

CITY OF GLENDALE
5909 North Milwaukee River Parkway
Glendale, Wisconsin 53209

AGENDA - COMMON COUNCIL MEETING

Monday, June 27, 2016
6:00 p.m.

1. Roll Call and Pledge of Allegiance.
2. Adoption of Minutes of Meetings Held on June 13, 2016.
3. Public Comment. Glendale residents, business owners and property owners are invited to speak to the Council on items that are not on the agenda and are within the City's ability to regulate or control.
4. Communications, Applications, and Petitions: (The public may speak to the Council prior to the beginning of deliberations on these items, provided they have notified their respective Alderperson or the Mayor in advance of this meeting).
 - a) Special Gathering Permit Bavarian Soccer Club for July 22-24, 2016.
5. Unfinished Business: (The public may speak to the Council prior to the beginning of deliberations on these items, provided they have notified their respective Alderperson or the Mayor in advance of this meeting).
 - a) Legislative & Judiciary Committee Report and Recommendation on 2016-2017 Renewal Applications for Liquor, Beer and Wine Licenses.
 - b) Community Park Funding Status (City Administrator).
6. New Business: (The public may speak to the Council prior to the beginning of deliberations on these items, provided they have notified their respective Alderperson or the Mayor in advance of this meeting).
 - a) Resolution Authorizing and Filing of Annual WDNR Compliance Maintenance Report (City Services).
 - b) Right of Way Permit and Hold Harmless Agreement for Maintenance of Little Free Library in City Right of Way.
 - c) Reminder: Monday, July 11, 2016 at 4:00 p.m. Board of Review will commence.
7. Receipt of Monthly Departmental Reports.
8. Commission, Committee, Board Reports: (This is an Opportunity for Council Members to Report on their Respective Committees, Commissions, Boards of which they serve as a Member.)
9. Adjournment.

- Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals.

CITY OF GLENDALE -- COMMON COUNCIL
June 13, 2016

Regular meeting of the Common Council of the City of Glendale held in the Municipal Building, 5909 North Milwaukee River Parkway.

The meeting was called to order by Mayor Bryan Kennedy at 6:00 p.m.

Roll Call: Present: Ald. Robert Whitaker, James Daugherty, John C. Gelhard, Richard W. Wiese, Izzy Goldberg and JoAnn Shaw. Absent: None.

Other Officials Present: Richard Maslowski, City Administrator; Rachel Reiss, Deputy City Administrator; Tom Czarnyszka, Police Chief; and John Fuchs, City Attorney.

PLEDGE OF ALLEGIANCE.

The members of the Common Council, City staff and all those present pledged allegiance to the flag of the United States of America.

OPEN MEETING NOTICE.

The City Administrator advised that in accordance with the Open Meeting Law, the local news media was advised on Thursday, June 9, 2016, of the date of this meeting; that the agenda was posted on the official bulletin board of City Hall, the Glendale Police Department, and the North Shore Library; that copies of the agenda were made available to the general public in the Municipal Building and the Police Department, and those persons who requested, were sent copies of the agenda.

ADOPTION OF COUNCIL MINUTES.

Motion was made by Ald. Whitaker, seconded by Ald. Daugherty, approving the minutes of the meeting held on May 23, 2016. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

MAYORS VETO:

Mayor Kennedy's Veto of Ordinance Amending Title 7, Chapter 1, Section 25 of the Code of Ordinances of the City of Glendale pertaining to Keeping of Domestic Animals.

Mayor Kennedy issued a veto on the action taken by the Common Council on May 23, 2016 regarding the adoption of the ordinance amending Section 7-1-25 of the City Code pertaining to the Keeping of Domestic Animals. The Mayor believes that the Ordinance does not reflect the will of Glendale residents.

Attorney Fuchs advised the Council of the timeliness of the veto. Mr. Fuchs reminded the Council this item is for their discussion only.

Motion was made by Ald. Whitaker, seconded by Ald. Wiese, to make the act of approving Ordinance Amending Title 7, Chapter 1, Section 25 of the Code of Ordinances of the City of Glendale pertaining to Keeping of Domestic Animals effective over the objection of the

mayor. Ayes: Ald. Whitaker, Wiese, Goldberg and Shaw. Noes: Daugherty, Gelhard. Absent: None. Motion carried 4 votes to 2 votes.

PUBLIC COMMENT:

Eight residents appeared before the Council regarding matters of stop light timing, shrub trimming, permitting process, crosswalks, commendation of the City Administration and agenda formatting.

COMMUNICATIONS, APPLICATIONS AND PETITIONS:

I. File No _____

Communication from City Administrator, Richard Maslowski, re: 2017 City Budget Preparation and Review Schedule.

The City Administrator stated that the Governor and Legislature adopted permanent tax levy limits allowing the City to increase its property tax levy each year by no more than the percentage of growth in equalized value from net new construction in the previous year. Absent any growth, the tax levy cannot be increased. He further stated that with the tax levy limitations, the City can anticipate a further reduction in State revenue; no potential major increases in any existing revenue sources; a minimum increase of 2% to fund the 2017 City portion of the North Shore Fire Department budget; plus the normal inflationary cost increases for items such as fuel, utilities, street salt, insurance and other consumer commodities, and the possible increases in employee fringe benefit costs.

The following timetable is being presented for consideration. Department heads will begin and complete their budget requests to the City Administrator no later than August 12, 2016. During August and September, the City Administrator and staff will prepare the proposed 2017 budget for presentation to the Council on September 26, 2016. The Council will schedule working review sessions during the month of October, with the budget public hearing and adoption of the budget scheduled for November 14, 2016.

Motion was made by Ald. Whitaker, seconded by Ald. Goldberg, to approve the 2017 Budget Review Timetable as submitted by the City Administrator. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

II. File No _____

Communication from City Services Director Dave Eastman, re: Review of Bids and Award Contract for Community Park.

Based upon the recommendation of the City Services Director, motion was made by Ald. Wiese, seconded by Ald. Daugherty, to Award the Contract for the Glendale Community Recreation Campus Project at Richard E. Maslowski Park to the low bidder, Scherrer Construction, Inc. in the amount of \$3,775,619.00. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

- III. File No
Application for Special Gathering Permit filed by the Glendale Little League.

Motion was made by Ald. Whitaker, seconded by Ald. Shaw, to approve the Application for Special Gathering Permit for the Glendale Little League to be held on Saturday, June 11, 2016 beginning at 11:00 a.m. and ending at 8:00 p.m. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

- IV. File No
Notification of Time Warner Cable franchise merger with Charter Communications, Inc.

Motion was made by Ald. Shaw, seconded by Ald. Gelhard, to place the information on file. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

UNFINISHED BUSINESS:

- V. File No
Schedule Public Hearing for July 11, 2106 at 6:00 p.m. to Lubavitch of Wisconsin, Incorporated request to Rezone 6789-99 N. Green Bay Avenue to PD-Planned Unit Development District – Mixed Use Commercial Office and Industrial Use.

Motion was made by Ald. Goldberg, seconded by Ald. Gelhard, to schedule a Public Hearing on the rezoning request for Monday, July 11, 2106 at 6:00 pm. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

NEW BUSINESS:

- VI. File No
Schedule Groundbreaking Date for the New Community Park at 2200 W. Bender Road – June 22, 2016 at 9:00 a.m.

Motion was made by Ald. Wiese, seconded by Ald. Gelhard, to approve the groundbreaking date for the New Community Park on June 22, 2016 at 9:00 a.m. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

APPROVAL OF ACCOUNTS PAYABLE.

Motion was made by Ald. Whitaker, seconded by Ald. Daugherty, to approve the accounts payable register dated June 8, 2016 for check numbers 37127 to 37194 totaling \$603,487.36 and for prepaid checks, numbers 37030 to 37109 and 891 to 908 is totaling \$7,880,149.03. On Roll Call: Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously.

COMMISSION, COMMITTEE AND BOARD REPORTS.

Several Council members briefly reported on the activities of the various Commissions, Committees and Boards they serve on.

CLOSED SESSION.

The Council did not convene into closed session. Attorney Fuchs informed the Council of pending action to pursue litigation of a nuisance property in which a bank took over the property. The bank has failed to properly record the foreclosure and maintain the property.

ADJOURNMENT.

There being no further business, motion was made by Ald. Daugherty, seconded by Ald. Gelhard, to adjourn the meeting. Ayes: Ald. Whitaker, Daugherty, Gelhard, Wiese, Goldberg and Shaw. Noes: None. Absent: None. Motion carried unanimously and adjournment of the Common Council was ordered at 6:45 p.m. until Monday, June 27, 2016 at 6:00 p.m.

Richard E. Maslowski
City Administrator

Recorded: June 14, 2016

4a / 6-27-16

STATE OF WISCONSIN

Milwaukee County }
 } ss.
City of Glendale }

Permit Fee Paid \$ <u>10.00</u>	Receipt # <u>162116</u>
Date Issued _____	Permit # _____

APPLICATION FOR SPECIAL GATHERING PERMIT

Auxiliary Questionnaire on the reverse side of this application must also be completed!

Note: The Glendale Police Auxiliary no longer provide security services for events licensed under the Special Class "B" provision of the Glendale Code. Event sponsors and organizers should consider contracting with a private security provider after taking into account the time, place, number of persons, impact upon traffic and public safety and the nature and type of gathering.

THE UNDERSIGNED HEREBY APPLY TO THE CITY OF GLENDALE FOR A SPECIAL GATHERING PERMIT:

Applicant is (check one): Individual Partnership Corporation L.L.C. L.L.P.
 Other (explain):

Name(s) of Individual; All Partners; OR Corporate Officers (Full First, Middle & Last Name)	Title	Home Address	Post Office & Zip Code	Date of Birth	Phone Number
Peggy Ellen Boris	President/Member	4514 Bartlett, Shorewood WI	53211-5601		414 708 7802
Chir Pieper	Vice-Pres./Member	5565 Shoreland ⁵³²¹¹	53217 WB		312-375-3171
Cathy Skow	Secretary/Member	6917 N. Barnett Ln.	53217 FOX		414-228-5318
Michael Sikorski	Treasurer/Member	5330 W Harvard Pl.	53132 Meck		414-429-4614
Guenther Behre	Premises Manager	7735 N Bernice Ave.	53204 Glendale		414-915-6554

Trade Name: Bavarian Soccer Club Telephone Number: 414-915-6554

Address of Licensed Premises: 700 W. Lexington Blvd. Glendale

Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Yes No

Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No

Describe building or buildings where alcohol beverages are to be served. You must include all rooms, including living quarters, if used, for the sales, service and/or storage of alcohol beverages are records:

Date of Event:	Starting Time:	Ending Time:	# of Persons Expected to Attend
<u>July 22-23-24</u>	<u>5 PM</u>	<u>9 PM</u>	<u>60+</u>

Subscribed and sworn to before me this 9th
day of June, 2016
Notary Public: Rinda A. DeFrances
My commission expires: 9-21-18

Signature of President, Partner or Individual: Guenther Behre
Signature of Secretary or Partner: _____
Signature of Agent or Additional Partner: _____

5a / 6-27-16

Memorandum

To: Mayor and Common Council

From: Rachel A. Reiss, Deputy City Administrator

Date: June 21, 2016

Re: 2016-2017 Renewal Applications for Liquor, Beer and Wine Licenses

Attached are the applications for licenses to sell intoxicating liquor and fermented malt beverages in the City of Glendale, for the period beginning July 1, 2016 and ending June 30, 2017.

These applications have been approved by the Legislative and Judiciary Committee with a condition for Dr. Dawg to pay the outstanding 2015 Personal Property Taxes.

Dr. Dawg has been sent a letter indicating their license will not be renewed unless the City Treasurer receives payment of the taxes prior to June 30, 2016 (see attached).

Staff recommends the Council approve the license applications with the condition for Dr. Dawg to pay the outstanding 2015 Personal Property Taxes prior to the City Clerk issuing a license.



CITY OF GLENDALE
ADMINISTRATIVE OFFICES

5909 North Milwaukee River Parkway
Glendale, Wisconsin 53209-3815
(414) 228-1759
Fax (414) 228-1724

June 14, 2016

David M. Ross
Dr. Dawg, L.L.C.
6969 N. Port Washington Road
Glendale, WI 53217

FINAL NOTICE

Dear Mr. Ross:

City of Glendale Ordinance Section 7-16-1(a) requires that all taxes, assessments or other claims of the City be paid in full prior to the issuance of any license or permit within the City of Glendale.

As you know, your 2015 Personal Property Tax bill is currently delinquent. Please be advised that the City of Glendale will not renew any of your licenses until your 2015 Personal Property tax bill is paid. A statement is enclosed that provides the amount due.

If your licenses are not renewed before they expire on June 30, 2016, you will not be allowed to sell any food or alcohol in the City of Glendale effective July 1, 2016.

If you have any questions or concerns, kindly contact me at (414) 228-1759.

