



NOTICE OF VILLAGE BOARD MEETING

DATE: Tuesday, June 4, 2024

TIME: 6:30pm

LOCATION: Combined Locks Civic Center,
Council Chambers, 405 Wallace Street

AGENDA

ADMINISTRATIVE COMMITTEE – 6:00pm (Neumeier, Ponto, Heckner)

1. Review and consider approval of monthly bills
2. Adjourn

VILLAGE BOARD – 6:30pm

- A. Call to order
 - B. Pledge of Allegiance
 - C. Roll call
1. Public comment for matters not on the agenda
 2. Review and consider approval of minutes and bills
 3. Administrator, Public Works Director, Law Enforcement, and Fire/EMS report – accept and file
 4. Consider no parking request on State Street – Craig Knaack
 5. Review information received from East Central Wisconsin Regional Planning Commission regarding redesignation of the Appleton (Fox Cities) Metropolitan Planning Organization (MPO) Policy Board Structure
 6. Review and consider approval of Special Event - Bike to the Beat on 08/02/24 – 08/03/24
 7. Review and consider approval of Class A and Class B liquor license renewal applications for Kwik Trip, Lox Club, Kamps Bar & Grill, and Milltown Still & Grill
 8. Review and consider approval of cigarette license for Kwik Trip
 9. Other business, updates and future agenda items
 - a. Schedule July meeting date(s)
 10. Adjourn

Public Notice: Agendas are posted in the following locations: Combined Locks Civic Center main entrance and Village website: www.combinedlocks.wi.gov. 2015 Wisconsin Act 79 allows the publication of certain legal notices on an internet site maintained by a municipality. This law allows these types of legal notices to be posted in one physical location in the jurisdiction (instead of three) if also placed on an internet site maintained by the local government.

Special Accommodations: Requests from persons with disabilities who need assistance to participate in this meeting or hearing should be made with as much advance notice as possible to the Clerk's Office at 405 Wallace Street, 920-788-7740 extension 203 or email at gieser@combinedlocks.wi.gov.

Notice of Possible Quorum: A quorum of the Board of Review, Zoning Board of Appeals, Plan Commission, or other Village committee may be present at this meeting for the purpose of gathering information and possible discussion on items listed on this agenda. However, unless otherwise noted in this agenda, no official action by the Board of Review, Zoning Board of Appeals, Plan Commission, or other Village committee will be taken at this meeting.

Item #2



MINUTES OF PLAN COMMISSION MEETING

DATE: Wednesday, May 1, 2024

TIME: 6:00pm

LOCATION: Combined Locks Civic Center,
Council Chambers, 405 Wallace Street

MINUTES

- A. Call to order:** Meeting called to order by Plan Commission Chair Ken Heckner at 6:00pm.
- B. Attendance:** Plan Commission members present – Heckner, Mulry, Carney, Maynard, Weyenberg, and Romberg. Plan Commission members absent – Mader. Staff present – Administrator Shampo-Giese. Others present – Adam Ruechel of RW Baird and Wade Micokey of Tycore Built.
- 1. Review and consider approval of minutes from 04/09/24 meeting:** T. Mulry made a motion to approve the minutes as presented. K. Carney seconded the motion, and it passed unanimously.
- 2. TID 3 Territory Addition Amendment #1**
- a. Presentation:** Adam Ruechel of RW Baird reviewed the amendment and project plan with the Plan Commission members. Projected revenues and expenses were discussed.
 - b. Public Hearing:** The public hearing was opened. Mr. Micokey commented on the project and his readiness to move this development forward. No other comments were received. The public hearing was then closed.
 - c. Consider recommendation resolution:** The resolution recommending approval of the amendment was reviewed. T. Mulry made a motion to approve the resolution. N. Romberg seconded the motion, and it passed unanimously. The resolution now moves on to the Village Board for approval on 05/07/24.
- 3. Review and discuss pedestrian crossing signage/paintings/signals:** Chair Heckner reviewed some sample pedestrian crossing signs and pavement striping he found throughout the Fox Valley that could be appropriate for some locations in Combined Locks. Commission members identified the types they would like to see on DeBruin Road and Park Street. Other locations may also be considered.
- 4. Schedule next meeting:** The next Plan Commission meeting was scheduled for 06/11/24; changing the meeting dates to the second Tuesday of each month. Expected agenda items include: revised final plat for Wolfinger Estates.
- 5. Adjourn:** K. Carney made a motion to adjourn. J. Weyenberg seconded the meeting, and it passed unanimously.



