

City of Black River Falls
COMMON COUNCIL – AGENDA

Tuesday – June 3, 2025 – 6:00 PM
City Hall – 101 S. Second Street, Black River Falls, WI

Join Zoom Meeting:

<https://us02web.zoom.us/j/86241711746?pwd=3j1mdQUH6aHx285zbIkYh27Na3byaM.1>

Or Dial: 1-312-626-6799

Meeting ID: 862 4171 1746

Password: cityhall

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Reading of the Minutes of the May 21, 2025 Special Common Council Meeting – Action
5. Citizens in Attendance
6. Committee Reports:
 - a. Utility Commission May 19, 2025
 - b. Hiring Committee May 22, 2025
 - c. Board of Review May 28, 2025
7. Applications for Renewal of Class A, B and C Beer, Wine, Liquor and Wholesale Retailer Licenses (2025-2026) – Action
8. **RESOLUTION 2025-03** – a resolution approving the intergovernmental agreement between the Town of Brockway and the City regarding East Lincon Street – Action
9. **ORDINANCE 895** – An ordinance changing the operating hours for ATVs and UTVs –
2nd Reading / Action
10. Sex offender residency restrictions – Discussion
11. Convene in to closed session for the purpose of conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the Common Council with respect to claims of excessive assessment filed by Wal-Mart Real Estate Business Trust which is authorized under Section 19.85(1)(g) of the Wisconsin Statutes – Action
12. Reconvene in to Open Session to Take or Announce Action, if any and if Appropriate
13. Meetings: Committee of the Whole **Wednesday, June 18, 2025 6:00 PM**
14. Adjourn

Posted: May 29, 2025

The Common Council met in special session at City Hall in the City of Black River Falls on May 21, 2025 at 6:00 P.M. Alderpersons Ammann, Peloquin, M. Rave, E. Rave, Dougherty and Gearing-Lancaster were present. Alderperson Wussow attended remotely via Zoom meetings. Alderperson Busse was excused. Mayor J. Eddy presided.

It was moved by Alderperson Gearing-Lancaster, seconded by Alderperson E. Rave to dispense with the reading of the minutes of the May 6, 2025 Common Council meeting and approve as presented. Motion carried.

It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to dispense with the reading of the minutes of the May 6, 2025 Common Council Public Hearing and approve as presented. Motion carried.

CITIZENS IN ATTENDANCE

There were no citizens in attendance.

It was moved by Alderperson Ammann, seconded by Alderperson Peloquin to place on file the minutes of the May 5, 2025 Ad Hoc Branding Committee meeting. Motion carried.

It was moved by Alderperson M. Rave, seconded by Alderperson Gearing-Lancaster to place on file the minutes of the May 6, 2025 Hiring Committee meeting. Motion carried.

It was moved by Alderperson E. Rave, seconded by Alderperson Gearing-Lancaster to place on file the minutes of the May 12, 2025 Hiring Committee meeting. Motion carried.

The Department Head monthly reports were reviewed. Department heads present were Jody Stoker, Travis Brown, Darryl Nelson, Jarod Mayer, Cara Hart, and Brad Chown.

1. The Street Superintendent advised they did not start street work this week due to weather and they will start on May 27th. The new pickup is here, the snow plow was installed, and the old truck was given to Parks & Recreation.
2. The Police Chief advised he was able to work with the software vendor to get addresses back in his reports and working on changing the "Ordinance Other" description so it specifies what ordinance so Council members can see if it was grass or junk and if they got a letter and it is easier to read and understand. Often times they call or speak to the homeowner and get compliance and those will not show up on the reports, but they get compliance with the ordinance and that is the goal. Addressing a question on the number of "Suspicious Activity" calls, the Chief advised there will be more training on picking the right drop down items. He has agencies interested in bidding on the 2018 Ford Explorer and feels we will get a better price than selling it on GovDeals and it would save the time and expense of removing and disposing of any equipment in the vehicle that cannot be reused.
3. It was moved by Alderperson Ammann, seconded by Alderperson Peloquin to approve the Police Department's request to sell the 2018 Ford Explorer as is via closed bids. Motion carried.
4. The Parks & Recreation Director advised the rain helped with the new sod at the all abilities playground.

ORDINANCE 895 – an ordinance changing the operating hours for ATVs and UTVs was presented for 1st reading. There was discussion on matching what the County has right now which is 5:00am to 10:00pm. Most of the villages around us do not have any ordinances, Merrillan does not allow them 3am to 6am, but everyone else is open to whatever the County has. The city is one of the few that actually has a separate regulation. Police Chief Brown and a County Deputy were contacted and there have been no issues with UTVs and ATVs other than the first few weeks. People want to ride them to work. Alderperson M. Rave stated he understands people wanting to ride them to work but questioned the high school students that would potentially be riding ATVs or UTVs to school and has already seen many students getting reckless. He stated he does not believe we should be moving operating hours to 5am to 10pm, and if this comes back for final reading and approval he will be voting no. He was also expressed concerns about the number of UTVs and ATVs driving by Theisen's, Walmart, and over the interstate.

It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to approve vouchers for April 2025 Check #75399 - #75545 totaling \$388,333.27 noting Check #75398 was a manual EMS payroll check. Motion carried.

It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to approve the City Treasurer's Report for April 2025. Motion carried.

It was moved by Alderperson Dougherty, seconded by Alderperson M. Rave to approve the Revenue & Expense Report for April 2025. Motion carried.

It was moved by Alderperson Peloquin, seconded by Alderperson Dougherty to adjourn. Motion carried at 6:27pm.

A. Brad Chown
City Administrator

BLACK RIVER FALLS UTILITY COMMISSION MEETING MINUTES

May 19, 2025

Utility Commission President John Lund called a meeting of the Black River Falls Municipal Utility Commission to order on May 19, 2025 at 3:31 p.m. in the Utility Conference Room at 349 South McKinley Street. Commissioners in attendance were Jeff Amo, Justin Dougherty, Jay Eddy and Don Mathews. Also present were General Manager Casey Engebretson, Electric Supt. Kevin LaValley, Office Manager Sam Linehan, Lauri Morehart (WPPI Energy), and Garrett Aleckson (Banner Journal).

A motion was made by Commissioner Eddy and seconded by Commissioner Dougherty to approve the amended agenda.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion carried.

A motion was made by Commissioner Amo and seconded by Commissioner Mathews to approve the minutes from the April 28, 2025 regular meeting.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion carried.

A motion was made by Commissioner Dougherty and seconded by Commissioner Mathews to approve the accounts payable vouchers; VC #42819; CK #42845 – 42913; EP #100919 – 100926 – Totaling \$791,215.72.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion Carried.

Lauri Morehart, WPPI VP - Member Relations, provided a presentation on the state of WPPI Energy and answered questions from the Commissioners.

The Commission reviewed the April 2025 arrears and the unaudited March financial statements. Baker-Tilly will present the 2024 audit findings to the Commission at the June 30, 2025 meeting.

Casey Engebretson informed the Commission that the rehabilitation of Well #4 was completed at the end of April and is back in service. Four (4) pipe sections required replacement, which resulted in a final total cost of \$15,734.

The Commission reviewed a proposed Agreement with Brockway Sanitary District No. 1. The agreement is required as part of the application for authorization from the Public Service Commission to allow Brockway to serve a water customer in the service territory of BRFMU. Brockway currently has infrastructure in place to serve the parcels and it is cost-prohibitive for BRFMU to extend water infrastructure to serve this area.

A motion was made by Commissioner Amo and seconded by Commissioner Eddy to approve the agreement between BRFMU and Brockway to allow Brockway to initiate water service to the parcels outlined in the agreement.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion Carried.

Casey Engebretson presented the Commission with the 2024 Compliance Maintenance (CMAR) Resolution 2025-1. Casey stated that any area receiving a grade of "C" or below requires the governing body to submit comments or actions. Casey, Billy, and Collin met with a representative of the WDNR and outlined the causes of non-compliance and steps taken to bring the WWTP back into compliance. The WDNR was satisfied with the actions taken and noted that the WWTP is back in compliance. The comments and actions were included in Resolution 2025-1.

BRFMU IS AN EQUAL OPPORTUNITY PROVIDER

A motion was made by Commissioner Mathews and seconded by Commissioner Dougherty to pass the 2024 Compliance Maintenance (CMAR) Resolution 2025-1.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion carried.

Kevin LaValley informed the Commission that the work on the German Hill substation resumed today with the installation of the relays. Installation of the conductors and racking will be completed in the next 2-3 weeks. Kevin also stated that the battery packs and charger in the substation have failed. The electrical engineer is in the process of receiving a quote for replacements.

The Commission reviewed a contribution request from the Community Boxing Club. Casey stated that BRFMU has made similar donations to youth sporting groups in the past and this request fits the purpose of the program.

A motion was made by Commissioner Mathews and seconded by Commissioner Eddy to contribute \$100.00 to the Club.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion carried.

Casey Engbretson presented the Commission with proposed handbook language to clarify the determination of seniority amongst employees.

A motion was made by Commissioner Dougherty and seconded by Commissioner Mathews to approve the addition of the handbook language as proposed.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion carried.

Casey Engbretson mentioned that the annual Customer Appreciation lunch will be held on Thursday June 5th from 11-1 at the Utility Shop.

Next Meeting: June 30, 2025 @ 3:30 p.m.

A motion was made by Commissioner Mathews and seconded by Commissioner Eddy to adjourn the meeting at 4:38 p.m.

Aye: Lund, Amo, Dougherty, Eddy, and Mathews
Motion Carried.

Casey Engbretson, General Manager
comm.mtg.minutes.5.19.2025

A meeting of the Hiring Committee was held at City Hall in the City of Black River Falls on May 22, 2025 at 5:00pm. In attendance were Mayor Jay Eddy, Alderperson Justin Dougherty, Alderperson Gary Ammann, Alderperson Desiree Gearing-Lancaster, Rural Fire Board Chairperson Leonard Olson, Rural Fire Board Vice-Chairperson Brian Dolesy, BRF Fire Department 1st Assistant Chief Darren Vase, and City Administrator Brad Chown. Mayor Eddy presided.

- 1) The meeting was called to order by Mayor Eddy at 5:00pm.
- 2) It was moved by Alderperson Dougherty, seconded by Alderperson Gearing-Lancaster to adjourn in to closed session for the purpose of considering employment of a Fire Chief for the Black River Falls Fire Department over which the governmental body has jurisdiction as authorized under Section 19.85(1)(c) of the Wisconsin Statutes. Motion carried at 5:01pm.

A. Brad Chown
City Administrator

The Board of Review met at City Hall in the City of Black River Falls, WI on May 28, 2025 at 10:00 A.M. Board members present were Mayor Jay Eddy, Alderperson Mike Rave, and City Administrator A. Brad Chown.