Very truly yours,

CITY OF GLENDALE

Linda DiFrances
City Treasurer

enclosure

NOTICE OF PERSONAL PROPERTY TAX DUE

NOTICE DATE: 06/14/2016

(PROPERTY OWNER NAME ON RECORD)

REMIT TO:

DR. DAWG, L.L.C.
6969 N PORT WASHINGTON RD
GLENEDALE WI 53217-3962

TREASURER, CITY OF GLENDALE
5909 N. MILW. RIVER PKWY.
GLENDALE WI 53209-3815
PHONE #: 414-228-1701

PROPERTY NUMBER	TAX YEAR	TAX PAID	INTEREST & PENALTY PAID	UNPAID TAX BALANCE	INTEREST & PENALTY DUE	TOTAL DUE
235350	2015	0.00	0.00	1,601.28	120.10	1,721.38

TOTAL UNPAID DELINQUENT TAX	1,601.28
INTEREST & PENALTY DUE IF PAID THIS MONTH (06/2016)	120.10
TOTAL DELINQUENT TAX AND CHARGES PAST DUE ----->	\$ 1,721.38
TOTAL AMOUNT DUE (DELINQUENT) ----->	\$1,721.38

WISCONSIN STATUTES REQUIRE THAT INTEREST BE CHARGED ON ALL DELINQUENT TAXES AT 1% PER MONTH (OR PART OF) FROM JANUARY (OR FEBRUARY FOR TAXES AFTER 1988) AFTER THE TAX YEAR AND SUBJECT TO AN ADDITIONAL PENALTY OF 1/2% A MONTH.

▼ PLEASE DETACH AND RETURN LOWER PORTION WITH REMITTANCE. ▼

REMIT TO:

TREASURER, CITY OF GLENDALE
5909 N. MILW. RIVER PKWY.
GLENDALE WI 53209-3815

NOTICE OF PERSONAL PROPERTY TAX DUE

NOTICE DATE: 06/14/2016

PROPERTY NUMBER	YEAR	TOTAL
235350	2015	1721.38

DR. DAWG, L.L.C.

6969 N PORT WASHINGTON RD
GLENEDALE WI 53217-3962

TOTAL AMOUNT DUE -----> \$1,721.38

APPROVED

By Thomas Czarnyszka at 10:30 am, May 19, 2016

6864-03

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DR. DAWG, L.L.C.
Address of Corporation/Limited Liability Company (if different from licensed premises) 6969 N. Port Wash. Rd.
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member David Marc Ross 427 W. Zedler Ln. Mequon, WI 53092
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent David Marc Ross "
Directors/Managers _____

C. 1. Trade Name DR. DAWG Business Phone Number 414-540-0400
2. Address of Premises 6969 N. Port Washington Rd, # Post Office & Zip Code 53217

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 13th day of May, 2016
Dylan J. Setzer
(Clerk/Notary Public)

DYLAN J. SETZER
NOTARY PUBLIC
STATE OF WISCONSIN

My commission expires 09-13-2019
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Officer of Corporation/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16 rec. #160587</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. FEIN Number:
456-102699-7 26-4686650

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>215.00</u>

DiFrances, Linda

From: David Ross <david.ross01@yahoo.com>
Sent: Wednesday, May 18, 2016 1:11 PM
To: DiFrances, Linda
Cc: Katie Ross
Subject: RE: Liquor License Renewal

Hello Linda,

Thanks for the phone call and subsequent email.

I would like to add the established patio area immediately to the South of our business to our original application for the Council's consideration.

This area is bordered on the North by our Brick and Glass wall (with entrance door); on the South by an 8-ft. tall pergola style fence; on the West by a 4-1/2-ft. tall brick wall along the interstate and on the East by shrubbery separating the area from the parking lot.

Thanks, very much!

David Ross
DR. DAWG

GLENDAL, WI
6969 N. Port Washington Rd.
Tel: 414-540-0400
Fax: 414-540-0401

Cell: 920-860-7655
david@drdawg.net
www.drdawg.net

From: DiFrances, Linda [<mailto:L.DiFrances@glendale-wi.org>]
Sent: Wednesday, May 18, 2016 11:12 AM
To: david@drdawg.net
Subject: Liquor License Renewal

Good morning Mr. Ross,

Here is the paragraph from our Clerk's cover letter regarding the change to the outdoor consumption option:

NEW THIS YEAR: All applicants for Class B Beer and/or Intoxicating Liquor licenses shall include in their application a specific description of all portions of the premises, interior and exterior, where service is contemplated. The Glendale Police Dept. shall review the description and make recommendation to the Common Council to ensure compliance with all applicable State and local laws. A Beer Garden License is no

Memo

To: Mayor and Common Council

From: T. Czarnyszka



Date: May 20, 2016

Re: Licensed Premises

Each year, the police department performs scheduled and unscheduled inspections of all licensed premises to determine the level of compliance to applicable statutes and ordinances. Additionally, we have reviewed the call history for each establishment that is requesting a renewal of its license. Based on these inspections and reviews, I can find no event or circumstance that would be cause for denial of their license.

In addition to the license premise inspections and reviews, I also review the applications for all corporate officers, bartenders and agents for these establishments. Based on these reviews, I am recommending approval of the licenses for each of the applicants on the attached list.

A detailed analysis for each premise and individual can be provided upon request and we are available to answer any questions that you may have.



City of Glendale
City Services

5909 North Milwaukee River Parkway
Glendale, Wisconsin 53209-3815
(414) 228-1711

Memorandum

To: Linda DiFrancis – City Treasurer
From: Collin Johnson – Director of Inspection Services
Date: 5/18/2016
Re: Annual Liquor License Renewals

In anticipation of renewal of the annual alcohol licenses, the NSFD has completed the required Annual Fire and Life Safety inspections of all establishments currently licensed to serve or sell alcoholic beverages.

Each of the establishments with violations were provided with a list outlining each violation and advised to correct them. The violations noted were mostly minor in nature.

Based on those reports, I am recommending renewal of all current licenses associated with the sale and/or consumption of alcohol.

APPROVED

By Thomas Czarnyszka at 11:17 am, May 17, 201

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read Instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the Town of Village of City of } GLENDALE
County of MILWAUKEE Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Apple Hospitality Group, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 2120 Pewaukee Rd, #200, Waukesha 53188
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Mark Louis Dillon 34737 Elm Street, Oconomowoc 53066
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent LaToya Pitt, 9354 W Terra Court, Milwaukee, WI 53224
Directors/Managers _____

C.1. Trade Name Applebee's Business Phone Number 414-963-0100
2. Address of Premises 5664 N Port Washington Rd Post Office & Zip Code Glendale 53217

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 6,379 sf building w locked liquor cabinet, outdoor patio located along east side of building with primary**
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 268-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBE AND SWORN TO BEFORE ME
this 9/11 day of May, 2016
My commission expires _____
PUBLIC CLERK
STATE OF WISCONSIN

Apple Hospitality Group, LLC
By: _____
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Mark Dillon, President
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

Date received and filed with me <u>5-16-15 Rec. # 160853</u>	Date reported to court/council	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

**ingress and egress from interior of the restaurant space; patio is enclosed with a fence with emergency gate only; staff provides alcohol beverage service to customers by obtaining beverage from licensed bartender inside the restaurant space

APPROVED

By Thomas Czarnyszka at 10:32 am, May 19, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BL RESTAURANT OPERATIONS LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 4550 BELTWAY DR, ADDISON, TX
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member JOHN ARTHUR NEITZEL 19 EDGEMERE, TROPHY CLUB, TX 76262
Vice President/Member
Secretary/Member TAMARA BEBB 11799 BENT CREEK TRAIL, FRISCO, TX 75034
Treasurer/Member
Agent JACOB SCHERMETZLER 2343 N 65TH ST, WAUWATOSA, WI 53213

Directors/Managers

C. 1. Trade Name BAR LOUIE TAVERN & GRILL Business Phone Number 414-831-2700

2. Address of Premises 5750 BAYSHORE DR, GLENDALE, WI Post Office & Zip Code 53217

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sold indoor & patio (5-storage Restaurant and cooler

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

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

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

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

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

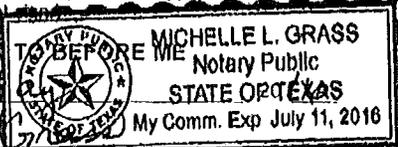
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME



this 13 day of May

Michelle L. Grass (Clerk/Notary Public)

My commission expires 7-11-2016

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16 Rec. # 161072</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 2:23 pm, May 12, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: FEIN Number	
<u>456-1028852831-02 47-1425800</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ ^{N/A}
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Branhaus Milwaukee LLC
Address of Corporation/Limited Liability Company (If different from licensed premises) ▶ _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>President + Director Michael Bradley Weiss</u>	<u>305 E. Acacia Rd. Fox Point, WI</u>	<u>53217</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Member Scott Anthony Elsasser</u>	<u>9119 N. White Oak Ln. Bayside, WI</u>	<u>53217</u>
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Bavarian Bierhaus Business Phone Number 414-236-7000
2. Address of Premises ▶ 700 W. Lexington Blvd. Post Office & Zip Code ▶ Glendale, WI 53217

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 12th day of May, 20 16
Andrew Porter
(Clerk/Notary Public)
My commission expires 6/1/19

[Signature] President
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-12-16</u> <u>REL. #160717</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



CITY OF GLENDALE
MILWAUKEE COUNTY, WISCONSIN

COMBINATION FORM
LICENSE TYPE BLB
\$600.00

CLASS B RETAILER'S LICENSE NO. 15-037

for the sale of FERMENTED MALT BEVERAGES and INTOXICATING LIQUORS

WHEREAS, the local governing body of the City of Glendale, County of Milwaukee, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to Brauhaus Milwaukee LLC (d/b/a Bavarian Bierhaus) to sell fermented malt beverages, as defined by and pursuant to Section 125.26 of the Statutes of the State of Wisconsin and local ordinances, and the said applicant has paid to the treasurer the sum of \$100.00 for such Class "B" Retail Fermented Malt Beverage license as required by local ordinances;

AND WHEREAS, the local governing body has granted and authorized the issuance of a "Class B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined in and pursuant to Chapter 125.51 of the Statutes of the State of Wisconsin and local ordinances, and the said applicant has paid to the treasurer the sum of \$500.00 for such "Class B" Intoxicating Liquor License as provided by local ordinances, and has complied with all the requirements necessary for obtaining such licenses;

LICENSES ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail fermented malt beverages and intoxicating liquors at the following described premises: 700 W. Lexington Boulevard -- two story brewpub building, including main hall, bars, dining rooms, outdoor patio, event rooms, brewery, offices, common areas, and storage rooms, and the festival park (a/k/a Heidelberg Park), including festival hall, bars, pavilion, outdoor beer garden, coolers, kitchen and outbuildings.

Authorized Agent: Scott Elsaesser.

For the period ending June 30, 2016.



Given under my hand and the corporate seal
of the City of Glendale, County of Milwaukee,
State of Wisconsin.

Karen L. Couillard
City Clerk

This license **MUST BE FRAMED** and **POSTED** IN A CONSPICUOUS PLACE
in the room where Fermented Malt Beverages and Intoxicating Liquors are sold or served.

APPROVED

By Thomas Czarnyszka at 11:19 am, May 17, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Bayshore MLD Associates LLC / Bayshore Town Center LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 600 Madison Ave, NY, NY 10022
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Wholesale Agent
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member _____
Vice President/Member Andrew Olshan
Secretary/Member _____
Treasurer/Member _____
Agent MP Theriault 207 E. Capitol Dr. Abundant, WI 53087
Directors/Managers _____

C.1. Trade Name _____ Business Phone Number 414-332-8136
2. Address of Premises 5800 W. Bayshore Dr., Suite 1428C Post Office & Zip Code Glendale, WI 53217

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 2 day of May, 2016
[Signature]
(Clerk/Notary Public)
My commission expires 10. 6. 17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-13-16 Rec.# 160838</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 3:30 pm, May 20, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
MINI-WOLAN OPERATIONS LTD LLC 200 E. TRAVELERS TRAIL SWITE 238 Burnsville MN 55337

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member JOSEPH PARNER 15834 COPPERSTONE Apple Valley MN 55124
Vice President/Member Becky Moldenhauer 1935 EVERGREEN SHAKOPEE MN 55379
Secretary/Member _____
Treasurer/Member _____

Agent KENNETH CALDWELL 5328 LOVER LAKE MILWAUKEE WI 53225
Directors/Managers Kenneth Caldwell 5328 LOVER LAKE MILWAUKEE WI 53225

C. 1. Trade Name BD'S MINI-WOLAN LOTILUM Business Phone Number 714-906-0800
2. Address of Premises 508 W. NORTH SHORE DR. Post Office & Zip Code GLENDALIE WI 53227

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

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

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2778] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

This 12th day of May, 2016

[Signature]
(Clerk/Notary Public)
My commission expires JANUARY 31, 2021

Becky Moldenhauer
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
KRISTA HILLS
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
STATE OF MINNESOTA
MY COMMISSION EXPIRES
JANUARY 31, 2021

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-20-16 Rec. # 161282</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED
By Thomas Czarnyszka at 11:26 am, May 02, 2016

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1 20 16 ;
ending 6/30 20 17

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

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): BTH PIZZA, LLC
3309 COLLINS LANE, LOUISVILLE, KY 40245