MINUTES OF VILLAGE BOARD MEETING

DATE: Tuesday, May 7, 2024

TIME: 6:30pm

LOCATION: Combined Locks Civic Center,
Council Chambers, 405 Wallace Street

MINUTES

- A. **Call to order:** Meeting called to order by Village President Neumeier at 6:30pm.
- B. **Pledge of Allegiance:** Pledge of Allegiance recited.
- C. **Roll call:** Board members present – Neumeier, Rietveld, Schinke, Ponto, and Stutzman. Board members absent – Heckner. Village staff present – Administrator Shampo-Giese, LES Sgt Ross, and Public Works Director Swick. Others present – Wade Micoley and Alex Ryczek of Tycore Built, Adam Ruechel of RW Baird, resident Perry Merckx, and Judy Hebbe of the Times Villager.
 1. **Public comment for matters not on the agenda:** None
 2. **Review and consider approval of minutes and bills:** T. Stutzman made a motion to approve the minutes as presented. M. Rietveld seconded the motion, and it passed unanimously. M. Rietveld made a motion to approve the bills with the addendum of paying Chris Davenport to reimburse his bill for sewer line jetting needed due to a backup in the Village's sanitary sewer main. J. Ponto seconded the motion, and it passed unanimously.
 3. **Hear presentation for property development – Wade Micoley for Wolfinger Estates:** Wade Micoley and Alex Ryczek introduced themselves and gave a presentation of their plans for Wolfinger Estates. Mr. Micoley explained the type, size and style of homes Tycore Built will construct in the Wolfinger Estates Development. They have 25-30 different floor plans in a variety of square footages and some choices of 2-car or 3-car garages. Tycore Built will market the homes as a package deal complete with financing, if a buyer is interested. The apartment development will be called Locks Grand and will include 10-12 buildings with 9-12 units in each. All units will have a private entrance and attached garage.
 4. **Review TID 3 Amendment Project Plan – Adam Ruechel, R. W. Baird:** Adam Ruechel reviewed the proposed TID 3 Amendment Project Plan with the trustees. Projected revenues and expenses were discussed.
 5. **Review and consider approval of Resolution 2024-10; regarding territory amendment and project plan for Tax Incremental District #3:** J. Ponto made a motion to approve Resolution 2024-10 as presented. M. Rietveld seconded the motion, and it passed unanimously.
 6. **Hear concerns from a resident about truck traffic on State Street and CTH HH/Ryan Street:** Perry Merckx addressed the Village Board with his concerns on the volume of heavy truck traffic, speeding and drivers' lack of consideration for a residential neighborhood on State Street and Ryan Street. Mr. Merckx asked the trustees to address these concerns and consider reopening the truck route on Prospect Street. He asked the trustees what the Village is going to do for him since his basement is crumbling due to the heavy truck traffic. He also asked why the mill isn't held accountable for the soil creep/sliding of the hillside on Prospect Street. These issues were discussed. The Village Board directed staff to request the speed board to monitor traffic on these two roads, consider a "residential neighborhood" sign and ask the mill to contact their contracted drivers and employees and remind them to be mindful that they are driving through a residential area.
 7. **Administrator, Public Works Director and Law Enforcement reports – accept and file:** Activities for the previous and current month were reported. All reports were accepted and are on file in the Clerk's Office.