1. Administrator Chown called the Board of Review to order at 10:00 AM.
2. Administrator Chown verified a recording device was present and recording.
3. Administrator Chown confirmed the May 28, 2025 Board of Review meeting notice was posted April 29, 2025 and published in the Banner Journal on May 7, 2025.
4. Administrator Chown nominated Mayor Eddy for Chairperson of the Board of Review. There were no other nominations.
5. It was moved by Administrator Chown, seconded by Alderperson Rave to close the nominations and cast a unanimous ballot for Mayor Eddy for Chairperson of the Board of Review. Motion carried.
6. Mayor Eddy nominated Alderperson Rave for Vice-Chairperson of the Board of Review. There were no other nominations.
7. It was moved by Mayor Eddy, seconded by Administrator Chown to close the nominations and cast a unanimous ballot for Alderperson Rave for Vice-Chairperson of the Board of Review. Motion carried.
8. The Board verified that Administrator Chown had attended Board of Review Training on March 14, 2025.
9. Administrator Chown verified City of BRF Ordinance 717 – an ordinance relating to the confidentiality of information about income and expenses requested by the Assessor in property assessment matters in the City.
10. Administrator Chown verified City of BRF Resolution 2023-04 – a resolution establishing Board of Review policy and procedure for sworn telephone or sworn written testimony requests.
11. Administrator Chown verified City of BRF Resolution 2023-05 – a resolution establishing Board of Review policy and procedure for waiver of Board of Review hearing requests.
12. Administrator Chown confirmed receipt of the assessment roll from the Assessor.
13. Bill Wentzel was in attendance representing Wal-Mart Real Estate Trust and advised of the Request for Waiver of Board of Review Hearing from Wal-Mart Real Estate Business Trust for parcel 206-2210.0000. Administrator Chown confirmed timely receipt of the Objection to Real Property Assessment brought by Wal-Mart Real Estate Trust for Parcel 206-2210.0000 for property located at 611 East State Hwy 54 that is assessed at \$13,139,300 and a stated opinion of value of \$6,910,000 and the Request for Waiver of Board of Review.
14. It was moved by Administrator Chown, seconded by Alderperson Rave to grant the Request for a Waiver of a Board of Review Hearing from Wal-Mart Real Estate Business Trust for Parcel 206-2210.0000 located at 611 State Highway 54 to allow them to take the matter directly to circuit court. Motion carried.
15. The Board reviewed the assessment roll and performed their statutory duties.
16. The assessor confirmed all Open Book changes are included in the assessment roll.
17. The Board found no need to schedule additional Board of Review dates.
18. It was moved by Alderperson Rave, seconded by Administrator Chown to adjourn the Board of Review. Motion carried at 12:01 PM.

A. Brad Chown
City Administrator

2025-2026 BEER, LIQUOR, CIDER, WINE, WHOLESALE LICENSE LIST

STATE QUOTA

Quota Established by BRF Code Section: 12.02(9)(e) 12.02(9)(a) 12.02(9)(b) 12.02(9)(c) 12.02(9)(d)

Business Name	License Type							
	C Wine	B Liquor	B Beer	A Liquor	A Beer	Cider	Wholesale	Winery
Adelaid's Delicatessen (Mans Ruin, LLC)		1	1					
Convenience Store - Shell				1	1			
Corner Store It Is, LLC				1	1			
Dollar General Store #10118				1	1			
Falls Florist	1			1				
Hansen's IGA				1	1			
Kwik Trip, Inc. Hwy A #240				1	1			
Kwik Trip, Inc. Hwy 54 E #648				1	1			
Leroy's Grill	1		1					
Little Vinny's (Mans Ruin, LLC)		1	1					
McSweets		1	1					
Miles-Hagen American Legion Post #200		1	1					
Mr. Pita	1		1					
Pilot Travel Center, LLC (Flying J)					1			
Pizza Hut			1					
PJ's Bar (Carpi's Temp, LLC)		1	1					
Revolution Coffee, LLC	1		1					
Rozario's Pizza & Pasta, LLC		1	1					
Skyline Golf Course (BRF Recreation Association)		1	1					
Smoker's Corner								
Stag & Lion Pub, LLC		1	1					
Viva Cinco De Mayo		1	1					
Wal-Mart				1	1			

Total Issued	4	9	12	8	8	0	0	0
** Total Authorized	13	9	14	13	13	8	N/A	N/A

Available	9	0	2	5	5	8	N/A	N/A
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**** McSweets**

Class C Wine = On Premise Wine	
Class B Liquor = On Premise Liquor	Class A Liquor = Off Premise Liquor
Class B Beer = On Premise Beer	Class A Beer = Off Premise Beer

**** One (1) of the (9) total authorized Class B Liquors is a "Reserve Class B Liquor License" - minimum \$10k initial fee (non-refundable) specifically for the Old Pines Property due to annexation. (for state quota compliance)**

Statutory Quota on "Class B" Liquor Licenses Only - §125.51(4) - All other quotas are controlled locally via ordinance/code

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ 100.⁰⁰
- ☐ "Class C" Liquor (wine only) \$ _____
- Cigs*

Fees	
License Fees	\$ <u>500.⁰⁰</u>
Background Check Fee	\$
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>510.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Carpi's Temp LLC</u>			
2. Business Trade Name or DBA <u>PJ's Bar</u>			
3. FEIN <u>99-3634235</u>		4. Wisconsin Seller's Permit Number <u>456-1031798123-04</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>7-16-2024</u>	
8. Wisconsin DFI Registration Number <u>C129406</u>			
9. Premises Address <u>20 S. 2nd St.</u>			
10. City <u>Black River Falls</u>		11. State <u>WI</u>	12. Zip Code <u>54615</u>
13. County <u>Jackson</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Blk Rvr Fls</u>		15. Aldermanic District
16. Premises Phone <u>715-670-0123</u>	17. Premises Email <u>tyson.clarke@gmail.com</u>		18. Website
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. <u>Premises at 20 S. 2nd St and entire rear parking lot behind 20 S. 2nd St. Also include the "drive thru" area b/w 20 S 2nd St. and 26 S. 2nd St, aka former CCU drive thru. Records kept in basemnt at 20 S. 2nd St.</u>			
20. Mailing Address (if different from premises address) <u>Po Box 727</u>			
21. City <u>Blk Rvr Fls</u>		22. State <u>WI</u>	23. Zip Code <u>54615</u>

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	Location	Trial Date
Penalty Imposed		Was 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
 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
Listle	Lisa	Agent	715-284-6012

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 Clarke		First Name Tyson		M.I.
Title Owner		Email tyson.clarke@gmail.com	Phone 715-299-4655	
Signature 			Date 4/21/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-28-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/25 - 6/30/26

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ ~~Class A~~ ^{Cigs} Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 610. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Corner Store It Is LLC			
2. Business Trade Name or DBA NA			
3. FEIN 87-3479986		4. Wisconsin Seller's Permit Number 456-1030837454-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11-9-2021	
8. Wisconsin DFI Registration Number C115856			
9. Premises Address 923 Main St			
10. City Black River Falls		11. State WI	12. Zip Code 54611
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Black River Falls	
15. Aldermanic District City of Black River Falls			
16. Premises Phone 715-284-0450		17. Premises Email brandonbuc@yahoo.com	
18. Website			
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. Brick and Mortar building on corner lot of Main St + 10th St in Black River Falls			
20. Mailing Address (if different from premises address)			
21. City NA		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	Location	Trial Date
NA		
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
NA		
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
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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
Bue	Melissa	President	715-299-1576
Bue	Brandon	Partner	715-299-9871

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 Bue	First Name Melissa	M.I. E
Title President	Email brandonbue@yahoo.com	Phone 715-299-1576
Signature 		Date 4-28-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

6-30-26

BLACK RIVER FALLS CITY(TAX-WI)

101 SOUTH 2ND STREET, 0

BLACK RIVER FALLS, WI 54615

10118

Form

AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality

License Period

7/1/2025-6/30/2026

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

- ☒ Class "A" Beer \$ 100.00 ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ 400.00 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ 500 ✓
Background Check Fee	\$ 0
Publication Fee	\$ 9.15
Total Fees	\$ 509.15

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Dolgencorp, LLC		
2. Business Trade Name or DBA Dollar General Store # 10118		
3. FEIN 61-0852764	4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization KY	7. Date of Organization 10/09/2008	8. Wisconsin DFI Registration Number D043567
9. Premises Address 205 E MAIN ST		
10. City BLACK RIVER FALLS	11. State WI	12. Zip Code 54615-1469
13. County JACKSON	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: City of black river falls	
15. Aldermanic District		
16. Premises Phone (615) 855-4000	17. Premises Email TAX- BEERANDWINELICENSE@DOLLARGENERAL.COM	18. Website
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. Sq footage 8561 , consisting of sales floor and stock room		
20. Mailing Address (if different from premises address) Attn: Tax Licensing, 100 Mission Ridge		
21. City GOODLETTSVILLE	22. State TN	23. Zip Code 37072

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	Location	V-240303 2026 BW City
Was sentence completed?		☐ Yes ☒ No
Location	Trial Date	
Was sentence completed?		☐ Yes ☒ No

Vendor #240303

Invoice #202610118BLBW CITY21

Batch #30061 \$500.00

AB-200

Vendor #240303

Invoice #202610118BWNEWS22

Batch #30061 \$9.15

- 1 -

Wisconsin Department of Revenue

SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY

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

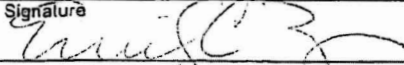
Last Name	First Name	Title	Phone
TAYLOR	EMILY	EVP-Merch (CMO)	(615) 855-4000
BRINING	ZACHARY	SVP-Store Ops	(615) 855-4000
Van Bendegom	Kelli	DISTRICT MANAGER	(615) 855-4000

Part D: Attestation

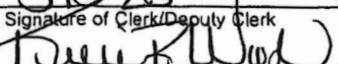
One of the following must sign and attest to this application:

- 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 TAYLOR	First Name EMILY	M.I. C
Title EVP- MERCH (CMO)	Email TAX- BEERANDWINELICENSE@DOLLARGENERAL.COM	Phone (615) 855-4000
Signature 		Date 4-10-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-13-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ <u>500.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>10.00</u>
Total Fees	\$ <u>510.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Falls Florist & Greenhouse, LLC</u>			
2. Business Trade Name or DBA			
3. FEIN <u>83-2860462</u>		4. Wisconsin Seller's Permit Number <u>456-1030305072-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>2/1/2019</u>	
8. Wisconsin DFI Registration Number <u>F060342</u>			
9. Premises Address <u>704 Main Street</u>			
10. City <u>Black River Falls</u>		11. State <u>WI</u>	12. Zip Code <u>546015</u>
13. County <u>JACKSON</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>	
15. Aldermanic District <u>Ward Two</u>		16. Premises Phone <u>715-284-2821</u>	
17. Premises Email <u>fallsflorist@outlook.com</u>		18. Website <u>www.fallsflorist.com</u>	
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. <u>We are still looking for a vendor for our class A. Our class C items are located in back of store in flower cooler, extra in storage area, paperwork in office area.</u>			
20. Mailing Address (if different from premises address) <u>804 Sunflower Circle</u>			
21. City <u>Black River Falls</u>		22. State <u>WI</u>	23. Zip Code <u>546015</u>

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	Location	Trial Date
Penalty Imposed		Was 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
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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
Rave	Dana	Owner	715-896-2526

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.
Rave	Dana	M
Title	Email	Phone
Owner	falesflorist@outlook.com	715-896-2526
Signature	Date	
Dana M. Rave	05/1/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-2-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
Tami R. Wood			

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>610.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) HANSEN'S IGA INC.		
2. Business Trade Name or DBA HANSEN'S IGA INC.		
3. FEIN 39-1098106	4. Wisconsin Seller's Permit Number 456-0000340870-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number 1H06831
9. Premises Address 449 COUNTY RD A		
10. City BLACK RIVER FALLS	11. State WI	12. Zip Code 54615
13. County Jackson	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>BLACK RIVER FALLS</u>	
15. Aldermanic District		
16. Premises Phone (715) 284-4308	17. Premises Email	18. Website
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. ENTIRE STORE		
20. Mailing Address (if different from premises address) P.O. BOX 160		
21. City BANGOR	22. State WI	23. Zip Code 54614

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	Location	Trial Date
Penalty Imposed		Was 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 beverages. ☐ Yes ☒ No

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.