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	ULYSSES LEE BRIDGEMAN, JR.,	1604 CHEROKEE ROAD, LOUISVILLE, KY	40205
Vice President/Member	PAUL SCOTT THOMPSON,	6812 W. GREYHAWK COURT, FRANKLIN, WI	53132
Secretary/Member	TROY DAVID HANKE,	5611 HARRODS GLEN, PROSPECT, KY	40059
Treasurer/Member	JOHN KOVACS,	9717 S. FRANKLIN, FRANKLIN, WI	53132
Agent	PAUL SCOTT THOMPSON,	6812 W. GREYHAWK COURT, FRANKLIN, WI	53132

Directors/Managers _____

3. Trade Name BLAZE PIZZA Business Phone Number _____
4. Address of Premises 5734 N. BAYSHORE DRIVE, SUITE D-104 Post Office & Zip Code GLENDALE 53217

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 06/18/15 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ALCOHOL IN DINING AREA AND BAR ONLY; LOCKED STORAGE

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

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

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

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 286-2776). Yes No

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

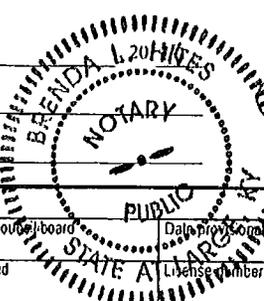
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 27 day of April

Brenda L. Hite
(Clerk/Notary Public)

My commission expires 10-28-2016



Ulysses Lee Bridgeman, Jr.
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-16 # 159833</u>	Date reported to council/board _____	Date previous license issued _____	Signature of Clerk / Deputy Clerk _____
Date license granted _____	Date license issued _____	License number issued _____	

APPROVED

By Thomas Czarnyszka at 9:06 am, Apr 26, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BLAZIN WINGS, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) 5500 WAYZATA BLVD, SUITE 1600
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member SALLY J. WOLD 7001 DUBLIN ROAD, EDINA, MN 55439
Vice President/Member JAMES M. SCHMIDT 17325 25TH AVE, PLYMOUTH, MN 55447
Secretary/Member _____
Treasurer/Member EMILY C. DECKER 3155 LAFAYETTE RIDGE RD., WAYZATA, MN 55439
Agent ERIN S. JEFFERSON 3339 WEST COLONY DRIVE, GREENFIELD, WI 53217
Directors/Managers _____

C. 1. Trade Name BUFFALO WILD WINGS Business Phone Number (262) 369-1600

2. Address of Premises 590 WEST NORTH SHORE DRIVE N145 Post Office & Zip Code GLENDALE, 53217

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

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

5. Legal description (omit if street address is given above): N/A

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

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

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

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

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

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

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

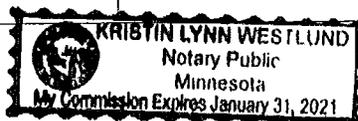
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME
this 7 day of April, 2016
Kristin Westlund
(Clerk/Notary Public)
My commission expires 1/31/2021

Joseph
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Joseph
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Joseph
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-22-16 Rec. # 159568</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



C.

4. Premise Description:

Alcohol will be served and consumed in the following areas: patio, dining, and bar. All alcohol will be stored in the bar area, in a locked alcohol storage area in the kitchen, or in the beer cooler in the kitchen. All receipts will be stored in the Manager's Office. The restaurant is a single story building with an attached, enclosed patio.

APPROVED

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company California Pizza Kitchen, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 12161 Cliff Creek Dr. 5th Floor, Playa Vista, CA 90294
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Christopher D. Morris, 225 Oakway Bend, Summerville, TX 76092
Vice President/Member Joshua Oshansky, 3568 Jackson St., San Francisco, CA 94118
Secretary/Member Clinton Blum, 5074 Montford Ave., Corona del Mar, CA 92625
Treasurer/Member _____
Agent Aaron Ross, 10722 East Healy Hwy, Whitefish Bay, WI 53217
Directors/Managers Gerald J. Hart, 3388 Via Vida, Newport Beach, CA 92663

C. 1. Trade Name California Pizza Kitchen Business Phone Number (414) 967-8088
2. Address of Premises 5665 North Centerpark Way, N-141 Post Office & Zip Code 53209

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

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

5. Legal description (omit if street address is given above): N/A

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

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

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

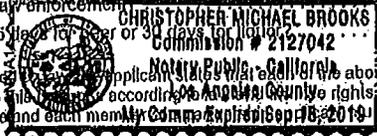
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (800) 266-2776) Yes No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant certifies that the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the premises according to applicable laws and responsibilities conferred by the license(s). If granted, will not be assigned to another. (Individual applicants and each member of a partnership, corporation, or limited liability company must sign.)



SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of May, 2016

Aaron Ross Christopher Brooks
(Clerk/Notary Public)

My commission expires 9-18-19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-16-16 Rec. #160830</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



Premises Description

Alcohol will be served only in the licensed location in Space 141. Liquor is stored in our Dry Storage, Bar area, and Host display cabinet. Liquor is only served at the bar, dining room, and patio area by licensed servers and bartenders. Outdoor patio area is on the east side of the building. Patio contains 10 tables and is enclosed by iron fencing.

APPROVED

By Thomas Czarnyszka at 2:56 pm, May 11, 2017

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Houllhan's Restaurants, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 8700 State Line Road, #100, Leawood, KS 66202
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael J. Archer	5632 Mission Road	Kansas City, KS 66205
Vice President/Member			
Secretary/Member	Cynthia D. Parres	6716 Cherokee Lane,	Mission Hills, KS 66208
Treasurer/Member	Cherie Meyer	627 W. 69th Terrace,	Kansas City, MO 64113
Agent	Katie Wysocki	2569 S. Superior	Milwaukee, WI 53207
Directors/Managers	See attached		

C. 1. Trade Name Devon Seafood Grill Business Phone Number 414-967-9790
2. Address of Premises 5715 Bayshore Dr. Post Office & Zip Code Glendale, WI 53229 53217

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
1st floor 8662 sq ft restaurant with outdoor patio
liquor service inside on patio

5. Legal description (omit if street address is given above): n/a

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of April, 2016

SUSAN E. HAMILTON
Notary Public - State of Kansas
My Appt. Expires 2/7/14

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-6-16 Rec. # 160318</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 8:55 am, May 02, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ELITE SPORTS CLUB-NORTH SHORE, INC.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	RICHARD YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Vice President/Member	KAY YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Secretary/Member	KAY YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Treasurer/Member	RICHARD YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Agent	KAY YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217

Directors/Managers

C. 1. Trade Name ELITE SPORTS CLUB-NORTH SHORE, INC. Business Phone Number 414-351-2900

2. Address of Premises 5750 N. GLEN PARK RD. Post Office & Zip Code MILWAUKEE 53209

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

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

5. Legal description (omit if street address is given above): TNS CTS, FITNESS AREA, SNACK BAR

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 2016

James A. Munk
(Clerk/Notary Public)

My commission expires 4/18/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-16 Rec. # 159797</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 8:56 am, May 02, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ELITE SPORTS CLUB-RIVER HILLS, INC.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	KAY YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Vice President/Member	RICHARD YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Secretary/Member	RICHARD YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Treasurer/Member	KAY YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217
Agent	KAY YUSPEH	7400 N. RIVER RD.	MILWAUKEE 53217

Directors/Managers

C. 1. Trade Name ELITE SPORTS CLUB-RIVER GLEN, INC Business Phone Number 414-352-4900

2. Address of Premises 2001 W. GOOD HOPE RD. Post Office & Zip Code GLENDALE 53209

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

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

5. Legal description (omit if street address is given above): FITNESS AREA, STUDIOS, 2 POOLS, BEER GARDEN

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of April, 2014

Garin A. W...
(Clerk/Notary Public)

My commission expires 4/09/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-16</u>	Date reported to council/board <u>Rec. #154798</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 11:22 am, May 17, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of } GLENDALE

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

CHECK ONE [] Individual [] Partnership [x] Limited Liability Company [] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (\$100.00), Class C wine, Class A liquor, Class B liquor (\$500.00), Reserve Class B liquor, Class B (wine only) winery, Publication fee (\$15.00), TOTAL FEE (\$615.00).

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company: 8* Twelve (Bayshore) LLC

Address of Corporation/Limited Liability Company (if different from licensed premises): 9667 S. 25th St, Oak Creek WI 5315

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

C. 1. Trade Name: Horn Wood Fired Grill Business Phone Number: 414-312-7043

2. Address of Premises: 5750N Port Washington Rd, Glendale WI 53217

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 28 day of April, 2016 [Signature]

[Signature: Michael H. Polaski, manager] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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



BAYSHORE TOWN CENTER
5750 N. Port Washington Rd
Glendale, WI 53217
414.312.7043

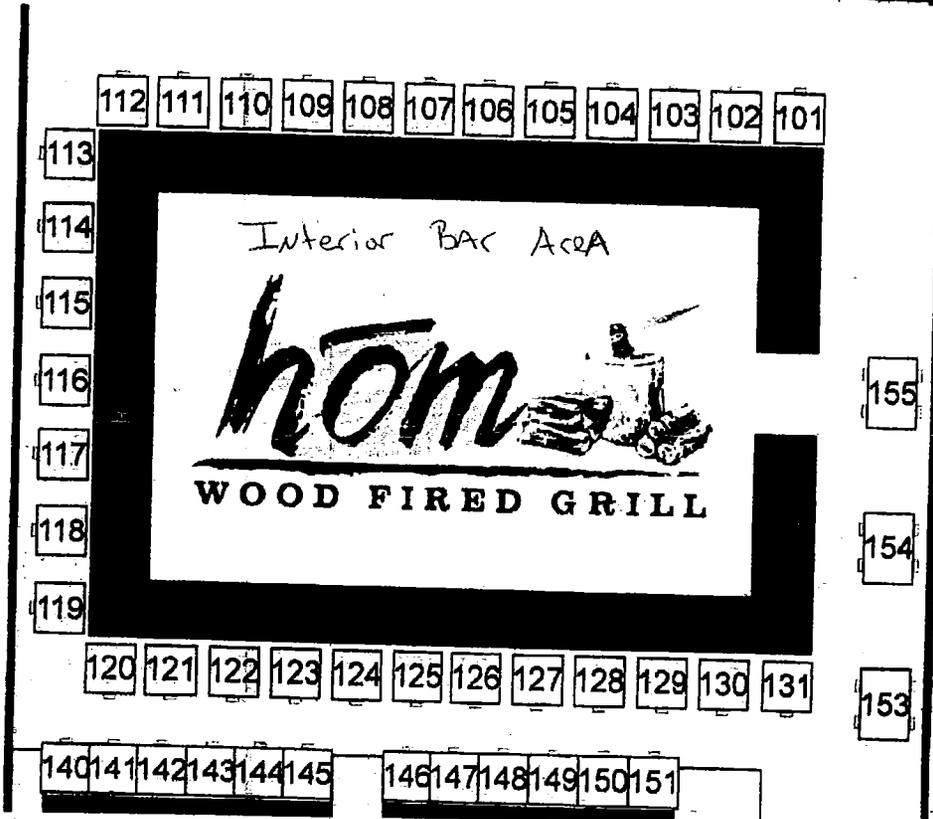
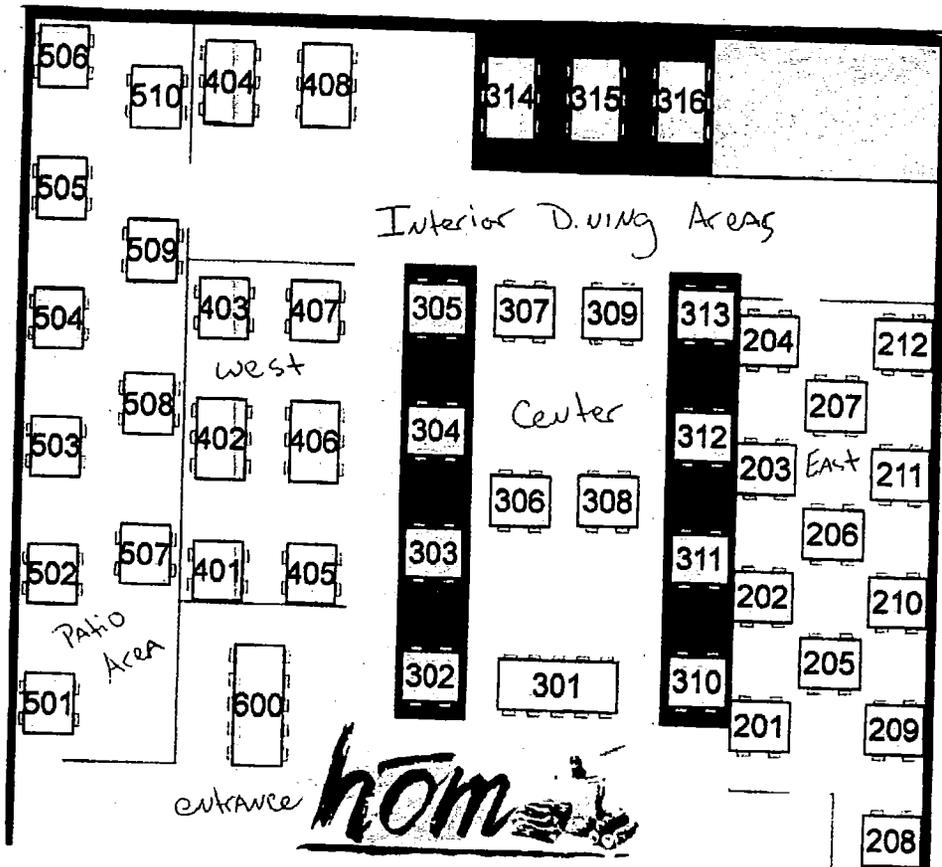
April 21, 2016

Please see attached diagram documenting all areas of alcohol and food service at HoM Wood Fired Grill. Appropriate tables and bar seats are numbered and reflect seating.