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8. **Review and consider approval of Resolution 2024-11; National Police Week:** T. Stutzman made a motion to approve Resolution 2024-11. B. Schinke seconded the motion, and it passed unanimously. Trustees expressed their gratitude toward our deputies and Sergeant.
 9. **Review and consider approval of Resolution 2024-12; National Public Works Week:** J. Ponto made a motion to approve Resolution 2024-12. M. Rietveld seconded the motion, and it passed unanimously. Trustees thanked our Public Works personnel for always going above and beyond.
 10. **Review applications and consider appointment to fill vacant trustee seat:** Applications were received from Mike Rabetski, Justin Krueger and Al Leicht. J. Ponto nominated Justin Krueger. B. Schinke seconded the nomination. M. Rietveld nominated Al Leicht. J. Neumeier seconded the nomination. A roll call vote was taken. M. Rietveld, J. Neumeier and T. Stutzman vote to appoint Al Leicht. J. Ponto and B. Schinke voted to appoint Justin Krueger. Al Leicht was appointed and will be sworn in at the next meeting.
 11. **Consider approval to create a DPW laborer pool for seasonal needs:** The Administrator and Public Works Director reviewed the request to create a DPW laborer pool. T. Stutzman made a motion to approve the request. B. Schinke seconded the motion, and it passed unanimously.
 12. **Other business, updates and future agenda items**
 - a. **Commission appointments:** Brief review of appointments; suggestion to appoint Mike Rabetski to Zoning Board of Appeals.
 13. **Consider motion to move into closed session per Wis. Stat. 19.85(1)(c) for the purpose of considering employment, promotion, compensation, or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility. *Employee wages*** J. Ponto made a motion to move into closed session. T. Stutzman seconded the motion, and it passed unanimously.
 14. **Consider motion to return to open session; action if appropriate:** T. Stutzman made a motion to return to open session. M. Rietveld seconded the motion, and it passed unanimously. J. Ponto made a motion to set the hourly rate for the DPW laborer pool at \$17 per hour and \$22 per hour for those with a CDL. M. Rietveld seconded the motion, and it passed unanimously.
 15. **Adjourn:** J. Ponto made a motion to adjourn the meeting. T. Stutzman seconded the motion, and it passed unanimously. The meeting adjourned at 8:04pm.



MINUTES OF VILLAGE BOARD MEETING

DATE: Tuesday, May 21, 2024

TIME: 6:30pm

LOCATION: Combined Locks Civic Center,
Council Chambers, 405 Wallace Street

MINUTES

- A. **Call to order:** Meeting called to order by Village President Neumeier at 6:30pm.
- B. **Pledge of Allegiance:** Pledge of Allegiance recited.
- C. **Roll call:** Board members present – Neumeier, Heckner, Stutzman, Rietveld, Schinke, and Ponto. Board members absent – none. Village staff present – Administrator Shampo-Giese. Others present – Al Leicht.
1. **Public comment for matters not on the agenda:** None
2. **Swear in appointed trustee, Al Leicht:** An oath of office was administered to newly appointed trustee, Al Leicht. He will finish out Trustee Vander Zanden's term that expires April 2025.
3. **Fire Chief Year-to Date Report:** The Fire/EMS Chief was called out of town unexpectedly. He will present his report at the 06/04/24 meeting.
4. **Review and consider approval of committee appointments as recommended by Village President:** Trustees reviewed the committee appointments. T. Stutzman made a motion to approve the appointments as presented. M. Rietveld seconded the motion, and it passed unanimously.
5. **Village Board election of President Pro Tem:** T. Stutzman nominated M. Rietveld for President Pro Tem. J. Ponto seconded the nomination. There were no other nominations. The nomination passed unanimously.
6. **Review and modify proposed storm water funds policy for private property projects:** The Administrator reviewed the proposed policy with the trustees noting that it had previously been voted down in 2018 or 2019. The policy was discussed. The consensus of trustee opinion was to move forward with a policy that can fit into the Village's storm water fund budget.
7. **Review and consider approval of "residential area" sign for CTH HH/Ryan Street – County authorization needed:** Trustees discussed the sign option. Trustee Ponto suggested the addition of orange flags on the speed limit signs instead. The consensus of trustee opinion was to try the orange flags first.
8. **Other business, updates and future agenda items**
 - a) **Share information received regarding companies that monitor their truck drivers:** The Administrator shared emails from trucking companies that monitor their truck drivers' speed and hard braking. She also reported that the Outagamie County Sheriff's Office personnel installed the speed board on State Street and Ryan Street. The speed board collects speed data from both directions, but it cannot differentiate between the type of vehicle being recorded.
 - b) **Joint Review Board decision regarding TID 3 Amendment:** TID 3 Amendment #1 passed the JRB unanimously. All documentation will now be sent to the Wisconsin Department of Revenue for review.
9. **Consider motion to move into closed session per Wis. Stat. 19.85(1)(c) for the purpose of considering employment, promotion, compensation, or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility. Consider wage adjustment:** B. Schinke made a motion to move into closed session. K. Heckner seconded the motion, and it passed unanimously.