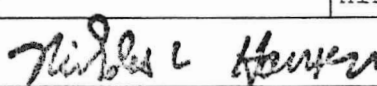
Last Name	First Name	Title	Phone
HANSEN	GREGORY	OWNER	(608) 792-9980
HANSEN	NICHOLAS	OWNER	(608) 790-4610
HANSEN	KARI	OWNER	(608) 792-6890

Part D: Attestation

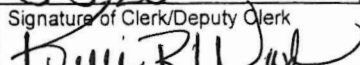
One of the following must sign and attest to this application:

- 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 HANSEN		First Name NICHOLAS	M.I.
Title OWNER	Email hlhansen@hansensiga.com		Phone (608) 790-4610
Signature 		Date 05/02/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-5-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

INVOICE LATER

Form
AB-200

**Alcohol Beverage License
Application**

COPY

For Municipal Use Only	
Municipality	Black River Falls City of
License Period	July 1, 2025 – June 30, 2026

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ ~~"Class A"~~ ^{Cig} Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>610.⁰⁰</u>

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 240			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization October 7, 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address 15 County Hwy A			
10. City Black River Falls		11. State WI	12. Zip Code 54615
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls City</u> of	
15. Aldermanic District -----			
16. Premises Phone 715-284-245		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 and behind sales counter.			
20. Mailing Address (if different from premises address) Kwik Trip – 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. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated **Please see enclosed list of retail store violations.	Location	Trial Date
Penalty Imposed		Was 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
Zietlow	Scott	CEO & President	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Clerigo	John Edward	Agent	715-299-5296

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 *Scott P. Zietlow* Date
March 1, 2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4-25-25</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>		Date Provisional License Issued (if applicable)	

* INVOICE LATER *

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only

Municipality
Black River Falls City of

License Period
July 1, 2025 – June 30, 2026

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☒ ^{Cig} "Class A" Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>610.⁰⁰</u>

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 648			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-000028761403	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization October 7, 1964	
8. Wisconsin DFI Registration Number 1K04801			
9. Premises Address 751 State Highway 54			
10. City Black River Falls		11. State WI	12. Zip Code 54615
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls City of</u>	
15. Aldermanic District -----			
16. Premises Phone 715-284-9247		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 lockable walk-in cooler, on sales floor and behind sales counter.			
20. Mailing Address (if different from premises address) Kwik Trip – 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. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated **Please see enclosed list of retail store violations.	Location	Trial Date
Penalty Imposed		Was 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
Zietlow	Scott	CEO & President	608-791-7385 608-793-4741
Wagner	David	CFO & Treasurer	608-791-7385 608-793-4741
Converse	Carrie	Agent	715-937-2587

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 Scott P. Zietlow Date
March 1, 2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <u>4-25-25</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <u>[Signature]</u>		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7-1-25 to 6-30-26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees	
License Fees	\$ 200. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 210. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Heroy's Grill LLC			
2. Business Trade Name or DBA			
3. FEIN 82-5369140		4. Wisconsin Seller's Permit Number 456-1030375535-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 4-11-2018	
8. Wisconsin DFI Registration Number L062430			
9. Premises Address 942 Red Iron Rd			
10. City Black River Falls		11. State WI	12. Zip Code 54605
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Black River Falls	
15. Aldermanic District		16. Premises Phone 608-780-5317	
17. Premises Email heroysgill@yahoo.com		18. Website	
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 & patio			
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. ☐ Yes ☒ 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? ☐ 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
Nofsinger	Leroy	owner	608-780-5317
Nofsinger	Tonia	owner	608-780-5317

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 Nofsinger		First Name Leroy		M.I. A
Title owner		Email leroysgnill@yahoo.com		Phone 608-780-5317
Signature <i>Leroy A Nofsinger</i>			Date 4-29-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk April 29, 2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Shonda J. Mann - Deputy Clerk</i>			Date Provisional License Issued (If applicable)

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality
CITY OF BLACK RIVER FALLSLicense Period
7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 410. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) MANS RUIN LLC Anelides Delicatessen			
2. Business Trade Name or DBA Anelides Delicatessen			
3. FEIN 85-3287329		4. Wisconsin Seller's Permit Number 456-1030482741-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11/2020	
8. Wisconsin DFI Registration Number M112590			
9. Premises Address 44 MAIN ST.			
10. City Black River Falls		11. State WI	
12. Zip Code 54615		13. County Jackson	
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Black River Falls		15. Aldermanic District	
16. Premises Phone 715-670-0226		17. Premises Email AnelidesDeli@yahoo.com	
18. Website AnelidesDeli.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 STORY BLDG. Bar on first + second floor. Deli on first floor. Alcohol served on 1+2 floor, STORED in Basement AND FIRST FLOOR	
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. ☐ Yes ☒ 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? ☐ 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
Meyer	Vincent	owner	305-942-3224

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 Meyer	First Name Vincent	M.I. E
Title owner	Email Add:esDel: @ yahoo.com	Phone 305.942.3224
Signature 		Date 5.2.25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5.2.25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

COPY

For Municipal Use Only

Municipality
CITY OF BLACK RIVER FALLSLicense Period
7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ 100.⁰⁰
- ☐ "Class C" Liquor (wine only) \$ _____ **Black River Cigar**

Fees

License Fees	\$ 500. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 510. ⁰⁰

Part A: Premises/Business Information

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

~~Little Vinny's~~ **MAUS RIVN LLC**

2. Business Trade Name or DBA

~~MAUS RIVN LLC~~ **Little Vinny's**

3. FEIN

85-3287329

4. Wisconsin Seller's Permit Number

456-1030482741-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

11/2020

8. Wisconsin DFI Registration Number

M112590

9. Premises Address

43 MAIN ST

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Villageof: **Black River Falls**

15. Aldermanic District

16. Premises Phone

715-670-0187

17. Premises Email

LittleVinny'sBar@yahoo.com

18. Website

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 STORY BLDG W STONE FRONT ON MAIN FLOOR AND 4 APTS ON 2ND FLOOR
ALCOHOL SERVED AND STORED ON 1ST FLOOR + 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. ☐ Yes ☒ 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? ☐ 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
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
Meyer	Vincent	owner	305-942-3224

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 Meyer	First Name Vincent	M.I. E
Title owner	Email LittleinnysBar@yahoo.com	Phone 305-942-3224
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-2-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Kimi R. Wood		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400.⁰⁰</u>
Background Check Fee	\$
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>410.⁰⁰</u>

Part A: Premises/Business Information

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

McSweet's Irish Pub Inc

2. Business Trade Name or DBA

3. FEIN

83-4674264

4. Wisconsin Seller's Permit Number

456-103051034-04

5. Entity Type (check one)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

M106728

9. Premises Address

N6600 Riverview Dr

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Black River Falls

15. Aldermanic District

16. Premises Phone

715-284-3020

17. Premises Email

josweet317@gmail.com

18. Website

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.

Entire former "Pines" property located east of Riverview Dr. Main building w/bar, dance floor, two bathrooms, kitchen, deck, outdoor patio. Also 9x6 cooler for additional storage of alcoholic beverages.

20. Mailing Address (if different from premises address)

N6534 Riverview Dr

21. City

Black River Falls

22. State

WI

23. Zip Code

54615

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	Location	Trial Date
Penalty Imposed	Was 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.

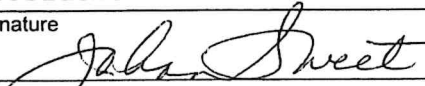
Last Name	First Name	Title	Phone
Sweet	JoAnn	President	715-299-1415
Sweet	THeron	Vice President	715-299-2392

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 Sweet	First Name JoAnn	M.I. L
Title President	Email josweet317@gmail.com	Phone 715-299-1415
Signature 		Date 4/30/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 410. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Miles Hagen American Legion Post 200		
2. Business Trade Name or DBA American Legion Post 200		
3. FEIN 39-1307215	4. Wisconsin Seller's Permit Number 456-0000432165-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number 6M05121
9. Premises Address 421 State Hwy 54 West		
10. City Blk Rvr Falls	11. State WI	12. Zip Code 54615
13. County	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____	15. Aldermanic District
16. Premises Phone (715) 284-9552	17. Premises Email	18. Website
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. Bar, kitchen, hall, his & her bathrooms		
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. ☐ Yes ☒ 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? ☐ 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 or beverages. ☐ Yes ☒ No

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.

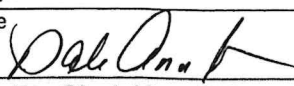
Last Name	First Name	Title	Phone
Hansen	Steve	Commander	(715) 896-1885
Ayers	Rebecca	First Vice	(715) 523-3516
Bjerke	Randy	Treasurer	(715) 533-0465

Part D: Attestation

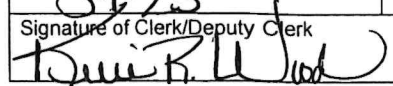
One of the following must sign and attest to this application:

- 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 Bohac	First Name Dale Ann	M.I.
Title Manager	Email bohac5962@gmail.com	Phone (715) 896-1735
Signature 		Date 04/21/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-1-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Kelli Wood

From: Jan & DaleAnn Bohac <bohac5962@gmail.com>
Sent: Tuesday, May 20, 2025 12:02 PM
To: Kelli Wood
Subject: Re: WI DFI Number Required

Hi Kelli - Can you fill on the number for me? 6M05121 pops up.

On Mon, May 19, 2025 at 12:26 PM Kelli Wood <kelli.wood@blackriverfallswi.gov> wrote:

Hello,

The Alcohol Beverage License application you turned in is missing the Wisconsin DFI Registration number. This information is required. To find your number, go to dfi.wi.gov and click on Business Search. Type your business name in the search field. Your DFI number will show under ID on the left side of the page. We need you to come to City Hall and record that number on your application by this Friday, May 23, to ensure your application is included in the meeting packet being sent to Council. We greatly appreciate your timely response.

Thank you,

Kelli R. Wood

Deputy Clerk/Treasurer - City of Black River Falls

101 S 2nd Street | Black River Falls, WI 54615

Phone: (715) 284-2315 | Fax: (715) 284-1777

www.blackriverfallswi.gov

Population 3,612

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/25 - 6/30/26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees	
License Fees	\$ <u>200.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>210.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) <u>MR. Pita</u>		
2. Business Trade Name or DBA 		
3. FEIN <u>82-3906835</u>	4. Wisconsin Seller's Permit Number <u>456-1029732 44602</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>Wisconsin</u>	7. Date of Organization <u>March 2018</u>	8. Wisconsin DFI Registration Number <u>M401335</u>
9. Premises Address <u>24 N. Water Street</u>		
10. City <u>Black River Falls</u>	11. State <u>WI</u>	12. Zip Code <u>54642</u>
13. County <u>Jackson</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>	15. Aldermanic District
16. Premises Phone <u>715-670-1300</u>	17. Premises Email 	18. Website
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. <u>Dining Room, 2 Bathrooms, Kitchen</u>		
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. ☐ Yes ☒ 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? ☐ 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
TRUJILLO	SHARON	OWNER	608-780-8920

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.
TRUJILLO	SHARON	E.
Title	Email	Phone
OWNER		608-780-8920

Signature	Date
<i>Sharon Trujillo</i>	4/29/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4-30-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
<i>Kim R. Wood</i>			

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 400.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (cider only) \$ 100.⁰⁰ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>610.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) NAAZ GROUP INC			
2. Business Trade Name or DBA NAAZ GROUP			
3. FEIN 923956965		4. Wisconsin Seller's Permit Number 456-1031748920-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
		8. Wisconsin DFI Registration Number N059518	
9. Premises Address 448 N WATER STREET			
10. City BLACK RIVER FALLS		11. State WI	12. Zip Code 54615
13. County Jackson	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>BLACK RIVE FALLS</u>		15. Aldermanic District
16. Premises Phone (715) 670-0119	17. Premises Email BLACKRIVERFALLS1@GMAIL.COM		18. Website
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. BEER WILL BE STORED IN 6 DOOR COOLERS IN THE LEFT ALCOHAL WILL BE PLACED IN LEFT SIDE IN THE STORE ON SHELVES			
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. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated OPERATORS PERMIT REQ	Location BLACK RIVER FALLS	Trial Date 04/29/2025
Penalty Imposed FINE \$389.50, PAID		Was 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 or beverages. ☐ Yes ☒ No

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
SINGH	GURDEEP	OWNER	(715) 670-8404

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 SINGH		First Name GURDEEP		M.I.
Title OWNER		Email BLACKRIVERFALLS1@GMAIL.COM		Phone (715) 670-8404
Signature 			Date 05/22/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-15-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/25 - 6/30/26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 5. ⁰⁰
Total Fees	\$ 105. ⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Northfield Restaurant Corporation		
2. Business Trade Name or DBA Pizza Hut		
3. FEIN 48-0959344	4. Wisconsin Seller's Permit Number 456-0000083212-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 08/04/1983	8. Wisconsin DFI Registration Number N022006
9. Premises Address 666 State Highway 54		
10. City BlackRiver Falls	11. State WI	12. Zip Code 54615-5448
13. County Jackson	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Black River Falls	15. Aldermanic District
16. Premises Phone (715) 284-4000	17. Premises Email	18. Website www.dalandcorporation.c
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 free standing bldg with storage		
20. Mailing Address (if different from premises address) 9313 E. 34th Street N. Suite 100		
21. City Wichita	22. State KS	23. Zip Code 67226-2638

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	Location	Trial Date
Penalty Imposed		Was 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.