East Dining Area- 201-212 (48 Seats)
Center Dining Area- 301-316 (76 Seats)
West Dining Area- 401-408 (40 Seats)
Entrance Dining Room- 600 (10 Seats)
Bar Seating Area- 101-155 (55 Seats)
Semi Enclosed Outdoor Patio- 501-510 (40 Seats)

Any questions or for further information please feel free to contact me directly.

Gregory Nocun
General Manager
HoM Wood Fired Grill Bayshore
414.312.7043
Greg@homwoodfiredgrill.com



APPROVED

By Thomas Czarnyszka at 10:54 am, Apr 26, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company IPIC - Gold Class Entertainment, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 433 Plaza Real, Boca Raton, FL
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member A. Hamid Hashemi 21 Compass Isle, Ft. Lauderdale, FL 33432
Vice President/Member None
Secretary/Member None
Treasurer/Member None
Agent Marna Pubendall 1626 N. Prospect Ave. Apt 903 Milwaukee WI 53222
Directors/Managers

C. 1. Trade Name IPIC Theaters Big Daddy's Brew & Que Business Phone Number _____
2. Address of Premises 5800 N Bayshore Dr, R-200, Glendale Post Office & Zip Code 53217

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 6th day of April, 20 16
Dawn M. Nelson (Clerk/Notary Public)
My commission expires 12/15/16
DAWN M. NELSON of Corporation/Member/Manager of Limited Liability Company (Partner/Individual)
MY COMMISSION # FF 068620
EXPIRES: December 5, 2016
Banded Thru Budget Notary Service
Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Rec # 159660 4/26/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 7:39 am, May 12, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Johnson Green 7, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member James Richard Johnson 2472 W. Deep Creek Rd Glendale, WI 53209
Vice President/Member Thomas David Johnson 716 Tamarrack Ct. Mequon, WI 53092
Secretary/Member Lisa Marie Schmidt 6200 N. Sunny Point Glendale, WI 53217
Treasurer/Member _____
Agent James Richard Johnson
Directors/Managers _____

C. 1. Trade Name Johnson's Green 7 Business Phone Number 414-228-9968
2. Address of Premises 6191 N. Green Bay Ave. Post Office & Zip Code 53209

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

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

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

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

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

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

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

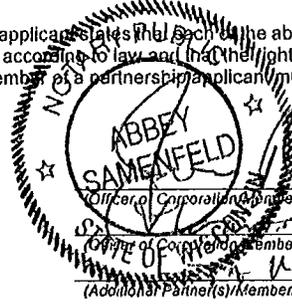
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 28 day of April, 20 16
Abbey Samenfeld
(Clerk/Notary Public)
My commission expires NOV 4, 2019


James R. Johnson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Thomas D. Johnson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Lisa M. Schmidt
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-11-16</u> <u>Rec. #160638</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czamyszka at 9:07 am, Apr 26, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kawa Japanese Restaurant Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 325 W Silver Spring Dr Glendale WI 53217
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Linlin Xiao 270 N Mohawk Ave, Glendale 53217
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent " " " "
Directors/Managers _____

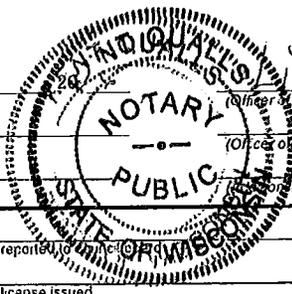
C. 1. Trade Name Kawa Japanese Restaurant Inc Business Phone Number 414-249-5250
2. Address of Premises 325 W Silver Spring Dr Glendale WI 53217 Post Office & Zip Code 53217

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
(phone (808) 266-2776) _____
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this April day of 4
Keat Puqilis
(Clerk/Notary Public)
My commission expires 5-2-2018
Linlin Xiao 4/14/2016
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual))
(Officer of Corporation/Member/Manager of Limited Liability Company (Partner))
(Officer of Corporation/Member/Manager of Limited Liability Company (Any))



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-7-16 Rec. #158445</u>	Date reported to the Department of Revenue _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

c.4.) restaurant + locked basement
area, and outside patio
enclosed with fence on
north side of the building

APPROVED

By Thomas Czarnyszka at 3:32 pm, May 25, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of } GLENDALE

County of MILWAUKEE Alderman/Dist. No. (If required by ordinance)

CHECK ONE [] Individual [] Partnership [x] Limited Liability Company [] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company > LHM Milwaukee Beer Bar, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) >
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member GEORGETTE GEORGE 400 2ND AVE SOUTH CHARLESTON WV 25303
Vice President/Member NAGIB LAKHANI 4313 245 AVE SE ISSAQUAH WA 98029
Secretary/Member
Treasurer/Member
Agent > Brian D Brooks
Directors/Managers

C. 1. Trade Name > Milwaukee River Holiday INN Business Phone Number 414-962-6040
2. Address of Premises > 4700 N. Port Washington Rd. Post Office & Zip Code > Glendale, WI 53012

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Beverage Bar, River Edge Terrace, 1st Floor, Bar space
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] Yes [x] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other person affiliated with this license? If yes, explain fully on reverse side [] Yes [x] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application? If yes, explain [] Yes [x] No
8. Was the profit from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain [x] Yes [] No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone 800-299-4738) [x] Yes [] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [] No
11. Is the applicant obligated to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [x] No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 20th day of May, 2016
My commission expires 02/05/2017

Signature of Brian D Brooks
(Offer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual))
(Offer of Corporation/Member/Manager of Limited Liability Company (Partner))
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK: Table with columns for Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

APPROVED

By Thomas Czarnyszka at 7:46 am, May 11, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Seller's Permit No. <u>456-000393179-02</u> Permit Number <u>39-1614287</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ <u>N/A</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ FLAUGH, DANIEL MICHAEL 5544 N. Port Washington Rd Glendale 53217-4920
 ▶ FLAUGH, DAVID CALVIN " " " "

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member _____
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ _____
 Directors/Managers _____

C. 1. Trade Name ▶ North Shore Wine and Spirits Business Phone Number 414-962-6220
 2. Address of Premises ▶ 5544 N. Port Washington Rd, Glendale, WI Post Office & Zip Code ▶ Whitefish Bay 53217-4920
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Store front and Storage Room behind it.

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 This 3rd day of May
 _____ (Signature of Clerk/Deputy Clerk)
 _____ (Signature of Daniel M. Flaugh)
 My commission expires 8-1-17
 _____ (Signature of Notary Public)
 _____ (Signature of Officer/Member/Manager of Limited Liability Company / Partner / Individual)
 _____ (Signature of Officer/Member/Manager of Limited Liability Company / Partner)
 _____ (Signature of Additional Partner(s)/Member/Manager of Limited Liability Company / Any)

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>5-3-16</u>	Date reported to council/board <u>REC. # 159931</u>
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 10:34 am, May 19, 2017

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wit Seller's Permit No 456000283136803		FEIN Number 39-1584570	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer	\$	100.00	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$	500.00	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	15.00	
TOTAL FEE	\$	615.00	

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MEGA MARTS, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ POBOX473 MS2650 MILW WI 53201
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member PRES WILLIAM L DOWLING, 4760 ROLLING MEADOW DR, NEW BERLIN, WI 53146
Vice President/Member VP MICHAEL P TURZENSKI, 4435 S REGAL MANOR DR, NEW BERLIN, WI 53151
Secretary/Member NONE
Treasurer/Member TREA MICHAEL P TURZENSKI, 4435 S REGAL MANOR DR, NEW BERLIN, WI 53151
Agent ▶ FRAN CHANEY, 1018 W RIVER PARK LANE, GLENDALE, WI 53209
Directors/Managers

C. 1. Trade Name ▶ PICK 'N SAVE #6876 Business Phone Number 414-351-0298
2. Address of Premises ▶ 6969 N PORT WASHINGTON RD Post Office & Zip Code ▶ GLENDALE 53217

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 STORY RETAIL GROCERY & LIQUOR
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Off. 411-Edward Kitz is no longer an officer Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 13th day of May
Carol M. Dixon
(Clerk/Notary Public)
My commission expires 5/12/17

William Dowling - Pres.
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Michael P Turzenski - VP/Treas.
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>5-17-16 Rec. # 161012</u>	Date reported to council/board
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 10:35 am, May 19, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MEGA MARTS, LLC
Address of Corporation/Limited Liability Company (If different from licensed premises) ▶ POBOX473 MS2650 MILW WI 53201
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member PRES WILLIAM L DOWLING, 4760 ROLLING MEADOW DR, NEW BERLIN, WI 53146
Vice President/Member VP MICHAEL P TURZENSKI, 4435 S REGAL MANOR DR, NEW BERLIN, WI 53151
Secretary/Member NONE
Treasurer/Member TREA MICHAEL P TURZENSKI, 4435 S REGAL MANOR DR, NEW BERLIN, WI 53151
Agent ▶ MILLICENT PATRICK, 4441 N 29TH STREET, MILWAUKEE, WI 53209
Directors/Managers _____

C. 1. Trade Name ▶ PICK 'N SAVE #6880 Business Phone Number 414-351-0271
2. Address of Premises ▶ 1735 W SILVER SPRING DR Post Office & Zip Code ▶ GLENDALE 53209

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 STORY RETAIL GROCERY & LIQUOR
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Off. 411- Edward Kitz is no longer an officer Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 13th day of May
Jessica M. Ditscheit
(City/Notary Public)
My commission expires 3/13/17
JESSICA M. DITSCHKEIT

William L Dowling - Pres.
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Michael P Turzenski - VPTreas.
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>5-17-16</u> REC. # <u>161012</u>	Date license granted
License number issued	Signature of Clerk / Deputy Clerk

APPROVED
By Thomas Czarnyszka at 10:51 am, Apr 26, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code 53208

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PH HOSPITALITY GROUP LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 2120 PENNAUKEE RD STE 200
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: WAUKESHA 53188
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member MARK DILLON 24751 ELMST ECONOMOWOC 53000
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent CHRISTOPHER WALTERS 5405 W. Hemlock Rd. Milw. Wis. 53223
Directors/Managers MARK DILLON " " " "

- C. 1. Trade Name PIZZA HUT Business Phone Number 414-903-4600
2. Address of Premises 10010 N FORT WASHINGTON Post Office & Zip Code GLENDALE 53217
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FREE STANDING BUILDING BEER KEPT IN COOLER
5. Legal description (omit if street address is given above): SERVED IN DINING ROOM
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO before me this 16th day of MAY, 2016
My commission expires _____
Notary Public

PH HOSPITALITY GROUP LLC
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
MARK DILLON
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>4-11-16 Rec. # 158621</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 2:55 pm, May 04, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Odyssey Glendale Hotel LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 7065 N Post Washington Rd.