- 10. Consider motion to return to open session; action if appropriate:** M. Rietveld made a motion to return to open session. J. Ponto seconded the motion, and it passed unanimously. J. Ponto made a motion to increase Dustin Diedrick's hourly wage by 2.5% in recognition of his recent water operator certification and an additional 2.5% when the Public Works Director transition is complete (January 2026). T. Stutzman seconded the motion, and it passed unanimously.
- 11. Adjourn:** T. Stutzman made a motion to adjourn the meeting. J. Ponto seconded the motion, and it passed unanimously. The meeting adjourned at 7:00pm.

Item #3

ADMINISTRATOR REPORT 06/04/24 VILLAGE BOARD

May information/projects:

- Schedule Board of Review training
- Finish liquor licensing process
- Begin Public Works Director transition/job duties details
- Start working with DPW on CMAR
- Work with Baird on borrowing plan for CIP
- Attend Outagamie County Finance Committee meeting earlier on 5/7 to present TID 3 amendment – *success!*
- Final JRB meeting
- *Attended webinar for Maintenance of Effort – reporting now required for Fire and EMS*
- *Request “no left turn” signs at Kampo Warehouse on State Street*

June information/projects:

- Board of Review training =
- Finish liquor licensing
- Begin Public Works Director transition/job duties details = *meetings will be finalized before 6/24*
- Finish working with DPW on CMAR
- Work with Baird on borrowing plan for CIP
- Work with Baird to finalize documentation to DOR for TID amendment
- Work with DPW and McMahon on Park Street and Paul Court design
- Begin election tasks for August Partisan Primary on 8/13

COMBINED LOCKS DPW REPORT JUNE 4, 2024

The entire Village has now been swept 3 times this year. A total of 22 **tons** of debris removed from the streets (21 tons last year).

The crew hauled 7-40 yard dumpster to Fredrickson and a season total of 9 at a cost of \$2,925.

BRUSH: Normal collection days plus 3 extra village wide clean ups with the storm.

Large rubbish-130 stops and 2 dumps at the landfill.

Finished fertilizing Park ground and sprayed for weeds and dandelions.

Stumps- 29 stumps were removed by Best Stump Grinding. Some of these were very large ash trees located along Jean St. Grass seems to be coming in very well with all the rain.

Fox Wolf watershed held their yearly clean up on Sat. May 4th. 30-35 volunteers helped cleanup along Garners Creek within the village.

2024 crack filling was completed.

Muskrat trapping will be completed by the end of May.

Side walk R&R bids were sent out and are due back on Monday June 3. Grinding of trip hazards were also marked and are ready for removal by Safe Step.

Village wide planting with the help from Judy Roberts and Robinson Florist has begun. The village would also like to thank the following residents for taking care of the islands in their neighborhoods:

Jill Hahn- Woodhaven Island
Patricia Stempkes, Jesse and Lori Rose-Oakridge Island
Kevin and Barb Coleman - Ombre Rose Island
Nick and Peggy Popp -Brookview Place and Brookwiew Ct. Islands
Brad Schinke - Brookview Pl –termini-
Cherie and Robert Krenke - Ann Blvd Island

ANTICIPATED PROJECTS:

Street Sweeping, brush pick up and large rubbish collection.