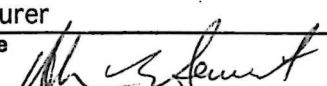
Last Name	First Name	Title	Phone
(See AB-100's)			

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 Seiwert	First Name Alan	M.I. E
Title Treasurer	Email alanseiwert@dalandcorp.com	Phone 316.681.1081
Signature 		Date 04/18/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-3-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (If applicable)	

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☒ Class "A" Beer \$ 100.⁰⁰ ☐ Class "B" Beer \$ _____
- ☐ ~~"Class A"~~ ^{Cig} "Liquor" \$ 100.⁰⁰ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>200.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>210.⁰⁰</u>

Part A: Premises/Business Information

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

Pilot Travel Centers LLC

2. Business Trade Name or DBA

Flying J Travel Center #756

3. FEIN

34-1953155

4. Wisconsin Seller's Permit Number

456-0000318168-03

5. Entity Type (check one)

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

6. State of Organization

DE

7. Date of Organization

04/16/2001

8. Wisconsin DFI Registration Number

PO38222

9. Premises Address

780 State Hwy 54

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Black River Falls

15. Aldermanic District

16. Premises Phone

(715) 284-4341

17. Premises Email

18. Website

www.pilotcompany.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.

We have a beer cave that we sell beer from. All backstock beer is kept in cave

20. Mailing Address (if different from premises address)

PO Box 10146

21. City

Knoxville

22. State

TN

23. Zip Code

37939

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.

As the operator of a large network of over 750 travel centers across multiple jurisdictions, we occasionally encounter regulatory citations that are typically minor and administrative in nature (e.g., clerical, signage issues, or ID check protocol deviations). The citations are addressed promptly in coordination with the respective authorities. We have not had any major violations resulting in felony convictions or permanent license revocations.

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

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

Please see attached

4b. Business Entity FEIN

Please see attached

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
Staake	Robin	Agent	(715) 284-4341
Please see attached			

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 Lillo		First Name Joseph	M.I. M
Title CFO, EVP	Email		Phone (865) 588-7488
Signature		Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-13-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.⁰⁰

Fees	
License Fees	\$ <u>200.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>210.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Revolution Coffee</u>			
2. Business Trade Name or DBA <u>Revolution Coffee</u>			
3. FEIN <u>81-3926405</u>		4. Wisconsin Seller's Permit Number <u>600</u> ST 156 - <u>1029280501-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>9/1/2017</u>	
8. Wisconsin DFI Registration Number <u>R066134</u>			
9. Premises Address <u>38 Main Street</u>			
10. City <u>Black River Falls</u>		11. State <u>WI</u>	12. Zip Code <u>54615</u>
13. County <u>Jackson</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Black River Falls</u>		15. Aldermanic District
16. Premises Phone <u>715 670 0707</u>	17. Premises Email <u>revolutncoffee@blackriverfalls.com</u>		18. Website <u>revbrf.com</u>
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. <u>Sold behind bar - Storage in basement in wine cellar</u>			
20. Mailing Address (if different from premises address) <u>Same as Above</u>			
21. City <u>h</u>		22. State <u>h</u>	23. Zip Code <u>h</u>

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	Location	Trial Date
Penalty Imposed		Was 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
Hoffman	Andrea	Owner	715 896 0505
Temp	Carrie	Owner	715 896 4729

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.
Temp	Carrie	A
Title	Email	Phone
Owner	revolutioncoffeebrew@gmail.com	715 896 4729
Signature	Date	
	5/1/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-2-25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

COPY

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality CITY OF BLACK RIVER FALLS	
License Period 7/1/2025 - 6/30/2026	

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

- | | |
|---|--|
| ☐ Class "A" Beer \$ _____
☐ "Class A" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____
☐ "Class C" Liquor (wine only) \$ _____ | ☒ Class "B" Beer \$ <u>100.⁰⁰</u>
☒ "Class B" Liquor \$ <u>300.⁰⁰</u>
☐ Reserve "Class B" Liquor \$ _____ |
|---|--|

Fees	
License Fees	\$ <u>400.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>410.⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
ROZARIOS LLC		
2. Business Trade Name or DBA		
ROZARIOS PIZZA		
3. FEIN	4. Wisconsin Seller's Permit Number	
87-2731200	456-1030799584-04	
5. Entity Type (check one)		
☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
WI	09/15/2021	R080393
9. Premises Address		
42 N 1ST ST		
10. City	11. State	12. Zip Code
BLACK RIVER FALLS	WI	54615
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village	
Jackson	of: <u>BLACK RIVER FALLS</u>	
15. Aldermanic District		
16. Premises Phone	17. Premises Email	18. Website
(715) 284-0006	NICKRESPICIO@GMAIL.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.		
Restaurant dining area, kitchen, basement area, outdoor patio.		
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. ☐ Yes ☒ 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? ☐ 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.

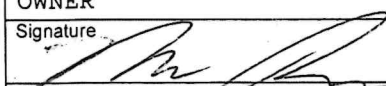
Last Name	First Name	Title	Phone
RESPICIO	NICHOLAS	OWNER	(608) 386-3383

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 RESPICIO		First Name NICHOLAS	M.I. S
Title OWNER		Email NICKRESPICIO2GMAIL.COM	Phone (608) 386-3383
Signature 		Date 05/06/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-10-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>400.⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>10.⁰⁰</u>
Total Fees	\$ <u>410.⁰⁰</u>

Part A: Premises/Business Information

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

Black River Falls. Rec. Assoc. INC

2. Business Trade Name or DBA

Sky Line GOLF Course

3. FEIN

4. Wisconsin Seller's Permit Number

45643

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

6B7081

9. Premises Address

612 N. 10th St. #200

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

Jackson

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: Black River Falls WI

15. Aldermanic District

16. Premises Phone

715 284 2613

17. Premises Email

INFO@GOLFskyline.com

18. Website

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.

Restaurant, Bar, Pro Shop, Kitchen. LIQ. Room downstairs
Beer wine in coolers.

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. ☐ Yes ☒ 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? ☐ 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. *Done. Safe* ☒ 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

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 <i>Wolke</i>		First Name <i>RADY</i>		M.I. <i>L</i>
Title <i>GM</i>		Email <i>27years2date@gmail.com</i>		Phone <i>281 989 5210</i>
Signature <i>[Signature]</i>			Date <i>5/8/25</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5-8-25</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

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

Fees	
License Fees	\$ 400.00
Background Check Fee	\$
Publication Fee	\$ 10.00
Total Fees	\$ 410.00 pd

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Stag & Lion Pub, LLC			
2. Business Trade Name or DBA Stag & Lion Pub			
3. FEIN 86-3342445		4. Wisconsin Seller's Permit Number 456-1030-734241-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 4/1/21	
8. Wisconsin DFI Registration Number 456-1030-734241-04 5133834			
9. Premises Address 123 MAIN ST			
10. City BRF		11. State WI	12. Zip Code 54618
13. County JAMESON		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: BRF	
15. Aldermanic District			
16. Premises Phone (715) 620-0169		17. Premises Email staglionpub@gmail.com	
18. Website			
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. ALL LIQUOR HELD BEHIND THE BAR AND IN THE COOLER IMMEDIATELY NEXT TO THE BAR			
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. ☐ Yes ☒ 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? ☐ 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
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
McGILLIVRAY	(205)	OWNER	(812) 581-9511

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.
McGILLIVRAY	(205)	D
Title	Email	Phone
OWNER	slaslimpob@gmail.com	(715) 670-0169
Signature	Date	
<i>[Signature]</i>	5/2/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
May 5, 2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
<i>[Signature]</i>			

Form
AB-200

Alcohol Beverage License
Application

COPY

For Municipal Use Only	
Municipality	CITY OF BLACK RIVER FALLS
License Period	7/1/2025 - 6/30/2026

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.⁰⁰
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 300.⁰⁰
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 400. ⁰⁰
Background Check Fee	\$
Publication Fee	\$ 10. ⁰⁰
Total Fees	\$ 410. ⁰⁰

Part A: Premises/Business Information

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

Viva Cinco de Mayo R/m Inc

2. Business Trade Name or DBA

3. FEIN

99-0490721

4. Wisconsin Seller's Permit Number

456-1031584247-04

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

V034095

9. Premises Address

109 Main St

10. City

Black River Falls

11. State

WI

12. Zip Code

54615

13. County

JACKSON

14. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

15. Aldermanic District

16. Premises Phone

715 284 5001

17. Premises Email

18. Website

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.

Premise with Kitchen, Bar Area, Restrooms male/female. Register area by entrance - with booth. tables. Alcohol stored in 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. ☐ Yes ☒ 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?	☐ 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 or beverages. ☐ Yes ☒ No

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.

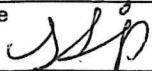
Last Name	First Name	Title	Phone

Part D: Attestation

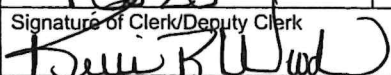
One of the following must sign and attest to this application:

- 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 Pacheco		First Name Maria		M.I. S
Title President		Email Mariasvlnc@gmail.com		Phone 414-467-0767
Signature 			Date April 30, 2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-30-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

COPY

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Black River Falls
License Period	7/1/2025 - 6/30/2026

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

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ 400 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$ 530

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Wal-Mart Stores East, LP			
2. Business Trade Name or DBA Walmart #1277			
3. FEIN 71-0862119		4. Wisconsin Seller's Permit Number 456-1020028180-05	
5. Entity Type (check one) ☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization DE		7. Date of Organization 11/09/2001	
8. Wisconsin DFI Registration Number W042856			
9. Premises Address 611 State Highway 54			
10. City Black River Falls		11. State WI	12. Zip Code 54615
13. County Jackson		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____	
15. Aldermanic District			
16. Premises Phone (715) 284-2434		17. Premises Email j0v00s3.s01277.us@wal-mart.	
18. Website www.walmart.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. 1 room, 1 story building approximately 164,242 sq. ft., including stalls and/or canopy locations in parking lot specifically designated for online grocery pickup.			
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. ☐ Yes ☒ 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? ☐ 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 beverages ☐ Yes ☒ No

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 Walmart Inc.	4b. Business Entity FEIN 71-0415188
---	--

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
see attached			

Part D: Attestation

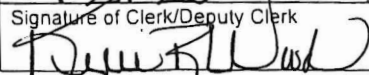
One of the following must sign and attest to this application:

- 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 Little		First Name Sarah		M.I. C
Title Assistant Secretary		Email complic@wal-mart.com		Phone (479) 258-7241
Signature 			Date 04/07/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-29-25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

CITY OF BLACK RIVER FALLS RESOLUTION 2025-03

A RESOLUTION APPROVING THE INTERGOVERNMENTAL AGREEMENT BETWEEN THE TOWN OF BROCKWAY AND THE CITY OF BLACK RIVER FALLS REGARDING EAST LINCOLN STREET

WHEREAS, the City of Black River Falls (“City”) and the Town of Brockway (“Town”) are neighboring municipalities located in Jackson County, Wisconsin; and

WHEREAS, the City and the Town recognize the mutual benefits of clarifying the ownership, control, jurisdiction, and maintenance responsibilities for segments of East Lincoln Street that run through both municipalities; and

WHEREAS, pursuant to Section 66.0301 of the Wisconsin Statutes, municipalities may contract with each other for the receipt or furnishing of services or the joint exercise of any power or duty required or authorized by law; and

WHEREAS, the City and the Town have negotiated and agreed upon an Intergovernmental Agreement Regarding East Lincoln Street, which identifies the respective segments of East Lincoln Street under the jurisdiction of each party, and allocates the corresponding responsibility for care, policing, and maintenance; and

WHEREAS, the Common Council of the City of Black River Falls has reviewed the Agreement and finds it to be in the best interest of the City and its residents.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Black River Falls, Jackson County, Wisconsin, that:

1. The City hereby approves the Intergovernmental Agreement Between the Town of Brockway and the City of Black River Falls Regarding East Lincoln Street, as presented.
2. The Mayor and City Administrator/Clerk are hereby authorized and directed to execute the Agreement on behalf of the City and to take any actions necessary to carry out the intent and purpose of the Agreement.
3. This Resolution shall take effect immediately upon its adoption and approval.

