. Roberts, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

Riley Kay Roberts X 7-26-22
(Signature of Agent) (Date) Agent's age _____

(Home Address of Agent) Date of birth _____

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

BM

07/12/2022

Application for Temporary Class "B" / "Class B" Retailer's License

Application Date: 07/11/2022

City of Baraboo

County of Sauk

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

A Temporary Class "B" license to sell fermented malt beverages at picnics of similar gatherings under § 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under §125.51(10), Wis. Stats.

At the premises described below during a special event beginning 3:30 PM and ending 9 PM and agrees to comply with all laws, resolutions, ordinances and regulation (stat, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* →
- | | | | | | |
|-------------------------------------|--|--------------------------|------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Bona fide Club | <input type="checkbox"/> | Church | <input type="checkbox"/> | Lodge/Society |
| <input checked="" type="checkbox"/> | Chamber of Commerce or similar Civic or Trade Organization | <input type="checkbox"/> | Veteran's Organization | <input type="checkbox"/> | Fair Association |

(a) Name BARABOO AREA CHAMBER OF

(b) Adress 600 W. CHESTNUT ST. Baraboo 53913
(Street) City

(c) Date Organized 12/09/1950

(d) If corporation, give date of incorporation 01/17/1951

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to §77.54 (7m), Wis. Stats, check this box:

(f) Names and addresses of all officers:
 President RAEGEN TRIMMER 600 W. Chestnut St., Baraboo, WI

Vice President Christian Herrild 600 W. Chestnut St., Baraboo, WI

Secretary Mary Dressen 600 W. Chestnut St., Baraboo, WI

Treasurer Tony Jaynes 600 W. Chestnut St., Baraboo, WI

(g) Name and address of manager or person in charge of affair: GEORGE ALTHOFF, EXECUTIVE DIRECTOR
600 W. Chestnut St., Baraboo, WI director@baraboochamber.com 608-356-8333

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Store, and Areas Where Alcohol Beverage Records Will Be Stored:

(a) Street Number 550 Water St. Baraboo, WI

(b) Outdoor Event Description Chamber will host an Oktoberfest celebration

(c) Do premises occupy all or part of building? Yes

(d) Describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:
Event will be held outdoors on the Circus World grounds. Event will have access to the Hippodrome, in which alcohol will be consumed.

3. Name of Event BARABOO AREA CHAMBER OF COMMERCE OKTOBERFEST

(a) List name of the event BARABOO AREA CHAMBER OF COMMERCE OKTOBERFEST

(b) Dates of event 09/24/2022

E-mail address:

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.

PAYMENT OPTIONS: (choose one)

- On line
- US mail
- In person
- City Hall Night Deposit

BARABOO AREA CHAMBER OF COMMERCE

(Name of Organization)

esignet via SeamlessDocs.com

Key: 31060006713621064624805426470472

Officer: _____

Approvers:

esignet via SeamlessDocs.com

Key: 701272700448544850ba39d37909ca3E

07/12/2022

(Signature/date)

07/11/2022