Park and ground maintenance, spraying fence lines with weed killer

CCR Report and CMAR reports

Street name sign installation

Ryan Swick

Item #4

Resident Craig Knaack will attend the meeting to request “No Parking” on the south side of State Street-600 block

Item #5

Additional information on this matter will be available at the meeting.



TO: Local Municipalities and Counties within the Appleton (Fox Cities) Metropolitan Planning Area

FROM: Melissa Kraemer Badtke, Executive Director

DATE: May 6, 2024

RE: Redesignation of the Appleton (Fox Cities) Metropolitan Planning Organization (MPO) Policy Board Structure

Background

A Metropolitan Planning Organization is an agency created by federal law to provide local elected leaders input into planning and implementation of federal transportation funds to metropolitan areas with populations greater than 50,000. The Federal-Aid Highway Act of 1962, which mandated the formation of MPOs, has implemented that MPOs must plan for regional transportation planning expenditures and are responsible for the continuing, cooperative, and comprehensive transportation planning process for their urbanized area. Under federal law established by the 1973 Highway Act and the Urban Mass Transit Act, MPOs are ***organizations in urbanized areas designated by their Governors*** to perform significant planning and programming of federally funded highways and transit projects.

East Central Wisconsin Regional Planning Commission (ECWRPC) was designated as the Appleton (Fox Cities) Metropolitan Planning Organization (MPO) by Wisconsin Governor Patrick Lucey on January 15, 1974. Since that time, the ECWRPC Board, comprised of elected and appointed officials from member counties within East Central's 10-county region, has acted as the Policy Board for the Appleton (Fox Cities) Metropolitan Planning Organization (MPO).

The restructuring of the Policy Board, to be comprised of local elected officials representing at least 75 percent of the impacted population, was identified in East Central's 2020 Strategic Plan and Reorganization Plan. However, that action was deferred until the 2020 U.S. Census data became available, due to the possibility that the Appleton (Fox Cities) and Oshkosh MPOs would be agglomerated, or joined together. The Appleton (Fox Cities) Urban Area was posted on the federal register in January, 2023 and the Appleton (Fox Cities) and Oshkosh MPOs did not agglomerate.

During the 2023 federal certification review of the Appleton (Fox Cities) MPO, the Federal Highway Administration (FHWA) and Federal Transit Administration (FTA) included a strong recommendation to redesignate the Appleton (Fox Cities) MPO policy board, to ensure compliance with federal requirements as outlined in [23 CFR 450.310](#). **A deadline of September 3, 2024 has been established to complete the redesignation process.**

East Central staff is actively working in coordination with FHWA, FTA, the Wisconsin Department of Transportation, and contracted legal counsel to ensure the various components of the redesignation of the Appleton (Fox Cities) MPO Policy Board structure are compliant with federal regulations.

The initial step of the redesignation process began with the ECWRPC Board approving a Resolution of Support (Resolution 23-24) to proceed with the redesignation process by engaging with all local impacted counties and municipalities on the establishment of new Policy Board structure for the Appleton (Fox Cities) MPO. Each impacted county and municipality will, in turn, be required to pass a Resolution of Support approving of the new Policy Board structure. A formal request will then be made to the Governor's office for the official redesignation of the Policy Board structures. The Governor will then formally redesignate the Policy Board for the Appleton (Fox Cities) MPO and the new Policy Board will be convened to elect officers and adopt Bylaws.

Attached are additional items including,

- 1) Appleton (Fox Cities) MPO Policy Board Redesignation Process Overview
- 2) Appleton (Fox Cities) MPO Policy Board Redesignation Process Frequently Asked Questions

Additional information and materials will be provided at the May 6th meeting, including Policy Board Structure options, a DRAFT Template Resolution of Support, and a DRAFT Redesignation Agreement.

Requested Action

We respectfully request assistance from each local governmental unit in moving the Resolution of Support through your respective legislative process. East Central staff is available to attend meetings, as needed, to speak to the issue and answer any questions your elected officials may have. Given the federal deadline of **September 3, 2024** to have the new MPO Policy Board in place, we appreciate any assistance you are in a position to provide to act on this by the end of June, if possible. East Central's Board will then provide final approval and formally request redesignation by the Governor at their July 24th meeting.