Adopted this 3rd day of June , 2025.

By: _____
Jay Eddy, Mayor

ATTEST:

A. Brad Chown, City Administrator/Clerk

**INTERGOVERNMENTAL AGREEMENT BETWEEN TOWN OF BROCKWAY
AND THE CITY OF BLACK RIVER FALLS REGARDING EAST LINCOLN STREET**

THIS AGREEMENT is made by and between the Town of Brockway, Jackson County, Wisconsin, a Town created and existing under Chapter 60 of the Wisconsin Statutes, identified in this AGREEMENT as "Brockway" and the City of Black River Falls, a City created and existing under Chapter 62 of the Wisconsin Statutes, identified in this AGREEMENT as "BRF". The aforementioned Town and City may be referred to collectively as the "Parties" and/or individually as a "party" in this AGREEMENT.

RECITALS

- A. **WHEREAS**, this Agreement is entered into pursuant to Section 66.0301 of the Wisconsin statutes regarding intergovernmental cooperation and, therefore, should be liberally construed to accomplish its intended purposes. In addition, the undersigned representatives of the Town of Brockway and the City of Black River Falls represent that they have been duly authorized by their respective Board / Council to execute this Agreement; and
- B. **WHEREAS**, the parties hereto deem it mutually beneficial to determine and agree on what portions of East Lincoln Street are owned, controlled, and under the jurisdiction of each municipal entity.

NOW THEREFORE, in consideration of the above recitals and the mutual covenants and obligations contained herein, the Parties agree as follows:

- 1. **AUTHORIZATION.** This AGREEMENT incorporates and makes a part of this AGREEMENT the above recitals and is entered into pursuant to authorization granted under Sections 66.0301 of the Wisconsin Statutes as it exists on the date of execution.
- 2. **EAST LINCOLN STREET FROM THE INTERSECTION OF ANDREWS ROAD TO MCDONALD ROAD.** Brockway shall be deemed to be the owner of, and in control of, that section of East Lincoln Street from the intersection of Andrews Road to the intersection of McDonald Road, including any and all appurtenant rights-of-way. It is agreed that Brockway has sole jurisdiction of this section of road and road right-of-way and shall be solely responsible for the care, policing, and maintenance thereof.
- 3. **EAST LINCOLN STREET FROM THE INTERSECTION OF MCDONALD ROAD TO INTERSTATE 94.** BRF shall be deemed to be the owner of, and in control of, that section of East Lincoln Street from the intersection of McDonald Road to Interstate 94, including any and all appurtenant rights-of-way. It is agreed that BRF has sole jurisdiction of this section of road and road right-of-way and shall be solely responsible for the care, policing, and maintenance thereof.
- 4. **INDEMNITY.** Without limiting those rights, limitations, and protections afforded the parties under Wis. Stat. 893.80, the parties hereto shall defend, indemnify and hold harmless the other from and against any and all claims, demands, losses, suits, damages or liabilities whatsoever, arising

out of each parties rights and duties to their section of East Lincoln Road set forth in this agreement, provided, however, that such indemnification shall not apply to the extent that such losses are caused by the negligence or wrongful conduct of the party seeking such indemnification, or its servants, employees, agents, invitees, contractors, or subcontractors. This general indemnification shall not be construed as limiting or qualifying other indemnification right under law.

5. **AMENDMENTS AND TERMINATION OF AGREEMENT.** The parties may, from time to time, amend any portion of this agreement provided that each governing body passes a resolution with the exact language of the proposed amendment. Amendments shall not become effective until unanimous approval by all parties.
6. **INTERPRETATION.** This agreement must be interpreted and construed reasonably and neither for, nor against any of the parties, regardless of the degree to which any of the parties participated in its drafting. The parties intend that the authority granted to them by Wis Stat. 66.0301 be interpreted liberally in favor of cooperative action between the parties and other municipalities that the parties may contract with.
7. **SEVERABILITY.** The invalidity, illegality, or unenforceability of any provision of this agreement or the occurrence of any event rendering any portion or provision of this agreement void, shall in no way affect the validity or enforceability of any other provision of this agreement.
8. **MISCELLANEOUS.** This agreement contains the entire contact between the parties with respect to their rights and obligations under this agreement. This agreement completely and fully supersedes all prior understandings, agreements (oral and written), and discussions between the parties. This agreement shall be binding upon the parties and shall be construed and enforced in accordance with the laws of the State of Wisconsin. Furthermore, the parties executing this agreement each warrant that they have the authority to sign the same and bind their respective municipalities hereto, after a vote and authorization by their respective governing bodies.

TOWN OF BROCKWAY

CITY OF BLACK RIVER FALLS

Dated: _____

Dated: _____

Donald Mathews, Chairperson
Town of Brockway

Mayor, Jay Eddy

Dated: _____

Dated: _____

Dated: _____
Julie Borek, Town Clerk

A. Brad Chown, City Administrator

**CITY OF BLACK RIVER FALLS, JACKSON COUNTY, WISCONSIN
ORDINANCE NO. 895**

**AN ORDINANCE REPEALING AND RECREATING SECTION 7.20(4)(b) OF THE
CODE OF ORDINANCES FOR THE CITY OF BLACK RIVER FALLS**

**1. Section 7.20(4)(b) of the Code of Ordinances of the City of Black River Falls
is repealed and recreated to read as follows:**

(b) ATVs and UTVs may only be operated on authorized streets/roads/highways
between the hours of 5:00 A.M. and 10:00 P.M.

Jay Eddy, Mayor

ATTEST:

Alex B. Chown, City Administrator

DATES PRESENTED:

DATE PASSED:

DATE PUBLISHED:

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
COUNTY OF JACKSON)

Personally came before me this ____ day of _____, 2025, the above-named Jay Eddy and Alex B. Chown, to me known to be the Mayor and City Administrator of the City of Black River Falls, Jackson County, Wisconsin respectively, and to me known to be the persons who executed the foregoing instrument and acknowledge the same.

Notary Public
State of Wisconsin
My commission expires _____

Current Language

#895
—

TRAFFIC CODE 7.20 (2)

(2) STATE TRAFFIC LAWS ADOPTED

(a) Except as otherwise specifically provided in this ordinance/code, the statutory provisions in Chapter 23, 340 to 348, and 350 of the Wisconsin Statutes, describing and defining regulations with respect to vehicles and traffic, and Chapter NR 64, All Terrain Vehicles, WI-DNR, as amended, exclusive of any provisions therein relating to penalties to be imposed and exclusive of any

regulations for which the statutory penalty is a fine or term of imprisonment are hereby adopted and by reference made a part of this section as if fully set forth herein. Any act required to be performed or prohibited by any statute incorporated herein by reference is required or prohibited by this section. Any future amendments, revisions, or modifications of the statutes incorporated herein are intended to be made part of this section in order to secure uniform statewide regulation.

(3) SIGNAGE

(a) All required ATV/UTV signs shall be installed and maintained in accordance with Wisconsin Administrative Code NR 64.12 (7) and all applicable statutes and administrative code provisions.

(b) The City of Black River Falls is solely responsible for ATV/UTV signage installation, and no person or organization may install any such signage without written authorization of the City.

(c) No person may erect, remove, obscure, or deface any authorized ATV/UTV sign without written authorization of the City.

(4) OPERATION OF ATV'S AND UTV'S

(a) Operation of ATVs and UTVs in the City pursuant to this ordinance shall be subject to all provisions of Wis. Stats. § 23.33, which is adopted as a part of this ordinance by reference. In addition the following restrictions apply to operation of ATVs and UTVs on all authorized city streets/roads/highways.

(b) ATVs and UTVs may only be operated on authorized streets/roads/highways between the hours of 8:00 A.M. and 9:00 P.M.

(c) ATVs and UTVs shall operate at a safe speed not to exceed the posted speed limits.

(d) No person under the age of sixteen (16) may operate an ATV or UTV on any segment of a street/road/highway in the City.

(d) Every person who operates an ATV or UTV on any street/road/highway in the



Sex Offender Residency Restrictions

Prepared by: Katie Bender-Olson, Senior Staff Attorney

Although community members often object when a sex offender moves in nearby, a sex offender may live in any location unless there is a law, ordinance, or rule that specifically prohibits it. State laws, municipal ordinances, and conditions the Department of Corrections (DOC) imposes on individual sex offenders do limit where sex offenders may live. However, whether a particular sex offender may live in a location largely depends on the category of offender and the community where the offender resides.

CATEGORY OF SEX OFFENDER

The term “sex offender” generally refers to a person convicted of particular sex-related crimes who is required to register with the Wisconsin Sex Offender Registry.¹ There is a small subset of sex offenders called “sexually violent persons” (SVP) who are subject to an involuntary civil commitment process under ch. 980, Stats., after completing their criminal sentences.² The sex offenders deemed SVPs by a court are confined in a Department of Health Services (DHS) secure treatment center after being released from state prison.

A court may eventually discharge an SVP or grant the SVP supervised release, if the SVP files a petition and meets specific statutory criteria. Supervised release allows an SVP to live in the community, but remain under the care and control of DHS. If a court finds the SVP qualifies for supervised release, the court orders the SVP’s county of residence to prepare a report identifying appropriate housing for the SVP within that county.³ Different residency restrictions apply to a sex offender who is an SVP than to other sex offenders.

LOCAL ORDINANCES RESTRICT WHERE MANY SEX OFFENDERS LIVE

Local governments impose most of the existing residency restrictions on sex offenders. This means limitations vary depending on the city, village, town, and county in which a sex offender resides.

A municipality or county can enact an ordinance restricting where a sex offender may live within a particular jurisdiction. More than 150 municipalities in Wisconsin have enacted a sex offender residency restriction ordinance. These local ordinances typically prohibit a sex offender, or particular type of sex offender (e.g. “serious child sex offender”), from residing within a certain distance of identified locations like schools, playgrounds, and day care centers. Sex offender residency restriction ordinances vary and exist more often in cities and villages than in townships.