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

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

President/Member Rachet Dzinga 1808 N walls St. Chicago, IL 60614

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Deangelo Edwards 3536 N 40th Milw. Wis 53216

Directors/Managers _____

C. 1. Trade Name Radisson Milwaukee North Shore Business Phone Number 414 351 6960

2. Address of Premises 7065 N Post Washington Rd Post Office & Zip Code 53217

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May, 2016

Sharon A. Frick (Clerk/Notary Public) _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Deangelo Edwards (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 1/29/2018 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-4-16 Rec # 157980</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 3:29 pm, May 12, 2011

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Royal Garden Restaurant Inc

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

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

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

President/Member Junhua Zhang 3138 S 44th St Milwaukee WI 53211

Vice President/Member HUIQIN TU 4751 N Marborough Dr. Milwaukee WI 53211

Secretary/Member CHUANWU XIA 4751 N Marborough Dr. Milwaukee WI 53211

Treasurer/Member _____ " " _____

Agent HUIQIN TU " " _____

Directors/Managers Royal Garden Restaurant Inc

C. 1. Trade Name Royal Garden Restaurant Business Phone Number 414-906-0998

2. Address of Premises 206 W Silver Spring Dr Post Office & Zip Code Glendale 53217

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this May day of 2011
Elizabeth Wiancki (Clerk/Notary Public)
My commission expires July 23 2013
[Signature] (Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature] (Office of Corporation/Member/Manager of Limited Liability Company /Partner)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-11-16 Rec # 160640</u>	Date reported to council _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

APPROVED

By Thomas Czarnyszka at 7:41 am, May 25, 2016

- 04

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Shi Kong W. 293 N 7394 Tamon Ln. Hartland 53029

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Samurai Glendale Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) 6969 N. Port Washington Rd, STE. B14
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Shi Kong W. 293 N. 7394 Tamon Ln. Hartland 53029
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Naophanh Aphaiwan 1505 S. 36 St. Milwaukee, WI 53215
Directors/Managers _____

C. 1. Trade Name Samurai Business Phone Number 414-223-8318
2. Address of Premises 6969 N. Port Washington Rd. Post Office & Zip Code 53217

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Front cooler, back cooler, Bar.
- 5. Legal description (omit if street address is given above): Samurai Glendale Inc. "Restaurant"
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (808) 266-2776) Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 24th day of May, 2016
Brenda A. A. [Signature]
(Clerk/Notary Public)
My commission expires 9-21-18

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

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>5-23-16</u> <u>Acc. #1161515</u>	Date reported to council/board
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 10:36 am, May 19, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

Patrick J Connell 8475 N Port Washington Fox Point WI 53217

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Silver Silver House, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 6655 N. Green Bay Ave.
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

President/Member Patrick J Connell 8475 N Port Washington Fox Point WI 53217

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Patrick J Connell " "

Directors/Managers _____

C. 1. Trade Name Silver Spring House Business Phone Number 414-352-3920

2. Address of Premises 6655 N Green Bay Ave Post Office & Zip Code 53209

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

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

5. Legal description (omit if street address is given above): near garden volleyball courts

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

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

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

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

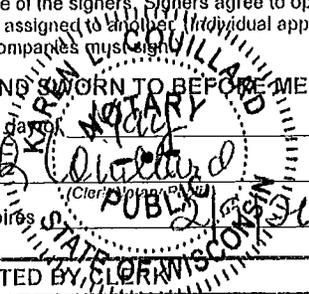
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 16th day of May, 2014
Karen A. DiGiacomo
My commission expires 3/31/15



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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16 Rec # 160795</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

456-000402168-04

Applicant's WI Seller's Permit No.	FEEL Number
	<u>39-153405</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

APPROVED

By Thomas Czarnyszka at 11:23 am, May 17, 2016

Wholesale Beer 25.00

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Sprecher Brewing Co. Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 701 W. Glendale Ave., Glendale, Wis.
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53209

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
CEO/President/Member	<u>Randal Sprecher</u>	<u>2124 W. Puma Ct Mequon, WI</u>	<u>53092</u>
Vice President/Member	<u>Jeffrey Hamilton</u>	<u>10634 Crestview Dr. Cedarburg, WI</u>	<u>53012</u>
Secretary/Member	<u>Kecia Sprecher</u>	<u>W238 N4707 Woodsedge Dr Pewaukee, WI</u>	<u>53072</u>
Treasurer/Member	<u>Randal Sprecher</u>		
Agent	<u>Randal Sprecher</u>		
Directors/Managers	<u>Randal Sprecher & Jeffrey Hamilton</u>		

C. 1. Trade Name Sprecher Brewing Co., Inc. Business Phone Number 414-964-7837

2. Address of Premises 701 W. Glendale Ave Glendale Post Office & Zip Code 53209

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters. If used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sold & Stored in Retail Store, Warehouse & Colder

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

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

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

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

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

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

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

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

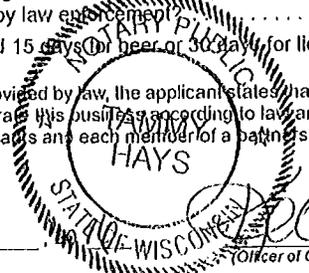
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12th day of May

James J. Hays
(Clerk/Notary Public)

My commission expires 12-16-2017



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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16 Rec. # 160988</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 11:24 am, May 17, 2011

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CAPITOL GLENDALE LLC

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member KEVIN SCOTT LEDERER, 7203 STONEWOOD COURT, MIDDLETON, 53562

Vice President/Member FELIX BERNARD RICHGELS, 4565 HACKBERRY COURT, MIDDLETON, 53562

Secretary/Member KRISTIN LOUISE RICHGELS, 4565 HACKBERRY COURT, MIDDLETON, 53562

Treasurer/Member KATRINA LOUISE LEDERER, 7203 STONEWOOD COURT, MIDDLETON, 53562

Agent STEPHEN JAMES SCHROEDER, 2162 DELEWARE AVE APT. G, GRAFTON, 53024

Directors/Managers SUSAN MICHELE GETGEN, S1756 STEVENS COURT, WISCONSIN DELLS, 53965

C. 1. Trade Name SPRECHER'S RESTAURANT AND PUB

Business Phone Number (414) 292-0600

2. Address of Premises 5689 N. BAYSHORE DR

Post Office & Zip Code GLENDALE, 53217

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12th day of April, 20 16

[Signature] My Commission Expires October 19, 2019
(Clerk/Notary Public)

[Signature] MANAGER/MEMBER
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16 Rec. # 161017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 11:20 am, May 17, 2011

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Wren's LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Timothy Hren 11243 N Pewee Rd 53092
Vice President/Member Chelsea Hren 11243 N Pewee Rd 53092
Secretary/Member _____
Treasurer/Member _____
Agent Timothy Hren
Directors/Managers _____

C. 1. Trade Name The Brick Pub and Grill Business Phone Number 414-747-6710
2. Address of Premises 6345 N. Green Bay Ave Post Office & Zip Code 53209

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 13th day of May, 2010
Karw L. Couillard
(Notary Public)
My commission expires 05/17/2011

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5-11-16</u>	<u>Rec. #16</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
		<u>[Signature]</u>

APPROVED

By Thomas Czarnyszka at 11:17 am, Apr 21, 2016

119

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Cheesecake Factory RESTAURANTS, INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) 2690 Malibu Hills Rd. Glendale, CA 91201
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

C. 1. Trade Name The Cheesecake Factory Business Phone Number 818-371-3000
2. Address of Premises 5799 N. Bayshore Dr. Post Office & Zip Code 53217

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this _____ day of April, 2016
My commission expires _____
(Clerk/Notary Public)

Debbie Zurzolo v.p. & m.f.
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
David Green CEO
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
W. Douglas Benn CFO
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-21-16</u>	Date reported to council/board <u>REC. # 159503</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

APPROVED

By Thomas Czarnyszka at 9:32 am, May 20, 2016

456-0000 4591804

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company B&C Enterprises of Glendale, Inc.

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

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

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

President/Member Carol Budish 2333 W. Dunwood Rd Glendale, 53209

Vice President/Member Robert Joseph Budish 2333 W. Dunwood Rd Glendale, 53209

Secretary/Member Robert Joseph Budish

Treasurer/Member Carol Lynn Budish

Agent Carol Lynn Budish

Directors/Managers

C. 1. Trade Name The Glen Cafe Business Phone Number _____

2. Address of Premises 6823 N. Green Bay Ave Post Office & Zip Code Glendale 53209

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

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

5. Legal description (omit if street address is given above): Restaurant (see attached detail)

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 16th day of May, 2016

Karen S. Cullbert
(Notary Public)

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16 Rec. # 161013</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

B & C Enterprises of Glendale, Inc DBA The Glen Cafe 5/19/16

To serve beer and wine in the dining room area of the restaurant which has a seating capacity of 80 people. It consists of a bar, which seats fourteen people, ten booths, and six tables. All alcohol is stored in the office and just outside the office in the back kitchen prep area of the restaurant.

APPROVED

By Thomas Czarnyszka at 2:47 pm, Apr 29, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM/DD/YYYY) (MM/DD/YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Trader Joe's East, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 711 Atlantic Ave, 3rd Flr, Boston, MA 02111
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Bryan Edward Palbaum 4730 Encino Ave, Encino, CA 91316
Vice President/Member Edward Alan Seeker 30 Seaver St, Wellesley, MA 02481
Secretary/Member Colin Burke Fields 57 Kim Place, Holliston, MA 01746
Treasurer/Member Sharon Ann Drabek 1526 Wilder St, Thousand Oaks, CA 91362
Agent Jose Mendiola
Directors/Managers _____

- C. 1. Trade Name Trader Joe's #711 Business Phone Number 414-962-3382
- 2. Address of Premises 5600 N. Port Washington Rd Post Office & Zip Code Milwaukee 53217
- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sold @ cash registers on sales floor. stored in 1500 sq ft stock room
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 21ST day of April, 20 16

Suzanne Elan
(Notary Public)

My commission expires 09/02/2022

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16 Rec. # 159768</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Sb / 6-27-16

CITY OF GLENDALE
ADMINISTRATIVE OFFICES



5909 North Milwaukee River Parkway
Glendale, Wisconsin 53209-3815
(414) 228-1705

June 22, 2016

Mayor and Common Council
City of Glendale

Re: Community Park Funding

Council Members:

As we discussed at the last Council meeting, the construction cost of the civic portion of the Community Park will be \$3,775,619.

Nicolet High School portion of the property will be \$1,143,800 plus the full cost of their athletic fields.

Fund raising efforts resulted in over \$2,100,000 in pledges over ten years. Additional funds may be raised in the near future.

Estimated engineering, environmental, design and inspection costs are \$800,000.

Summary:

<u>Expenditures:</u>	Construction:	\$3,775,619
	Engineering/Design	<u>800,000</u>
	TOTAL	\$4,575,619
 <u>Revenues:</u>	2016 Capital Budget:	\$2,500,000
	Nicolet High School	1,143,800
	Pledges	<u>2,100,000</u>
	TOTAL	\$5,743,800

Subtracting the estimated revenue from the planned expenditures results in a positive balance of \$1,168,181. These funds would be used to cover the City's interest costs and unexpected construction costs.

However, as was pointed out to me by the Finance Director, the pledged funds will be received over ten years. Nicolet's funds should be received in 2017. The City needs the funds up front to cover the construction costs this year.

Two possible solutions: 1) temporarily borrow internally from the capital budget reserve funds, or 2) place additional funds in the 2017 Capital budget to cover the temporary gap.

Your comments and preference would be appreciated.

Sincerely,

CITY OF GLENDALE

A handwritten signature in cursive script that reads "Richard E. Maslowski".

Richard E. Maslowski
City Administrator

ad

6a / 6-27-16

Memorandum

To: Richard Maslowski, City Administrator
From: Dave Eastman, Director of City Services
Date: June 20, 2016
Re: 2015 CMAR Report and Council Resolution

Please find attached the 2015 compliance maintenance annual report (CMAR) for the City's sanitary sewer system, and CMAR resolution. The common council resolution is required prior to submitting the report to the Wisconsin Department of Natural Resources.

Compliance Maintenance Annual Report

Glendale City

Last Updated: Reporting For:
6/8/2016 2015

Financial Management

<p>1. Provider of Financial Information</p> <p>Name: <input style="width: 150px;" type="text" value="Dave Eastman"/></p> <p>Telephone: <input style="width: 150px;" type="text" value="(414) 228-1746"/> (XXX) XXX-XXXX</p> <p>E-Mail Address (optional): <input style="width: 150px;" type="text"/></p>																									
<p>2. Treatment Works Operating Revenues</p> <p>2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?</p> <p>Year: <input style="width: 80px;" type="text" value="2015"/></p> <ul style="list-style-type: none"> <input checked="" type="radio"/> 0-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> N/A (private facility) <p>2.3 Did you have a special account (e.g., CWF required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes (0 points) <input type="radio"/> No (40 points) 	0																								
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]																									
<p>3. Equipment Replacement Funds</p> <p>3.1 When was the Equipment Replacement Fund last reviewed and/or revised?</p> <p>Year: <input style="width: 80px;" type="text" value="2015"/></p> <ul style="list-style-type: none"> <input checked="" type="radio"/> 1-2 years ago (0 points) <input type="radio"/> 3 or more years ago (20 points) <input type="radio"/> N/A <p>If N/A, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																									
<p>3.2 Equipment Replacement Fund Activity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3.2.1 Ending Balance Reported on Last Year's CMAR</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;"><input style="width: 100%;" type="text" value="89,215.00"/></td> </tr> <tr> <td>3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.3 Adjusted January 1st Beginning Balance</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="89,215.00"/></td> </tr> <tr> <td>3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)</td> <td style="text-align: center;">+</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)</td> <td style="text-align: center;">-</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="0.00"/></td> </tr> <tr> <td>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="89,215.00"/></td> </tr> </table>	3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="89,215.00"/>	3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="89,215.00"/>	3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input style="width: 100%;" type="text" value="0.00"/>	3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	<input style="width: 100%;" type="text" value="89,215.00"/>	
3.2.1 Ending Balance Reported on Last Year's CMAR		\$	<input style="width: 100%;" type="text" value="89,215.00"/>																						
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)		\$	<input style="width: 100%;" type="text" value="0.00"/>																						
3.2.3 Adjusted January 1st Beginning Balance		\$	<input style="width: 100%;" type="text" value="89,215.00"/>																						
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	\$	<input style="width: 100%;" type="text" value="0.00"/>																						
3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*)	-	\$	<input style="width: 100%;" type="text" value="0.00"/>																						
3.2.6 Ending Balance as of December 31st for CMAR Reporting Year		\$	<input style="width: 100%;" type="text" value="89,215.00"/>																						

Compliance Maintenance Annual Report

Glendale City

Last Updated: Reporting For:
6/8/2016 **2015**

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund? \$

Please note: If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the HELP link under Info in the left-side menu.