Thank you in advance for your assistance and partnership in this endeavor, which will ultimately lead to improved governance and decision-making regarding federal transportation investments within the Appleton (Fox Cities) Metropolitan Planning Area. Please feel free to reach out with any questions or to request staff attend an upcoming meeting.

ECWRPC Contacts

Melissa Kraemer Badtke, ECWRPC Executive Director/MPO Director
Office Phone: 920-886-6828
Cell Phone: 920-202-1479
Email: mbadtke@ecwrpc.org

Craig Moser, ECWRPC Deputy Director
Phone: 920-886-6827
Email: cmoser@ecwrpc.org

Item #6

**Village of Combined Locks
SPECIAL EVENT
PERMIT APPLICATION**



405 Wallace Street
Combined Locks WI 54113
(920) 788-7740 Voice
(920) 788-7749 Fax

PERMIT FEE \$50.00

(Permit form and fee must be submitted a minimum of 30 days prior to event date)

This application is a request for a special event. Please refer to the checklist to see if you will need to contact other departments regarding your event. When requesting use of a facility **please be very specific**. Use exact dates, times, shelters, parks, streets, and areas. Doing so will help avoid delays in processing your request. Please call (920) 788-7740 with questions regarding this special event permit.

Event sponsor: Fox Communities Credit Union

Event name: Bike To The Beat

Check one: ☐ Parade ☐ Run/Walk ☐ Festival ☐ Tournament ☒ Other Bike Ride

Dates needed: August 2nd & 3rd Times needed: 6a-6p
(Please include beginning and end times, if different times are needed on different dates please specify.)

Buildings, parks, shelters, open space needed: N/A

Will you be requesting street closure or use of street right of way? YES _____ NO X
If yes, what streets (submit mapped route and/or area requested)? _____

Will tents or other temporary structures be erected? Yes

Will you be having any kind of animals, performances or amusement rides? No

Will you be selling or serving alcohol? Yes Does your event include fireworks? No

Number of people attending: 3,000 *Please be aware that portable toilets will be required if crowd size exceeds toilet capacity.*

Other requests: Event at Christ The King Church - 601 S Washington St.

Indemnification Agreement

The applicant/organization shall indemnify, defend, and hold harmless the Village of Combined Locks (Village) and its officers, officials, employees, and volunteers from and against any and all claims, damages, losses, and expenses arising out of the applied for activity/event except where caused by the sole negligence or willful misconduct of the Village. Applicant/Organization also understands and acknowledges that as required by the Village, liability insurance is the financial means to legally defend the Village and cover liability arising from the activity/event. I certify by my signature that I understand and agree to comply with this agreement & the insurance requirement and that I'm a qualified representative of my organization authorized to sign this agreement. I also certify the information is true and accurate.

Melanie Draheim

Officer of Sponsoring Organization - Name

Melanie Draheim
Signature

3/7/24
Date

Address 2201 E Enterprise Ave Appleton WI 54913

Work Phone 920-993-3921 Cell Phone _____ Home Phone _____

RETURN FORM and \$50.00 PERMIT FEE TO: Village of Combined Locks Clerk's Office, 405 Wallace St, Combined Locks WI 54113

Date Received:

Amount Received:

Received By:

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 \$ _____

Application Date: 02/05/2024

☐ Town ☒ Village ☐ City of Combined Locks

County of Outagamie

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. Stats.

at the premises described below during a special event beginning 08/03/2024 and ending 08/03/2024 and agrees to comply with all laws, resolutions, 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

☐ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fox Cares Foundation

(b) Address 3401 E Calumet St. Appleton WI 54915

(Street)

☐ Town

☐ Village

☐ City

(c) Date organized 06/16/2016

(d) If corporation, give date of incorporation 06/16/2016

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

(f) Names and addresses of all officers:

President Bruce Kotarek 1605 Rustic Way, Green Bay, WI 54313

Vice President John Wanie 3524 S. Bobolink Lane, Appleton, WI 54915

Secretary Amanda Brown N2007 Municipal Drive, Greenville, WI 54942

Treasurer James Kilsdonk 772 Blackmoor Circle, Neenah, WI 54956

(g) Name and address of manager or person in charge of affair: _____

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

(a) Street number 601 S Washington St.