Local ordinances that are too restrictive may be subject to legal challenges. Ordinances that severely limit the geographic areas within a municipality where a sex offender could legally reside have occasionally been invalidated by courts.⁴

STATE LAW IMPOSES FEW LIMITS ON WHERE SEX OFFENDERS LIVE

Wisconsin statutes do not limit where most sex offenders may live. State law restricts only where an SVP on supervised release may live, and where DOC may initially place sex offenders released to parole or extended supervision.

Restrictions on SVPs on Supervised Release

A court may grant an SVP supervised release to live in the community, but the SVP must live in a particular location identified by his or her county of residence and approved by the court. State law prohibits the residence from being within 1,500 feet of any school premises, child care facility, public

park, place of worship, or youth center. If the SVP committed a sexually violent offense against an adult-at-risk or elder-at-risk, the plan must ensure the residence is at least 1,500 feet from a nursing home or assisted living facility. If the SVP is a serious child sex offender, the plan must ensure that the residence is not on a property adjacent to a child's primary residence, meaning that the properties share a property line (without regard to a road) if the living quarters are within 1,500 feet of one another. None of the prohibitions apply to an SVP who already resided in a location before a school, public park, child's residence, or other prohibited location was established.⁵

Restrictions on Newly Released Sex Offenders

State law restricts where DOC may place a sex offender upon his or her initial release into the community on parole or extended supervision. DOC must place an offender who committed a "sex offense" in one of three locations: (1) the county where the offender resided when he or she committed the sex offense; (2) the county where the offender was convicted; or (3) a sex offender treatment facility.⁶ The requirement for DOC to place an offender in one of the three noted locations only applies to initial placement. DOC can later authorize an offender to live in a location other than those listed.⁷ However, DOC cannot parole an offender who committed a "serious sex offense" in a county containing a prison offering a specialized sex offender treatment program unless it is also the offender's county of residence.⁸

DOC RESTRICTS WHERE INDIVIDUAL SEX OFFENDERS LIVE

DOC rules of supervision restrict where a certain sex offender may live by requiring the offender to receive approval of his or her residence. DOC has authority to impose conditions or rules that a particular offender must follow while on probation, parole, or extended supervision in the community.

Offenders who committed a "serious sex offense" must live in DOC-approved housing as a condition of extended supervision.⁹ DOC must also attempt to minimize the population density of these offenders who are on supervision, which may factor into a DOC decision to approve or deny an offender's request to live in a particular residence.¹⁰ In addition, standard rules of supervision that DOC generally applies to all sex offenders prohibit an offender from residing or staying overnight anywhere other than a preapproved residence without prior approval.¹¹

¹ The [Wisconsin Sex Offender Registry](#) is a DOC registry of convicted sex offenders residing in the state. The registry permits public access to certain information about sex offenders, including the offender's name, address, picture, and offense. [ss. 980.01(7) and 980.06, Stats.]

² To be deemed an SVP, a person must: (1) have been convicted of a sexually violent offense; and (2) be dangerous because he or she suffers from a mental disorder that makes it likely the person will engage in acts of sexual violence. A sex offender only becomes an SVP after a court determination in a ch. 980 commitment proceeding. An offender can also qualify as an SVP if the offender was adjudicated delinquent for a sexually violent offense (applies to a juvenile) or was found not guilty of a sexually violent offense by reason of insanity or mental disease, defect, or illness. A "sexually violent offense" includes specified sex offenses, such as first-, second-, or third-degree sexual assault, as well as certain other crimes that were sexually motivated. [s. 980.01(6) and (7), Stats.]

³ The county must form a committee to identify housing somewhere in the county. However, if the SVP's county of residence is Milwaukee County, then the committee must identify housing in the SVP's city, village, or town of residence. [s. 980.08(4)(dm) 1., Stats.]

⁴ See, e.g., *Hoffman v. Village of Pleasant Prairie*, 249 F. Supp. 3d 951 (E.D. Wis. 2017) (U.S. District Court in Wisconsin found village ordinance violated the Ex Post Facto and Equal Protection Clauses of the U.S. Constitution); *Evenstad v. City of West St. Paul*, 306 F. Supp. 3d 1086 (D. Minn. 2018) (U.S. District Court in Minnesota granted preliminary injunction against city ordinance based on balance of equities and conclusion that ordinance is excessive in relation to its stated purpose).

⁵ s. 980.08(4)(dm) 1., Stats.

⁶ s. 301.03(20)(a), Stats.

⁷ s. 301.03(20)(b), Stats.

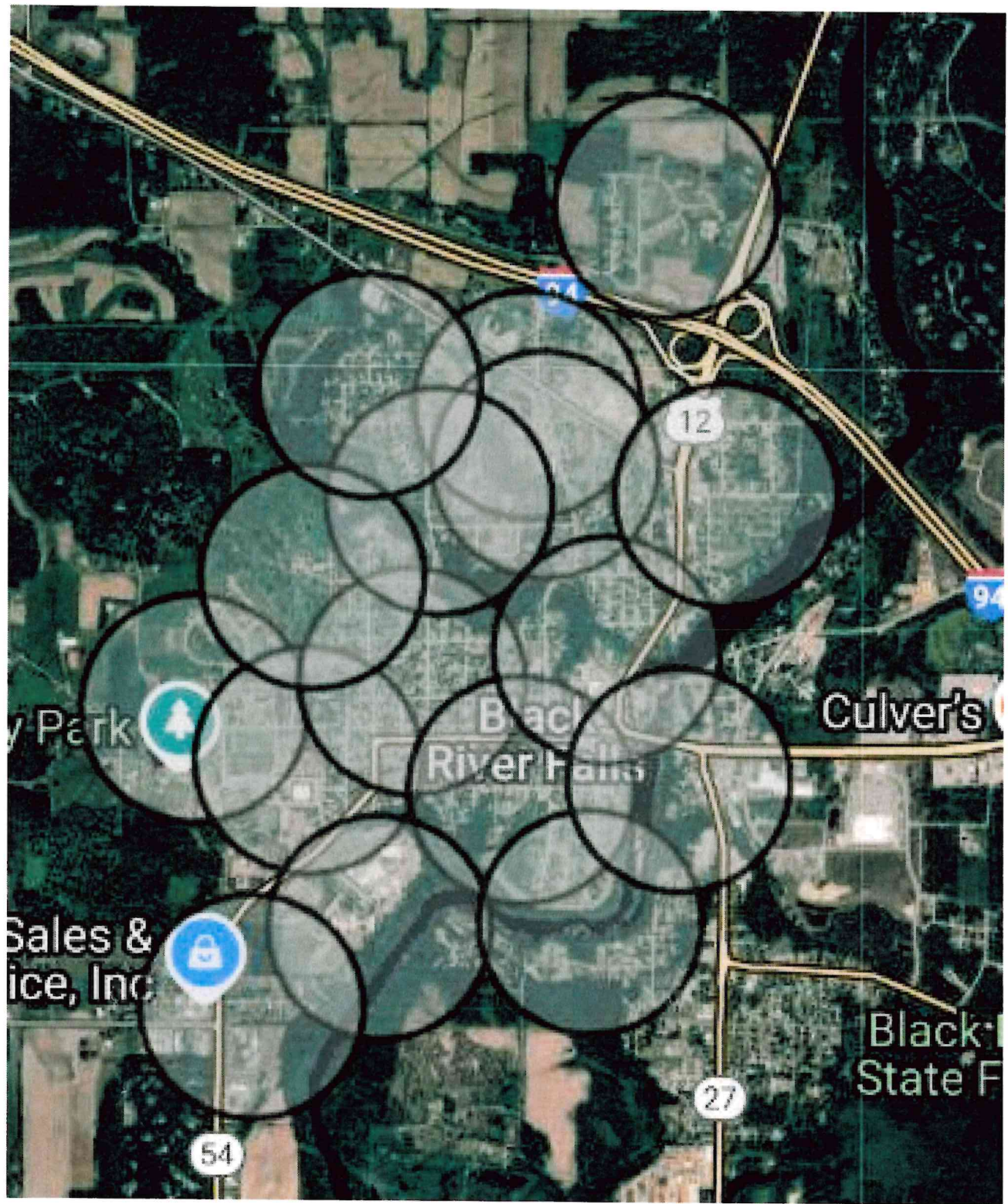
⁸ The restriction is specific to "paroling" a sex offender, meaning it only applies to offenders committing their offenses prior to January 1, 2000. [s. 304.06(2m)(b) and (c), Stats.]

⁹ s. 302.116, Stats.

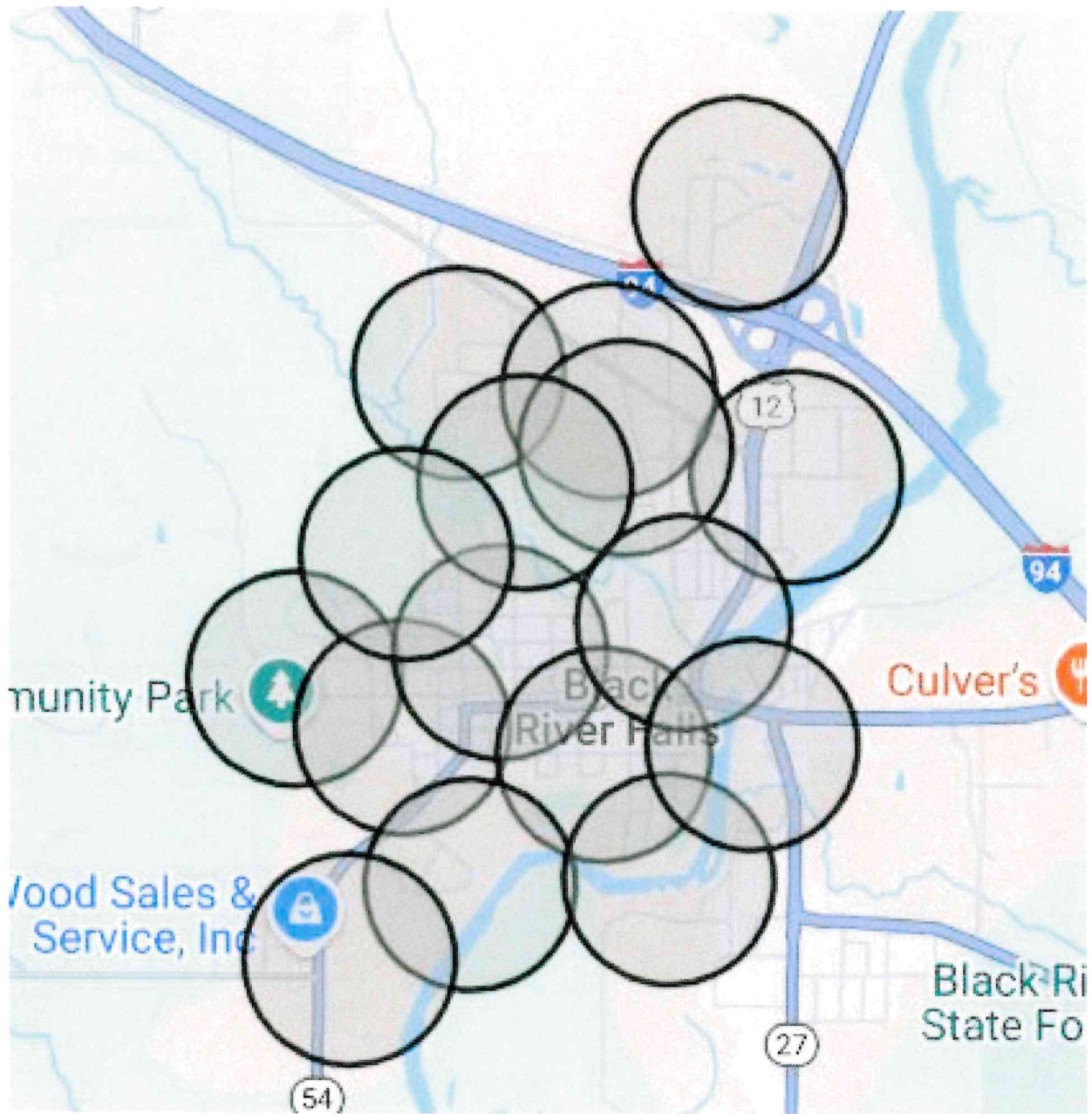
¹⁰ s. 301.03(19), Stats.