0

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- Yes
- No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- Yes - If Yes, please provide major project information, if not already listed below.
- No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	2016 - Sewer and manhole rehabilitation and sewer inspection	500000	2016

5. Financial Management General Comments

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

Compliance Maintenance Annual Report

Glendale City

Last Updated: Reporting For:

6/8/2016

2015

Sanitary Sewer Collection Systems

1. CMOM Program

1.1 Do you have a Capacity, Management, Operation & Maintenance (CMOM) requirement in your WPDES permit?

Yes

No

1.2 Did you have a documented (written records/files, computer files, video tapes, etc.) sanitary sewer collection system operation & maintenance (O&M) or CMOM program last calendar year?

Yes (Continue with question 1)

No (30 points) (Go to question 2)

1.3 Check the elements listed below that are included in your O&M or CMOM program.

Goals

Describe the specific goals you have for your collection system:

Organization

Do you have the following written organizational elements (check only those that apply)?

Ownership and governing body description

Organizational chart

Personnel and position descriptions

Internal communication procedures

Public information and education program

Legal Authority

Do you have the legal authority for the following (check only those that apply)?

Sewer use ordinance Last Revised Date (MM/DD/YYYY)

Pretreatment/industrial control Programs

Fat, oil and grease control

Illicit discharges (commercial, industrial)

Private property clear water (sump pumps, roof or foundation drains, etc.)

Private lateral inspections/repairs

Service and management agreements

Maintenance Activities (provide details in question 2)

Design and Performance Provisions

How do you ensure that your sewer system is designed and constructed properly?

State plumbing code

DNR NR 110 standards

Local municipal code requirements

Construction, inspection, and testing

Others:

Overflow Emergency Response Plan:

Does your emergency response capability include (check only those that apply)?

Alarm system and routine testing

Emergency equipment

Emergency procedures

Communications/notifications (DNR, internal, public, media, etc.)

Capacity Assurance:

How well do you know your sewer system? Do you have the following?

Current and up-to-date sewer map

Sewer system plans and specifications

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2015

<input checked="" type="checkbox"/> Manhole location map <input type="checkbox"/> Lift station pump and wet well capacity information <input type="checkbox"/> Lift station O&M manuals Within your sewer system have you identified the following? <input checked="" type="checkbox"/> Areas with flat sewers <input checked="" type="checkbox"/> Areas with surcharging <input checked="" type="checkbox"/> Areas with bottlenecks or constrictions <input type="checkbox"/> Areas with chronic basement backups or SSOs <input checked="" type="checkbox"/> Areas with excess debris, solids, or grease accumulation <input checked="" type="checkbox"/> Areas with heavy root growth <input checked="" type="checkbox"/> Areas with excessive Infiltration/inflow (I/I) <input checked="" type="checkbox"/> Sewers with severe defects that affect flow capacity <input checked="" type="checkbox"/> Adequacy of capacity for new connections <input type="checkbox"/> Lift station capacity and/or pumping problems <input checked="" type="checkbox"/> Annual Self-Auditing of your O&M/CMOM Program to ensure above components are being implemented, evaluated, and re-prioritized as needed <input type="checkbox"/> Special Studies Last Year (check only those that apply): <input type="checkbox"/> Infiltration/Inflow (I/I) Analysis <input type="checkbox"/> Sewer System Evaluation Survey (SSES) <input type="checkbox"/> Sewer Evaluation and Capacity Management Plan (SECAP) <input type="checkbox"/> Lift Station Evaluation Report <input type="checkbox"/> Others: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Code Compliance</div>	0
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2. Operation and Maintenance

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

Cleaning	53	% of system/year
Root removal	10	% of system/year
Flow monitoring	2	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	33	% of system/year
Manhole inspections	39	% of system/year
Lift station O&M	0	# per L.S./year
Manhole rehabilitation	2	% of manholes rehabbed
Mainline rehabilitation	4	% of sewer lines rehabbed
Private sewer inspections	0	% of system/year
Private sewer I/I removal	0	% of private services

Please include additional comments about your sanitary sewer collection system below:

Glendale has lined over 33% of the City sanitary sewers. Is working on private property in the Crestwood area to reduce peak flows.

3. Performance Indicators

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

34.03	Total actual amount of precipitation last year in inches
34.4	Annual average precipitation (for your location)
62.1	Miles of sanitary sewer
0	Number of lift stations
0	Number of lift station failures
0	Number of sewer pipe failures
0	Number of basement backup occurrences
0	Number of complaints
	Average daily flow in MGD (if available)
	Peak monthly flow in MGD (if available)
	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.00	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.00	Basement backups (number/sewer mile)
0.00	Complaints (number/sewer mile)
	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OFERFLOWS REPORTED **				
Date	Location	Cause	Estimated Volume (MG)	
None reported				

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
- No

If Yes, please describe:

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- Yes
- No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

Reduction in flows from the Crestwood Area

5.4 What is being done to address infiltration/inflow in your collection system?

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Continue to perform work on private property in the Crestwood Area	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	-			
Collection	A	4	3	12
TOTALS			3	12
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:

A = Voluntary Range (Response Optional)

B = Voluntary Range (Response Optional)

C = Recommendation Range (Response Required)

D = Action Range (Response Required)

F = Action Range (Response Required)

STATE OF WISCONSIN :: CITY OF GLENDALE :: MILWAUKEE COUNTY

RESOLUTION NO. 16-09
A Resolution Authorizing and Filing of a
Compliance Maintenance Annual Report

WHEREAS, the City of Glendale is a community served by the Milwaukee Metropolitan Sewerage District; and

WHEREAS, the City of Glendale is regulated by a WPDES (Wisconsin Pollution Discharge Elimination System) permit for its waste water collection system; and

WHEREAS, the WPDES permit and NR 28 of the Wisconsin Administrative Code require the City to submit a CMAR (Compliance Maintenance Annual Report) by June 30th annually for the previous year's activity; and

WHEREAS, the CMAR for the activity of 2015 has been submitted to and reviewed by the Common Council of the City of Glendale; and

WHEREAS, the Common Council of the City of Glendale has reviewed and approved such report.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Glendale, Milwaukee County, Wisconsin, that the Compliance Maintenance Annual Report for 2015 is hereby approved and the Director of City Services is authorized to submit the report to the Wisconsin Department of Natural Resources.

PASSED AND ADOPTED by the Common Council of the City of Glendale this 27th day of June, 2016.

CITY OF GLENDALE

By _____
Bryan Kennedy
Mayor

Countersigned:

Karen L. Couillard
City Clerk

6b/6-27-16

**RIGHT OF WAY PERMIT AND HOLD HARMLESS AGREEMENT FOR
MAINTENANCE OF LITTLE FREE LIBRARY IN CITY RIGHT OF WAY**

This Agreement is made by and between Lisa Kaldin (hereinafter "Kaldin") and the City of Glendale (hereinafter "City"):

WHEREAS, Kaldin is the owner of the premises at 6944 N. Range Line Road in the City of Glendale, Wisconsin; and

WHEREAS, Kaldin has installed a Little Free Library in the City's Right-of-Way; and

WHEREAS, the Common Council of the City has granted to Kaldin its permission to use City owned property for the Little Free Library; and

WHEREAS, the Common Council has determined that it is consistent with the public interest that the Little Free Library be maintained as depicted on Attachment 1 incorporated herein:

NOW THEREFORE, in consideration of the mutual covenants as herein after set forth, it is hereby agreed:

1. City grants a license to maintain the Little Free Library in the City's Right-of-Way in front of the premises at 6944 N. Range Line Road, in the City of Glendale, Wisconsin, as depicted on Attachment 1, attached hereto and incorporated herein.
2. The license period shall commence on the last date of execution of this Agreement by all parties, and may continue for an indefinite period thereafter.
3. The City reserves the right to revoke this license in its discretion upon reasonable notice to Kaldin in the event it becomes necessary to employ such area for City purposes, or as deemed necessary in the public interest, in the sole discretion of City.

4. Kaldin shall be responsible for all maintenance and repair of the surrounding area, and of the Little Free Library and will bear all expenses attended therewith. Kaldin further waives any compensation for any property taking in the event City shall revoke this license for any reason in the City's sole discretion.

HOLD HARMLESS

Kaldin shall hold harmless and indemnify the City against any and all claims, causes of action, damages, injuries, suits, or liability of any nature arising to or relating to the construction or existence of the Little Free Library, and further to notify her homeowners carrier of this license, and to verify homeowner's coverage on a yearly basis to the Director of City Services.

Dated: _____

Bryan Kennedy, Mayor

Countersigned:

Dated: _____

Karen Couillard, City Clerk

Dated: _____

Lisa Kaldin, Owner

Attachment 1

6944 North Range line Road



Monthly Permit Report

May 2016

Building

Permit #	Owner	Address	Est Cost	Fee Total	Project Description
PB16-0097	Greg Schneider	6970 N Green Bay AVE	2,200.00	\$63.00	Fence
PB16-0110	Donald Shelley & Brooke Phelp	922 W Eula Ct	4,210.00	\$63.00	Fence
PB16-0111	Sprecher Brewing Co Inc	701 W Glendale Ave	24,000.00	\$618.80	Commercial Remodel
PB16-0116	Friends of BSC, LLC	700 W Lexington Blvd	0.00	\$600.00	Plan Review & Plan Entry Fee
PB16-0124	Erick & Doe Gregersen	1025 W Fairfield Ct	700.00	\$63.00	Fence
PB16-0142	Jomela Boulder, LLC	7275 N Port Washington RD	5,000.00	\$140.00	Commercial Remodel
PB16-0144	William IV & Kim Holmes	7026 N Ardara Ave	1,200.00	\$63.00	Fence
PB16-0146	Olshan Properties	430 W Silver Spring Dr K-110	0.00	\$250.00	Plan Review & Plan Entry Fee
PB16-0148	Richard (Sr.) & Felista Weather	903 W Glendale Ave	6,837.00	\$63.00	Fence
PB16-0149	Gerald Buczak & Katey Tegelm	5647 N Argyle Ave	8,727.00	\$63.00	Fence
PB16-0153	Friends of BSC, LLC	700 W Lexington Blvd	53,077.00	\$594.47	Commercial Remodel
PB16-0154	Mike Delfava	114 W Apple Tree Rd	1,200.00	\$70.00	Shed
PB16-0155	Daniel Musickant	7679 N Longview Dr	2,770.00	\$70.00	Shed
PB16-0156	Aurora Medical Group	6980 N Port Washington Rd	0.00	\$400.00	Plan Review & Plan Entry Fee
PB16-0157	David & Gina Ziegelbauer	5705 N Bethmaur Ln	200.00	\$63.00	Fence
PB16-0158	Robert & Lindsey Cass	2000 W Woodbury Ln	999.00	\$70.00	Shed
PB16-0159	Jeffrey & Susan Mann	1962 W Mill RD	5,000.00	\$63.00	Siding
PB16-0160	Family Tree Dentistry S.C.	6076 N Port Washington Rd	8,316.00	\$140.00	Commercial Remodel
PB16-0161	Kurt Kleman	6531 N Sunny Point Ln	10,000.00	\$98.00	Res. Remodel
PB16-0162	Realistic Renovations, LLC	2120 W Woodbury Ln	1,500.00	\$63.00	Pool
PB16-0163	William & Debra Deshur	6934 N Seneca AVE	150.00	\$84.00	Other
PB16-0164	Fairtree Properties	2216 W Kenboern Dr	13,500.00	\$132.30	Res. Remodel
PB16-0165	John & Bonita Lee	5732 N Witte Ln	6,200.00	\$63.00	Reroof/Tear Off
PB16-0166	Stephan Inhof	5550 N Bethmaur Ln	1,200.00	\$63.00	Reroof/Tear Off
PB16-0167	Elizabeth Haworth Family Trus	7284 N Pierron Rd	8,000.00	\$126.00	Reroof/Tear Off
PB16-0168	Blueben LLC	5333 N Port Washington Rd	900,000.00	\$1,585.30	Commercial, New Building
PB16-0169	Marianne Kohlmann	201 W Brentwood Ln	6,000.00	\$70.00	Deck/Deck repair
PB16-0170	Uttech, Max A.	6374 N Port Washington RD	125.00	\$63.00	Code Compliance
PB16-0171	Longyard Investments V	4927 N Lydell Ave	11,200.00	\$105.00	Reroof/Tear Off
PB16-0172	Ken Larsen	6956 N Rockledge Ave	5,200.00	\$63.00	Reroof/Tear Off
PB16-0173	Karen Benkert	6221 N Garden Grove Ln	10,000.00	\$98.00	Foundation Repair
PB16-0174	Matt Shanman	6434 N Willow Glen LN	39,000.00	\$382.20	Res. Remodel
PB16-0175	Olshan Properties	430 W Silver Spring Dr K-110	40,000.00	\$175.00	Plan Review & Plan Entry Fee
PB16-0178	Vitaira Holdings Inc	6890 N Beech Tree Dr	500.00	\$70.00	Deck/Deck repair
PB16-0180	James & Jennifer Brunner	7750 N Chadwick Rd	6,000.00	\$168.00	Res. Remodel
PB16-0181	Matthew & Kristin Bub	400 W River Front Dr	2,800.00	\$84.00	Early Start
PB16-0182	Glendale Commons, LLC	6055 N Flint Rd	525,000.00	\$2,787.23	Commercial, New Building
PB16-0184	Olshan Properties	430 W Silver Spring Dr K-110	40,000.00	\$448.00	Commercial Remodel
PB16-0185	Myra Sanchick & Molly Sanchic	6830 N Neil Pl	7,400.00	\$63.00	Reroof/Tear Off
PB16-0186	Jerry Bellin	5240 N Mohawk Ave	1,720.00	\$70.00	Shed
PB16-0188	Unique Home Design, LLC	6660 N River Rd	8,000.00	\$63.00	Reroof/Tear Off
PB16-0189	Lisa Kaldin	6944 N Range Line Rd	2,500.00	\$70.00	Pool
PB16-0191	William Bergstrom	5730 N Bel Aire Dr	500.00	\$70.00	Shed