(b) Lot _____ Block _____

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

(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 Bike To The Beat

(b) Dates of event 08/03/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer _____
(Signature / Date)

Fox Cares Foundation

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

APPLICATION FOR TEMPORARY OPERATOR'S LICENSE

Village of Combined Locks

TEMPORARY OPERATOR'S LICENSE

\$10.00

PRINT the answers to the following questions fully and completely:

Name Heather V. Wessley Date of Birth 5/17/78
First Middle Last
Address N9459 Emily Lane City, State, Zip Appleton, WI 54915
Phone Number 920-419-6684 Driver's License Number W240-3387-8677-09

Regarding where you will be serving/selling malt beverages and/or intoxicating liquors:

1. Name of establishment /event: Bike To The Beat
2. Location: 601 S Washington Combined Locks, WI
3. Date(s)/Time(s): Saturday August 3rd 9a-3p

I, the undersigned, do hereby respectfully make application to the local governing body of the *Village of Combined Locks*, County of Outagamie, Wisconsin, for an "Operator's License" as provided by Section 125.17 of the Wisconsin Statutes, for the date(s) of: 8/3/24

I certify that I am 45 years of age. I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of person authorized to administer oaths

The Combined Locks Clerk Approved ☐ Denied ☐ this applicant on _____

Signature of Clerk or Deputy Clerk

Item #7

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	V. Combined Locks
License Period	July 1, 2024 - June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ 100
☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 300
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400</u>
Background Check Fee	\$ <u>-</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>425</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Schinke Family L.L.C.

2. Business Trade Name or DBA

Kamps Bar and Grill

3. FEIN

391931132

4. Wisconsin Seller's Permit Number

WERY-9PHASC

5. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

8. Wisconsin DFI Registration Number

SD52960

9. Premises Address

303 Williams St.

10. City

Combined Locks

11. State

WI

12. Zip Code

54113

13. County

OUTAGAMIE14. Governing Municipality: ☐ City ☐ Town ☒ Villageof: Combined Locks

15. Aldermanic District

16. Premises Phone

920-788-9945

17. Premises Email

N/A

18. Website

Kamps-bar-n-grill

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

one story tavern including:indoor Bar, deck, separate garage, pole building horseshoe courts & basement

20. Mailing Address (if different from premises address)

N/A

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☒ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

OWI

Location

Outagamie Cty WI

Trial Date

Penalty Imposed

6 month drivers license revocationWas sentence completed? ☒ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
De Valt	Douglas	owner	920-857-7254

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name De Valt	First Name Douglas	M.I. J
Title owner	Email ddevalt2@att.net	Phone 920-857-7254
Signature Douglas De Valt		Date 4-28-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Sarah Schil			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Combined Locks Village of
License Period July 1, 2024 to June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 150 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 250 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 425

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 1061		
3. FEIN 39-1036365	4. Wisconsin Seller's Permit Number 456-0000287614-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization October 7, 1964	8. Wisconsin DFI Registration Number ----- 1K04801
9. Premises Address 459 Debruin Rd		
10. City Combined Locks	11. State WI	12. Zip Code 54113
13. County Outagamie	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Combined Locks Village of	15. Aldermanic District -----
16. Premises Phone 920-759-9011	17. Premises Email LicensingDept@kwiktrip.com	18. Website www.KwikTrip.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with storage in walk-in cooler, on sales floor, behind sales counter.		
20. Mailing Address (if different from premises address) Kwik Trip, Inc. - Legal Dept., P.O. Box 2107		
21. City La Crosse	22. State WI	23. Zip Code 54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. If yes, list the details of violation below. Attach additional sheets if necessary.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	in	Trial Date	
Penalty Imposed		Was sentence completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol. ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-793-4741 608-791-7385
Wagner	David	CFO & Treasurer	608-793-4741 608-791-7385
Lee	Toua	Agent	414-255-6888