¹¹ Item #4, [Standard Sex Offender Rules of Supervision](#).

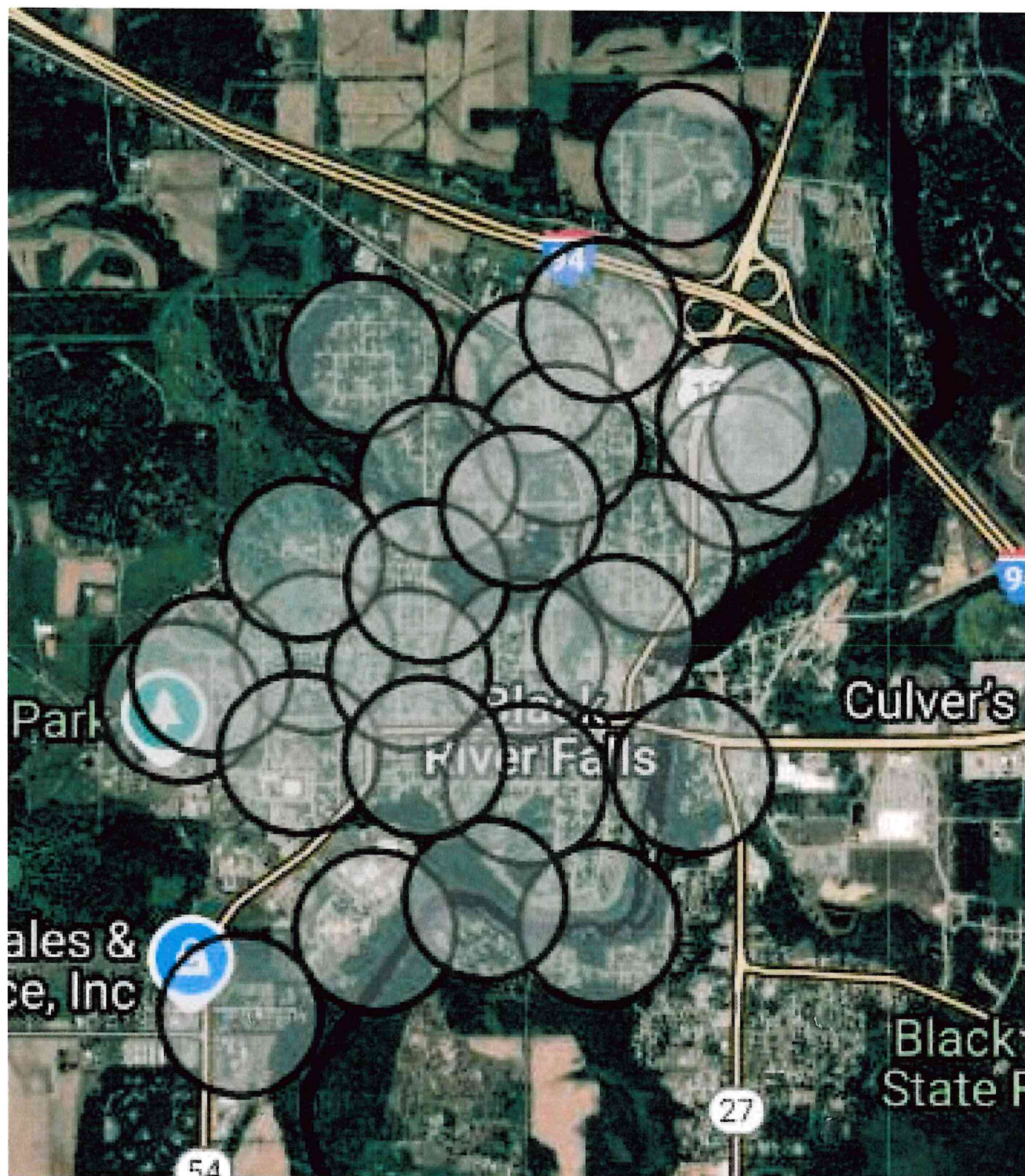
Residential Restriction Map – 1,500 Feet



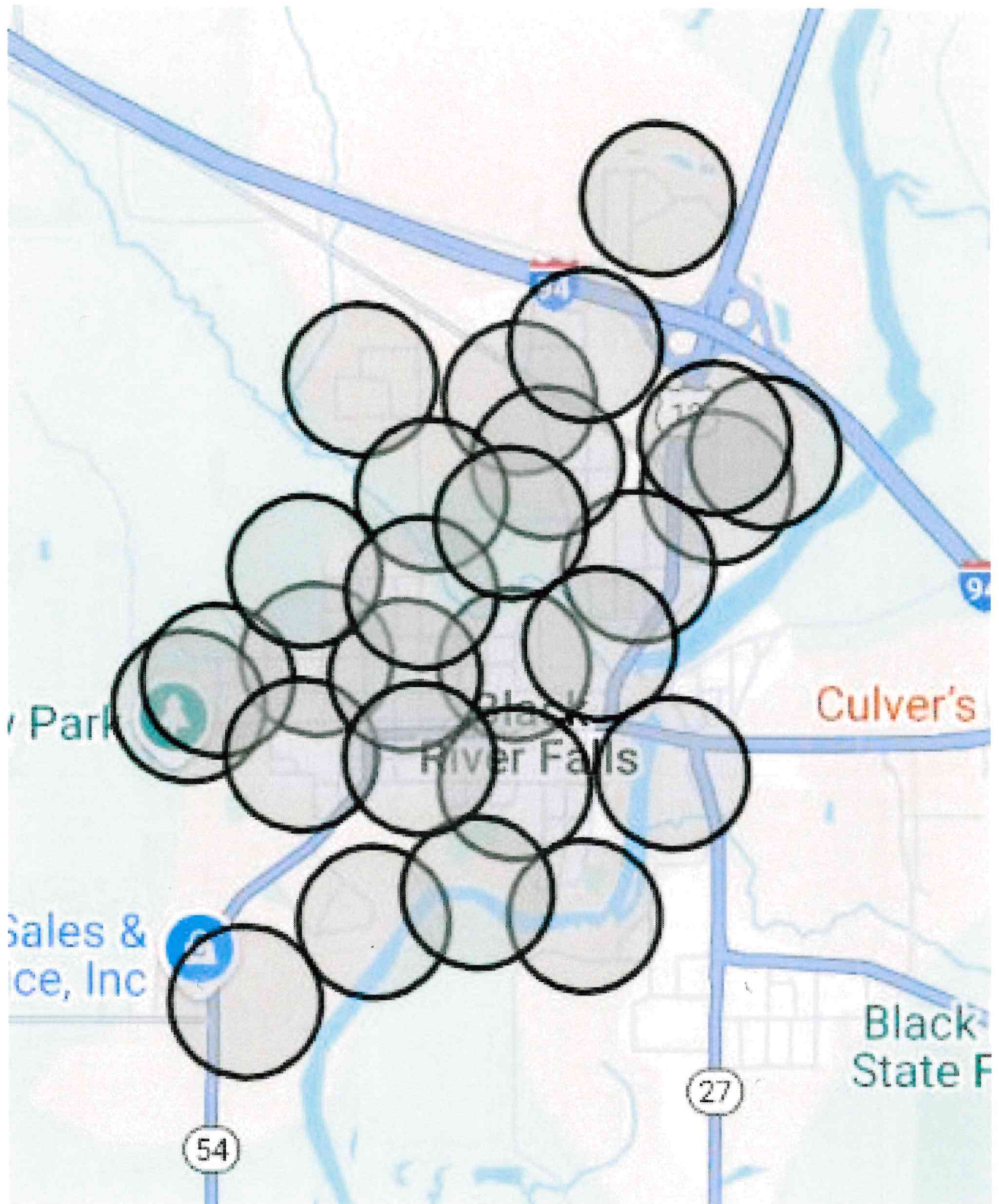
Residential Restriction Map – 1,500 Feet



Residential Restriction – 1,000 Feet



Residential Restriction – 1,000 Feet



School Bus Stops – City of BRF

- 125 Rye Bluff Road (Stays on Rye Bluff Road)
- 145 Rye Bluff Road (Stays on Rye Bluff Road)
- N. 14th Street Townhouses (Stays on Street)
- Pineview Road by Tadpoles Child care
- Forrest Street & Gordon Street
- Forrest Street & Clifton Street
- N. 4th Street by District Offices
- N. 3rd Street by District Offices
- S. 10th Street (Main St/Hwy 54) by Fairgrounds
- Buena Vista Drive & Chula Vista Drive
- W. Jefferson Street by alley between Chestnut Street & Pine Street
- E. Jefferson Street & Maple Street
- Washington Street at Riverside Cemetery entrance
- 650 Elm Street (Stays on Elm Street)
- Rose Street midway between Washington Street & Columbus Street
- Pony Lane & Larson Street
- North Star Drive
- Westwind Drive
- E. Pine Street near Lallapalooza
- W. Adams Street & Timber Creek Circle
- BRF Childcare – in parking lot
- N. 8th Street Apartments (Stays on Street)
- N. 10th Street & Harrison Street
- Fillmore Street & S. 2nd Street
- Fillmore Street & S. 6th Street
- Fillmore Street & S. 8th Street
- Fillmore Street & S. 9th Street
- Fillmore Street & S. 11th Street

CITY OF BLAIR ORDINANCE NO. ____ CREATING **CHAPTER 71** OF THE CODE OF ORDINANCES
RELATING TO SEX OFFENDER RESIDENCY

The Common Council of the City of Blair, Trempealeau County, Wisconsin do ordain as follows:

Section 1. **CHAPTER 71** in the Code of Ordinances of the City of Blair is hereby created to read as follows:

CHAPTER 71

71.01 Title.

71.02 Recitals.

71.03 Purpose.

71.04 Definitions.

71.05 Residency restriction.

71.06 Residency restriction exceptions.

71.07 Safety zones.

71.08 Safety zone exceptions.

71.09 Original residency restriction.

71.10 Sale or rental of property for use by sex offenders.

71.11 Enforcement.

71.12 Petition for exemption.

71.01 **Title.**

This Ordinance shall be entitled the "Sex Offender Residency Ordinance."

71.02 **Recitals.**

The Wisconsin Statutes, including Chapters 940, 944, and 948 thereof, govern the punishment of individuals who commit sex crimes. The Wisconsin Statutes also govern the release into the community of such individuals. The city is responsible to maintain the public health, safety, and welfare and finds that sex offenders have high recidivism rates that threaten the public health, safety, and welfare, especially that of children.