Building

Total Estimated Cost: \$1,770,931.00
 Total Fees For Type: \$10,521.30
 Total Permits For Type: 43

Electrical

Permit #	Owner	Address	Est Cost	Fee Total	Project Description
PE16-0162	Karen Luedtke Paulus	3105 W Valanna Ct	3,000.00	\$56.00	Electrical
PE16-0163	Andrea Shafton	7600 N Applewood Ln	350.00	\$56.00	Wire Furnace
PE16-0164	Greg Schneider	6970 N Green Bay AVE	1,000.00	\$56.00	Res. Remodel
PE16-0165	Ryan & Nicole Miller	5811 N Ames Ter	150.00	\$56.00	Wire A/C
PE16-0166	Eric & Tracy Rumbaugh	505 W Acacia Rd	450.00	\$56.00	Wire Dishwasher
PE16-0167	Marlene Salzberger	165 W Clovernook Ln	250.00	\$56.00	Wire Furnace
PE16-0168	Elite Sports Club - River Hills L	2001 W Good Hope Rd	53,327.00	\$3,640.00	Fire Alarm
PE16-0169	Cherubini, James & Kimberly	2150 W Greenwood RD	200.00	\$56.00	Wire Furnace
PE16-0170	Deborah Kalmar	6737 N Atwhal DR	450.00	\$82.60	Electrical
PE16-0171	Fred Tabak	6045 N Green Bay Ave D	250.00	\$70.00	Wire Furnace
PE16-0172	Douglas Gullun Jr.	1890 W Greenwood Rd	300.00	\$56.00	Wire Furnace
PE16-0173	Yong Wang	7236 N Iroquois Ave	350.00	\$56.00	Wire Furnace & A/C
PE16-0174	Vincent O'Conner	6530 N Alberta CT	400.00	\$56.00	Res. Remodel
PE16-0175	James Buraczewski	2503 W Margaretta Ct	200.00	\$56.00	Wire Dishwasher
PE16-0176	Curt & Melissa Steinhaus	1023 W Theresa Ln	100.00	\$56.00	Wire Furnace
PE16-0177	Fairtree Properties	2216 W Kenboern Dr	4,000.00	\$79.80	Res. Remodel
PE16-0178	Johnson Controls, Inc.	5757 N Green Bay Ave	20,000.00	\$70.00	Electrical
PE16-0179	Kurt Kleman	6531 N Sunny Point Ln	800.00	\$56.00	Res. Remodel
PE16-0180	City of Glendale	2315 W Camden RD	15,000.00	\$70.00	Electrical
PE16-0181	Daniel Musickant	7679 N Longview Dr	1,200.00	\$56.00	Service Upgrade
PE16-0182	Denise Grebe	7460 N Chadwick Rd	1,300.00	\$56.00	Service Upgrade
PE16-0183	Gerald Buczak & Katey Tegelm	5647 N Argyle Ave	300.00	\$56.00	Wire A/C
PE16-0184	Richard Schnoll	135 E Green Tree Rd	3,000.00	\$56.00	Res. Remodel
PE16-0185	John (Jr) & Mary Kuhmuench	2600 W Hunter CIR	185.00	\$56.00	Wire A/C
PE16-0186	Jeffrey & Susan Brand	5536 N Navajo Ave	195.00	\$56.00	Wire A/C
PE16-0187	Brauhaus Milwaukee LLC	700 W Lexington Blvd	28,565.00	\$142.80	Commercial, Remodel
PE16-0188	Donna Neidhardt	354 W Sugar Ln	300.00	\$56.00	Wire Dishwasher
PE16-0189	Carisch Inc.	5260 N Port Washington Rd	95,000.00	\$242.20	Commercial, New Building
PE16-0190	John & Gail Firer	7655 N Berwyn Ave	2,000.00	\$56.00	Service Upgrade
PE16-0191	William Bergstrom	5730 N Bel Aire Dr	2,835.00	\$56.00	Service Upgrade
PE16-0192	Bay Mgmt., L.L.C.	7545 N Port Washington Rd	500.00	\$70.00	Electrical
PE16-0193	Weyco Group, Inc.	330 W Olive St	95,000.00	\$331.80	Commercial, Remodel
PE16-0194	Jomela Boulder, LLC	7275 N Port Washington RD	400.00	\$70.00	Electrical
PE16-0195	Kmtl, LLC	6076 N Port Washington Rd	1,500.00	\$70.00	Commercial, Remodel
PE16-0196	Kenneth Scidmore	5863 N Witte Ln	800.00	\$56.00	Electrical
PE16-0197	Dale Washington	1159 W Riverview Dr	0.00	\$56.00	Service Upgrade
PE16-0198	Gregory Hyland & Susan Braun	6642 N Atwahl Dr	1,000.00	\$56.00	Electrical
PE16-0204	Olshan Properties	430 W Silver Spring Dr K-110	22,000.00	\$288.12	Electrical

Electrical

Total Estimated Cost: \$356,657.00
 Total Fees For Type: \$6,627.32
 Total Permits For Type: 38

HVAC

Permit #	Owner	Address	Est Cost	Fee Total	Project Description
PH16-0071	Fred Tabak	6045 N Green Bay Ave D	3,075.00	\$70.00	Furnace / Boiler
PH16-0072	Yong Wang	7236 N Iroquois Ave	6,940.00	\$98.00	Furnace & A/C
PH16-0073	Ryan & Nicole Miller	5811 N Ames Ter	4,000.00	\$56.00	A/C
PH16-0074	Deborah Kalmar	6737 N Atwhal DR	20,000.00	\$56.00	Furnace / Boiler
PH16-0075	Douglas Gullun Jr.	1890 W Greenwood Rd	3,000.00	\$56.00	Furnace / Boiler
PH16-0076	Jeffrey & Susan Brand	5536 N Navajo Ave	3,666.00	\$56.00	A/C
PH16-0077	Gerald Buczak & Katey Tegelm	5647 N Argyle Ave	1,208.00	\$56.00	A/C
PH16-0078	Martha Brown & Tony Lam	6964 N Longview AVE	2,300.00	\$56.00	A/C
PH16-0079	Irving Gottschalk	6880 N Beech Tree Dr	5,290.00	\$56.00	Furnace / Boiler
PH16-0080	John (jr) & Mary Kuhmuench	2600 W Hunter CIR	3,500.00	\$56.00	A/C
PH16-0081	Odyssey Hotels	7003 N Port Washington RD	75,000.00	\$3,842.79	Commercial, New Building
PH16-0082	Arthur & Kathleen Stange	2610 W Michael Dr	3,500.00	\$56.00	Furnace / Boiler

HVAC

Total Estimated Cost: \$131,479.00
Total Fees For Type: \$4,514.79
Total Permits For Type: 12

Plumbing

Permit #	Owner	Address	Est Cost	Fee Total	Project Description
PP16-0137	Phillip Mattix & Shelila Stafford	835 W Acacia Rd	1,000.00	\$56.00	Remodel
PP16-0138	Deborah Kalmar	6737 N Atwhal DR	4,000.00	\$56.00	Res. Remodel
PP16-0139	James & Adina Rostock	7180 N Navajo AVE	3,000.00	\$56.00	Plumbing
PP16-0140	William & Debra Deshur	6934 N Seneca AVE	2,500.00	\$56.00	Res. Remodel
PP16-0141	Eric & Tracy Rumbaugh	505 W Acacia Rd	450.00	\$56.00	Dishwasher
PP16-0142	James Buraczewski	2503 W Margaretta Ct	450.00	\$56.00	Dishwasher
PP16-0143	Andrew Cook	1012 W Glendale Ave	200.00	\$56.00	Plumbing
PP16-0144	Kurt Kleman	6531 N Sunny Point Ln	3,500.00	\$56.00	Remodel
PP16-0145	Lauren Roberts	1926 W Kendall Ave	1,300.00	\$56.00	Water Heater
PP16-0146	Valerie Schmitz	2328 W Apple Tree Rd	300.00	\$56.00	Sump Pump
PP16-0147	James & Jennifer Brunner	7750 N Chadwick Rd	10,000.00	\$201.60	Remodel
PP16-0148	Gregory Hyland & Susan Braun	6642 N Atwahl Dr	2,000.00	\$56.00	Plumbing
PP16-0149	Donna Neidhardt	354 W Sugar Ln	450.00	\$56.00	Dishwasher
PP16-0150	Laura Patten	4842 N Mohawk Ave	500.00	\$56.00	Water Heater
PP16-0151	Fairtree Properties	2216 W Kenboem Dr	5,000.00	\$235.20	Remodel
PP16-0152	Sheryle Post	7815 N Chadwick Ct	500.00	\$56.00	Plumbing
PP16-0153	Chris & Ann Smith	700 W Clovernook Ln	1,500.00	\$56.00	Water Heater
PP16-0154	Cal & Patricia Chapman	6563 N Crestwood Dr	1,000.00	\$112.00	Water Heater
PP16-0155	Kmtl, LLC	6076 N Port Washington Rd	2,100.00	\$70.00	Plumbing
PP16-0157	Lubavitch of Wisconsin	2515 W Michael Dr	4,000.00	\$56.00	Remodel
PP16-0158	George Grubisic	6428 N Pine Shore Dr	1,450.00	\$56.00	Plumbing

Plumbing

Total Estimated Cost: \$45,200.00
Total Fees For Type: \$1,570.80
Total Permits For Type: 21

Sign

Permit #	Owner	Address	Est Cost	Fee Total	Project Description
PS16-0015	Blueben LLC	5333 N Port Washington Rd	0.00	\$50.00	Temporary
PS16-0016	S&A Investments Co.	5300 N Port Washington RD	0.00	\$100.00	Wall

Sign

Total Estimated Cost: \$0.00
Total Fees For Type: \$150.00
Total Permits For Type: 2

Report Summary

Population: All Records

Permit.DateIssued Between 5/1/2016 12:00:00
AM AND 5/31/2016 11:59:59 PM

Estimated Construction Cost: \$2,304,267.0

Total Fees: \$23,384.21

Total Permits Issued: 116

Enforcement List

06/21/2016

Enforcement Number	Address/Parcel Number	Category	Date Filed	Status	Next Action	Next Action Date	Date Closed
EEN16-0025	5705 N Crestwood Blvd 1690318	Construction - No Permi	04/15/2016	Closed - Compliant	Follow up	04/20/2016	04/20/2016
EEN16-0026	2200 W Kenboern DR 0899000	Fence - Repair	04/19/2016	Repair Order Issued	Reinspection	05/27/2016	
EEN16-0027	2920 W Vera Ave 1241078001	Grass & Weed Overgro	04/27/2016	Closed - Advisory Acti			04/27/2016
EEN16-0028	710 W Bender Rd 1629980003	Grass & Weed Overgro	05/02/2016	Closed - Contractor Hir	Contractor Hired	05/18/2016	
EEN16-0029	7026 N Ardara Ave 1261016	Exterior Storage	04/28/2016	Correction Order Issue	Re-inspection	06/17/2016	
EEN16-0030	131 W Good Hope Rd 1280536	Exterior Storage	04/29/2016	Correction Order Issue	Citation	05/18/2016	
EEN16-0031	6441 N Atwahl Dr 1350245	Trash & Debris	04/29/2016	Closed - Compliant	Re-inspection	05/06/2016	05/06/2016
EEN16-0032	5726 N Argyle Ave 1690261	Fence - NO PERMIT	04/29/2016	Closed - Issued in Erro	Closed - Issued i	05/18/2016	05/18/2016
EEN16-0033	6916 N PORT WASHINGTON 1288988	Fence - Replace	04/28/2016	Correction Order Issue	Re-inspection	06/10/2016	
EEN16-0034	1115 W Riverview Dr 1670063	Exterior Storage	04/28/2016	Correction Order Issue	Re-inspection	05/31/2016	
EEN16-0035	7754 N Rockledge Ave 0881058	Illegal Vehicle	04/28/2016	Closed - Compliant	Re-inspection	05/09/2016	05/09/2016
EEN16-0036	7051 N Ardara Ave 1261003	Foreclosure - General Bl	04/28/2016	Correction Order Issue	Re-inspection	05/31/2016	
EEN16-0037	7036 N Berwyn Ave 1261008	Refuse/Recycling Contai	04/28/2016	Correction Order Issue	Re-inspection	06/03/2016	
EEN16-0038	7405 N Berwyn Ave 1000007	Property Clean-Up	05/17/2016	Correction Order Issue	Re-inspection	05/27/2016	
EEN16-0039	4650 N Prt Washington Rd Mai 2348012	Fire and Life Safety	05/25/2016	Correction Order Issue	Follow-Up	06/30/2016	
EEN16-0040	1013 W Eula Ct 2331058	General Blight - Numero	05/25/2016	Correction Order Issue	Vehicle Insp.	06/03/2016	