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385 608-793-4741
Signature <i>Scott P. Zietlow</i>		Date April 1, 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Scott Zietlow</i>		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

July 1

For Municipal Use Only	
Municipality	V. Combined Locks
License Period	June 30 2024 - 2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 160
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400
Background Check Fee	\$ -
Publication Fee	\$ 25
Total Fees	\$ 425

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) KEAM2000			
2. Business Trade Name or DBA Lox Club			
3. FEIN 271275498		4. Wisconsin Seller's Permit Number 456-1027285995-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 5/18/2022	
8. Wisconsin DFI Registration Number K039528			
9. Premises Address 591 State Street			
10. City Combined Locks		11. State WI	12. Zip Code 54113
13. County Outagamie		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Combined Locks	
15. Aldermanic District		16. Premises Phone 920-788-4401	
17. Premises Email hofkensinc70@gmail.com		18. Website theloxclub.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 2 Dining rooms and 1 bar room with basement storage			
20. Mailing Address (if different from premises address) Same			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
Lox Club		271276598	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Hofkens	Keith	President	788-4401
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Hofkens	Keith	K	
Title	Email	Phone	
President / owner		788-4401	
Signature	Date		
KEK	4/30/2024		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/30/2024			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
[Signature]			

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. Combined Locks
License Period	July 1, 2024 - June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$400
Background Check Fee	\$ -
Publication Fee	\$ 25
Total Fees	\$425

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
MILL TOWN STILL & GRILL, LLC			
2. Business Trade Name or DBA			
MILL TOWN STILL & GRILL			
3. FEIN		4. Wisconsin Seller's Permit Number	
465379529		456102861224402	
5. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		8. Wisconsin DFI Registration Number	
WISCONSIN		M088807	
7. Date of Organization			
9. Premises Address			
101 DARBOY ROAD			
10. City		11. State	12. Zip Code
COMBINED LOCKS		WI	54113
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village		15. Aldermanic District
OUTAGAMIE	of: COMBINED LOCKS		
16. Premises Phone	17. Premises Email	18. Website	
(920) 788-1112	adison0724@gmail.com	N/A	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
Dining Room, Main Bar, Patio & Basement			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
OLSON	ANGELA		(920) 810-2628
OLSON	COREY		(920) 810-1365

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name OLSON	First Name ANGELA	M.I. M
Title OWNER	Email aolson0724@gmail.com	Phone (920) 810-2628
Signature <i>Angela M. Olson</i>		Date 5-14-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 05/14/2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>		Date Provisional License Issued (if applicable)	

Item #8

Form
CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY
Municipality Combined Locks Village of
License Period 7/1/2024 to 6/30/2025

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 1061			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 10 / 07 / 1964	
8. Wisconsin DFI Registration Number ----- 1K04801			
9. Premises Address (do not use PO Box) 459 Debruin Rd			
10. City Combined Locks		11. State WI	12. Zip Code 54113
13. County Outagamie	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Combined Locks		15. Aldermanic District -----
16. Mailing Address (if different from premises address) P.O. Box 2107			
17. City La Crosse		18. State WI	19. Zip Code 54602
20. Premises Phone 920-759-9011		21. Premises Email LicensingDept@kwiktrip.com	
22. Website www.KwikTrip.com			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Behind sales counter.			

Part B: Questions

1. What products will be sold at this business location? (check all that apply)	
<input checked="" type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
<input checked="" type="checkbox"/> Over the counter	<input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.	
3a. Name of Parent Company: -----	
3b. FEIN of Parent Company: -----	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-791-7385
Wagner	David	CFO & Treasurer	608-791-7385
Lee	Toua	Agent	920-759-9011

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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		Date	03 / 18 / 2024
Name (Last, First, M.I.) Zietlow, Scott P			
Title	Email	Phone	
President	LicensingDept@kwiktrip.com	(608) 791-7385	

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
04/30/2024			
License fees	Signature of Clerk/Deputy Clerk		
			

Item #9

Regular schedule for July meetings is Tuesday, July 2 and Tuesday, July 16. Is there any need to change the dates to accommodate vacations?