The city counsel has reviewed findings in several studies related to recidivism and risk related to individuals who have committed sex crimes. Those studies include the following:

- Center for Sex Offender Management Fact Sheet: What You Need to Know About Sex Offenders. This fact sheet provided information about sex offender recidivism, including that it is estimated that one in every five girls and one in every seven boys are sexually abused by the time they reach adulthood; that one in six adult women and one in 33 adult men experience an attempted or completed sexual assault; that approximately 67 percent of all victims of reported sexual assaults are under age 18 and more than half are under age 12; and that about 12 to 24 percent of sex offenders will re-offend.
- U.S. Department of Justice, Bureau of Justice Statistics—Recidivism of Sex Offenders Released from Prison in 1994. This study found that compared to non-sex offenders released from state prisons, released sex offenders were four times more likely to be re-arrested for a sex crime.
- Correctional Service Canada—Forum on Corrections Research. This study of 178 sex offenders released from a maximum-security psychiatric facility found that after an average follow-up of 59 months, 27.5 percent of sex offenders in the study sexually recidivated and 40.4 percent of the sex offenders were arrested, convicted, or returned to a psychiatric facility for a violent offence.
- California Research Bureau—The Impact of Residency Restrictions on Sex Offenders and Correctional Management: A Literature Review. This study found that at the time it was written 22 states had enacted some form of residency restriction that prohibits sex offenders from living within a certain distance of schools, daycare centers, or places where children congregate. The least restrictive among them was 500 feet, but distances from 1,000 to 2,500 feet were common.
- National Bureau of Economic Research—There Goes the Neighborhood? Estimates of the Impact of Crime Risk on Property Values from Megan's Laws. This study found that the majority of both violent and non-violent offenses take place less than one mile from victims' homes. It also found that prices of homes near sex offenders declined considerably following an offender's arrival in the neighborhood.
- An Evaluation of Sex Offender Residency Restrictions in Michigan and Missouri. This study found that while in Michigan, residency restrictions led to a slight increase in recidivism, in Missouri, the reconviction rate declined.

Based on the above studies and other information presented to the city counsel, the counsel determines that the restrictions set forth in this section serve the purpose of protecting the public health, safety, and welfare from the risk of recidivism of sex offenders. The counsel further determines that the intent and effect of this article is not to banish sex offenders from residing within the city, and careful attention has been given to ensure that there are ample locations for sex offenders to reside within the city in compliance with the requirements of this article.

The counsel further determines that the opportunity for individualized consideration of the risks and benefits of residency restrictions on a case-by-case basis is the best approach to achieve the purposes of this article and, to that end, this article establishes an "exemption" process by which a sex offender may seek an exemption from its residency restrictions by petitioning to the City's Sex Offender Residence Counsel.

71.03 Purpose.

The purpose of this article is to protect the public health, safety, and welfare in the city by regulating the residency of sex offenders.

71.04 Definitions.

(a) Sex offender. A person who has been convicted of, has been found delinquent of, or has been found not guilty of by reason of disease or mental defect of a sexually violent offense or a crime against children.

(b) Sexually violent offense. Shall have the meaning set forth in Wis. Stat. § 980.01(6).

(c) Crime against children. Shall mean any of the following offenses set forth in the Wisconsin Statutes, as amended, or in the laws of this or any other state or the federal government having like elements necessary for conviction, respectively:

Wis. Stat. § 940.225(1) First Degree Sexual Assault.

Wis. Stat. § 940.225(2) Second Degree Sexual Assault.

Wis. Stat. § 940.225(3) Third Degree Sexual Assault.

Wis. Stat. § 940.22(2) Sexual Exploitation by Therapist.

Wis. Stat. § 940.30 False Imprisonment — Victim was Minor and Not Offender's Child.

Wis. Stat. § 940.31 Kidnapping — Victim was Minor and Not Offender's Child.

Wis. Stat. § 944.02 Rape (prior statute, now Wis. Stat. § 940.225).

Wis. Stat. § 944.06 Incest.

Wis. Stat. § 944.10 Sexual Intercourse with a Child (prior statute, now Wis. Stat. § 948.02).

Wis. Stat. § 944.11 Indecent Behavior with a Child (prior statute, now Wis. Stat. § 948.02).

Wis. Stat. § 944.12 Enticing Child for Immoral Purposes (prior statute, now Wis. Stat. § 948.07).

Wis. Stat. § 948.02(1) First Degree Sexual Assault of a Child.

Wis. Stat. § 948.02(2) Second Degree Sexual Assault of a Child.

Wis. Stat. § 948.025 Engaging in Repeated Acts of Sexual Assault of the Same Child.

Wis. Stat. § 948.05 Sexual Exploitation of a Child.

Wis. Stat. § 948.055 Causing a Child to View or Listen to Sexual Activity.

Wis. Stat. § 948.06 Incest with a Child.

Wis. Stat. § 948.07 Child Enticement.

Wis. Stat. § 948.075 Use of a Computer to Facilitate a Child Sex Crime.

Wis. Stat. § 948.08 Soliciting a Child for Prostitution.

Wis. Stat. § 948.095 Sexual Assault of a Student by School Instruction Staff.

Wis. Stat. § 948.11(2)(a) or (am) Exposing a Child to Harmful Material.

Wis. Stat. § 948.12 Possession of Child Pornography.

Wis. Stat. § 948.13 Convicted Child Sex Offender Working with Children.

Wis. Stat. § 948.30 Abduction of Another's Child.

Wis. Stat. § 971.17 Not Guilty by Reason of Mental Disease or an Included Offense.

Wis. Stat. § 975.06 Sex Crime Law Enforcement.

(d) Residence. A place where a person sleeps, abides, lodges, or resides on a permanent or regular basis. For purposes of this definition, a permanent basis means 14 or more consecutive days and a regular basis means 14 or more aggregate days during any calendar year and four or more days in any month. A person may have more than one residence.

(e) City. Means the City of Blair, located in Trempealeau County, Wisconsin.

71.05 Residency restriction.

(a) Except as otherwise provided in this Ordinance, a Sex Offender may not reside within 1,500 feet of any real property upon which there exists any of the following uses:

- (1) A school for children.
- (2) A public park, park facility, or pathway.
- (3) A daycare licensed by the State of Wisconsin.
- (4) A public library.
- (5) A public playground.
- (6) A public athletic field used by children.
- (7) A residential care center for children.
- (8) A public swimming pool.
- (9) A public community center
- (10) Designated School Bus Stops (pick-up/drop-off)

(b) For purposes of this section, distance is to be measured in a straight line from the closest boundary line of the real property upon which the sex offender's residence is located to the closest boundary line of the real property of the applicable use.

71.06 Residency restriction exceptions.

A sex offender residing within an area otherwise prohibited by section 71.05 does not commit an offense if any of the following apply:

- (1) The person is required to serve a sentence at a jail, prison, juvenile facility, or other facility located at the otherwise prohibited location.
- (2) The person had established a residence, as defined in section 71.04(d) above, at the location prior to the effective date of this article.
- (3) The use enumerated in section 71.05(a) was established after the sex offender established a residence at the location and registered that residence as required by law.
- (4) The sex offender is a minor or ward under guardianship.

71.07 Safety zones.

No sex offender may enter or be present on any real property upon which there exists any facility used for or which supports the use of:

- (1) A school for children.
- (2) A public park, park facility, or pathway.
- (3) A daycare licensed by the State of Wisconsin.
- (4) A public library.
- (5) A public playground.
- (6) A public athletic field used by children.
- (7) A residential care center for children.
- (8) A public swimming pool.
- (9) A public community center.

71.08 Safety zone exceptions.

A Sex Offender present in an area otherwise prohibited by section 71.07 does not commit an offense if any of the following apply:

(1)The property supporting a use enumerated in section 71.07 also supports a church, synagogue, mosque, temple, or other house of religious worship, subject to the following conditions:

- a. Entrance and presence on the property may occur only during hours of worship or other religious program or service.
- b. The person may not participate in any religious education programs that include individuals under the age of 18.

(2)The property supporting a use enumerated in section 71.07 also supports a use lawfully attended by the sex offender's natural or adopted child or children, which child's use reasonably requires the attendance of the sex offender, provided that entrance and presence on the property occurs only during hours of activity related to the use by the child or children.

(3)The property supporting a use enumerated in section 71.07 also supports a polling location in a local, state, or federal election, subject to the following conditions:

- a. The sex offender is eligible to vote.
- b. The polling location is the designated polling location for the sex offender.
- c. The sex offender casts his or her ballot with whatever usual and customary assistance is available and vacates the property immediately after voting.

(4) The property supporting a use enumerated in section 71.07 also supports a school lawfully attended by the sex offender as a student, provided that the sex offender may only remain on the property at such times that are reasonably required for his or her educational purposes.

(5) The property supporting a use enumerated in section 71.07 also supports a police station, City Hall, or other governmental building, provided that the sex offender vacates the property immediately after completing the activity that required his or her presence at the property.

71.09 Original residency restriction.

In addition to the other residency restrictions set forth herein and subject to the limitations in section 71.06, no sex offender may establish a residence in the city unless he or she was a resident of the city at the time of the most recent offense resulting in the person's most recent conviction, commitment, or placement as a sex offender. This limitation shall not apply to the establishment of a residence at a dwelling that is owned by a member of the sex offender's family at the time the sex offender establishes residence therein. For purposes of this section, a member of a sex offender's family means the sex offender's mother, father, brother, sister, child, or grandparent.

71.10 Sale or rental of property for use by sex offenders.

No person may sell or rent any place, structure, or part thereof with knowledge that it will be used as a residence by any sex offender that is prohibited from establishing residence therein by this article.

71.11 Enforcement.

A person violating this article shall be subject to forfeitures in an amount of not less than \$200.00 nor more than \$1,000.00 for each violation plus the costs of prosecution (including reasonable attorneys' fees). For purposes of calculating forfeitures, each day that a violation exists shall constitute a separate offense. Violations of this article are also deemed public nuisances, and the city may bring an action in circuit court to enjoin or abate any violation.

71.12 Petition for exemption.

(a) A sex offender may seek an exemption from this article by petitioning to the Blair Sex Offender Appeals Board ("Appeals Board").

(b) The Appeals Board shall consist of three (3) citizens residing in the city, which may include City Counsel members. Board Members shall be appointed by the Mayor. Board Members shall serve for a term of five (5) years and shall serve no more than two consecutive terms. The terms for the initial members of the Appeals Board shall be staggered with one Board Member serving one year, a second Board Member serving three years, and a third Board Member serving five years.

(c) The Appeals Board shall approve an official petition form. The sex offender seeking an exemption must complete the petition and submit it to the City Clerk, who shall forward it to the members of the Appeals Board. The Appeals Board shall hold a hearing on each petition, during which the Appeals Board may review any pertinent information and accept oral or written statements from any person. The Appeals Board shall base its decision on factors related to the city's interest in promoting, protecting, and improving the health, safety, and welfare of the community. Applicable factors for the Appeals Board to consider include, but are not limited to:

- (1) Nature of the offense that resulted in designated offender status.
- (2) Date of offense.
- (3) Age at time of the offense.
- (4) Recommendation of probation or parole officer.
- (5) Investigative report of the police department.
- (6) Recommendation of any treating practitioner.
- (7) Counseling, treatment, and rehabilitation status of the sex offender.
- (8) Remorse of sex offender.
- (9) Duration of time since sex offender's incarceration.
- (10) Support network of sex offender.
- (11) Relationship of offender and victim(s).

(12) Presence or use of force in offense(s).

(13) Adherence to terms of probation or parole.

(14) Proposals for safety assurances of sex offender.

(15) Conditions to be placed on the exemption.

(d) The Appeals Board shall decide by majority vote whether to grant or deny an exemption. An exemption may be unconditional or limited to a certain address, time, or subject to other reasonable conditions. The Appeals Board's decision shall be final for purposes of any appeal. A written copy of the decision shall be provided to the sex offender and the police department.

Section 2. Severability. The provisions of this ordinance shall be deemed severable, and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstance is held invalid, the remainder of the ordinance and the application of such provisions to other persons and/or circumstances shall not be deemed affected.

Section 3. Effective Date. This ordinance becomes effective upon passage and publication as required by law.

Mayor, City of Blair

ATTEST:

City Clerk/Deputy City Clerk

DATE PASSED:

DATE PUBLISHED:

ACKNOWLEDGEMENT

State of Wisconsin)
) ss.
County of Trempealeau)

Personally came before me this ____ day of _____, 2025, the above-named **John Rawson** and **Debi Fremstad**, to me known to be the Mayor and City Clerk of the City of Blair, Trempealeau County, Wisconsin respectively, and to me known to be the persons who executed the foregoing instrument and acknowledge the same.

Notary Public - State of Wisconsin
My commission expires _____.