Enforcement List

Enforcement Number	Address/Parcel Number	Category	Date Filed	Status	Next Action	Next Action Date	Date Closed
EEN16-0001	5858 N Green Bay Ave 1689020	Paint - Exterior	02/08/2016	Letter Sent	Re-inspection	06/03/2016	
EEN16-0002	5776 N Bel Aire Dr 1690307	Property Clean-Up	02/08/2016	Appeal Pending	Re-Inspection	04/01/2016	
EEN16-0006	7047 N Navajo Ave 1280505	Grass & Weed Overgro	02/08/2016	Closed - No Action	Court Set-over	08/11/2016	06/16/2016
EEN16-0008	2110 W Brantwood Ave 1350169	Property Clean-Up	02/08/2016	Summons & Complaint	Initial Appearan	06/09/2016	
EEN16-0010	6578 N Bethmaur Ln 1350227	Uninhabitable - Fire Loa	02/08/2016	Summons & Complaint	Court Review	06/09/2016	
EEN16-0012	6310 N Port Washington Rd 1630048	Exit Door - Repair/Repl	02/08/2016	Closed - Compliant	Initial Appearan	03/10/2016	03/10/2016
EEN16-0015	6655 N Green Bay Ave 1349979001	Roofing - NO PERMIT	02/09/2016	Closed - Compliant	Follow-up	02/15/2016	02/15/2016
EEN16-0016	6408 N Sunny Point RD 1339011	Invasive Species - Veget	02/12/2016	Closed - Advisory Acti			02/12/2016
EEN16-0017	5485 N Port Washington Rd 1968990001	Fire and Life Safety	02/16/2016	Corrections In-Process	Re-inspection	06/01/2016	
EEN16-0018	808 W Glendale Ave 2331084	Sump Discharge - Sidew	02/18/2016	Closed - Compliant	Re-Inspection	02/29/2016	02/29/2016
EEN16-0019	2620 W Custer Ave 1942098	Fire and Life Safety	02/19/2016	Summons & Complaint	Summons & Co	05/18/2016	
EEN16-0020	6201 N Sunny Point Rd 1620059	Illegal Vehicle	02/22/2016	Referred to Police Dept	Re-inspection	03/11/2016	04/19/2016
EEN16-0021	7080 N PORT WASHINGTON 1288008	Fence - Repair	03/01/2016	Closed - Compliant	Inspection	05/02/2016	05/05/2016
EEN16-0022	2036 W Silver Spring Dr 1690502	Roofing - NO PERMIT	03/15/2016	Closed - Compliant		03/22/2016	03/21/2016
EEN16-0023	567 W Fransee Ln 0911004	Exterior Repairs	03/15/2016	Referred to City Attorn	2nd Court Appea	07/21/2016	
EEN16-0024	5470 N PORT Washington Rd 104500	Fence - Repair	03/15/2016	Closed - Compliant	Inspection	04/29/2016	05/06/2016

Enforcement List

Enforcement Number	Address/ Parcel Number	Category	Date Filed	Status	Next Action	Next Action Date	Date Closed
EEN16-0041	910 W Eula CT 2331045	General Blight - Numero	05/27/2016	Correction Order Issue		06/06/2016	
EEN16-0042	419 W Good Hope Rd 1280553	Rummage Sale - Registr	05/31/2016	Closed - Advisory Acti			05/31/2016
EEN16-0043	1011 W Theresa Ln 1670023	Remodel Interior - NO P	05/31/2016	Correction Order Issue	Verify Permits	06/10/2016	

Records: 35

Population: All Records

Enforcement.DateFiled Between 1/1/2016 12:00:00 AM AND 5/31/2016 11:59:59 PM



CITY OF GLENDALE
POLICE DEPARTMENT

5909 North Milwaukee River Parkway
Glendale, Wisconsin 53209-3815
(414) 228-1753
Fax (414) 228-1707
Email: police@glendale-wi.org

June 13, 2016

Mayor and Common Council
City of Glendale
5909 N. Milwaukee River Pkwy.
Glendale, Wisconsin 53209

Dear Mayor and Common Council,

Attached is the Glendale Police Department monthly report for May 2016. This report tabulates the total number of calls handled and provides an overview of our monthly activity.

Officers responded to a total of 1306 calls for service in this period. There were 5 Crimes Against Persons reported and 107 Crimes Against Property investigated and 12 Crimes Against Society.

Should you have any questions regarding this report, or additional suggestions, please don't hesitate to call on me.

Sincerely,

Thomas E. Czarnyszka
Chief of Police



Glendale Police Department
 5909 N Milwaukee River Parkway | Glendale, WI 53209 | Phone: (414) 228-1753

Wednesday, June 1, 2016
 1:16:15 pm

CFS Tally by Hour

** For official use only **

Reporting Period: 5/1/2016 12:09:26AM - 5/31/2016 10:47:57PM

Hourly Breakdown

City of Glendale

	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Total	1,306	38	67	53	28	11	12	23	41	39	53	55	75	61	64	68	52	82	86	78	52	69	79	69	51
911 - 911 Hang up/error	58	1		2	1	2	3		4	2	6	5	6	3	2	3	4	4	4			3	2		1
AC - Animal Complaints	28			1	1					1		1	2	1	3		3	4	3	3	2			2	1
ACPD - Accident - PDO	54								2		4	3	6	5	4	4	5	4	6	5	2	2		2	
AOA - Assist Other Agency	18			1					1		1		2	3	1	1	2	2	1				2	1	
ASBT - Assault/Battery	1	1																							
AV - Abandoned Vehicle	10				1						2		2		2			2					1		
BA - Burglar Alarm	47			1			2	3	8	4	5	2	1	3	3			1	1	2	3	4	2		2
BURG - Burglary	2		1															1							
CDTP - Property Damage	9							1		1	1	2				1		1			1	1			
CHAP - Chapter 51 Commitment	4					1										1			1				1		
CHECK - Vacation/Business Checks	4																	1		1		1			1
CODE - Code Violations	4										1							1					2		
CONV - Conveyance	11				1	1							2		3	1			1		1	1			
DC - Disorderly Conduct	44		1	3	2				1	1	2	2	2	1	3		1	4	3	2	3	4	4	4	1

Reporting Period: 5/1/2016 12:09:26AM - 5/31/2016 10:47:57PM

Hourly Breakdown

	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
DEATH - Death Investigation	2											1											1		
DIST - Disturbance	12							1	2			1				1			2				4	1	
DISV - Disabled Vehicle	28		4						2	2	1	3	2		3	3	2		1	3	1			1	
DRIVE - Driving Complaint	24	1							1	3		3	1				2	2	1	2	4	1		2	1
DRUG - Controlled Substance	13		2	1				1					1	1	1					1	2	1		1	1
DV - Domestic Violence	4	1																		1			1	1	
EIP - Entry In Progress	2		1																				1		
ESC - Escort	4										1					1			1						1
EV - Entry to Vehicle	8			2			1		2	3															
FDCALL - Fire Call - PD	7												1	1	1	1					2		1		
FI - Subject Stop for FI	29		6	6							1		2	1		1	1			2			3	5	1
Fight - Fight	4																	1					2	1	
FPROP - Found Property	3										1				1				1						
FRAUD - Fraud	14								1		1		3		1	2	3				2	1			
FT - Family Trouble	9															2	1	3			1	2			
HALM - Hold Up Alarm	4												1			1	1			1					
HAZ - Road Hazard - PD	13							2	2	1	1		2	1		1			1				1	1	
HR - Hit and Run	13												2		2		1	1	2	2	1		2		
JUV - Juvenile Complaint	14	1								3	2		1	3	3									1	
LOCK - Lock Out	7												2							2	2	1			
LOCKOUT - Auto Lockout	22		1					1	1			1		2	2	2	2	2	2	2	2	1	1		
LPROP - Lost Property	1																1								

Reporting Period: 5/1/2016 12:09:26AM - 5/31/2016 10:47:57PM

Hourly Breakdown

	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
MEDS - Medication Collection	1														1										
MISSING - Missing	4	1	1												1					1					
MVT - Motor Vehicle Theft	6								1			1	2							1				1	
NOISE - Noise Complaint	13	1	1		1						1												4	1	4
NT - Neighbor Trouble	3															1		1		1					
OPEN - Open Door	3																	1		1			1		
OWI - Operating While Intoxicated	1			1																					
PAID - Police Mutual Aid	4		2							1										1					
PARK - Parking Complaint	16	2		1							1	1	2	2	1	1		1	2	1			1		
PI - Accident/PI	8													2		3						1	2		
PRIS - Prisoner Transport	24	1		1				2		1		1		1		2	2	2	2	1	2		1	3	2
RECV - Recovered Stolen Veh	3	2																		1					
RFP - Request for Police	66		1	3	2	1	1		1	1	2	4	3	5	5	3	2	6	3	2	5	2	8	4	2
ROBB - Robbery	2						1						1												
RORD - Restraining Order	2										1											1			
RTHFT - Retail Theft	51							2	1			3	3	6	4	5	5	5	5	4	3	2	3		
SEX - Sex Offense / Assault	1		1																						
SHOTS - Shots Fired	4								1														1		2
SOLIC - Solicitor Complaint	6													1						1	2	1	1		
SPAS - Special Assignment	4	1	1											2											
STAT - STAT Alert	1										1														
SU - Suicide	1																					1			

Reporting Period: 5/1/2016 12:09:26AM - 5/31/2016 10:47:57PM

Hourly Breakdown

	Total	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
SUSP - Suspicious Activity	67	5	1	3	3	1			1	4	2	3	4	2	1	2	2	3	7	4	5	3	3	6	2
TELE - Telephone Complaint	6		1				1		1				1									2			
THEFT - Theft Complaint	35								1	2	1		2		1	3	6	4	3	1	4	1	3	3	
TRES - Trespassing	9		1							1			1	1	1	1	2	1							
TS - Traffic Stop	349	16	40	25	13	4	1	7	6	4	13	17	12	12	12	19	2	23	24	24	4	24	23	19	5
UTIL - Utilities	2																		1	1					
WARR - Warrant Pick UP	8	1	1	2	2										1						1				
WEAP - Weapons Complaint	4							1							1				1	1					
WELF - Welfare Check	40	3			2	1	1	2	1	4	1	1	3	1	1	2	2	1	3	3		5		2	1
ZRIDESCH - *Ride Schedule-GLPD ONLY*	31																							8	23



Monthly Activity Overview

**** For official use only ****

For Reporting Period: 05/01/16 - 05/31/16

Patrol Area: ALL

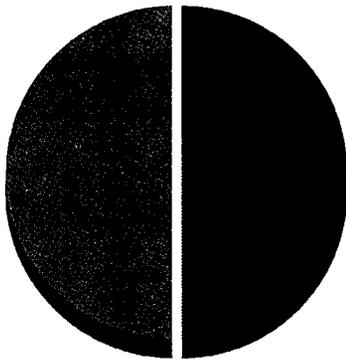
Arrests are selected based upon the charge type. Therefore if an arrest was made wherein three charges with different types are noted, the arrest will count under EACH charge type.

Citations are counted by Citation Type alone.

		Total	0001 0800 Hours	0800 1600 Hours	1601 2400 Hours
Arrests	Total	127	29	35	63
	Felony	11	5	3	3
	Misdemeanor	15	2	7	6
	Non-Criminal	5	2	3	0
	Ordinance	62	7	19	36
	Unclassed	34	13	3	18

		Total	0001 0800 Hours	0800 1600 Hours	1601 2400 Hours
Citations	Total	241	65	97	79
	Adult Ordinance	53	7	18	28
	Traffic	102	29	45	28
	Warning	86	29	34	23

Field Interview Stops



■ Possible Need of Medical Attention	50.0%
■ Prostitution	50.0%
Total:	100.0%

Field Interview Stops are counted by reason for stop.

		Total	0001 0800 Hours
FIST	Total	2	2
	Possible Need of M	1	1
	Prostitution	1	1



Monthly Activity Overview

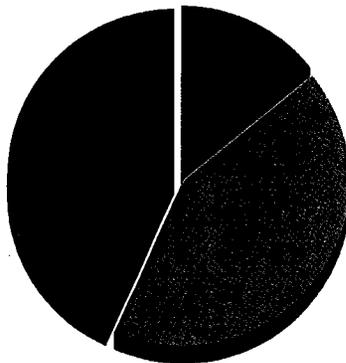
**** For official use only ****

For Reporting Period: 05/01/16 - 05/31/16

Patrol Area: ALL

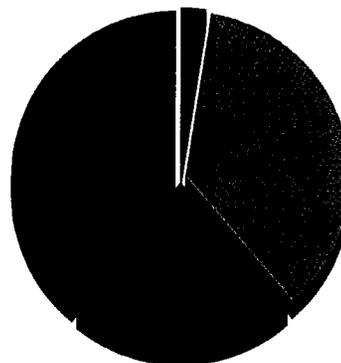
NOTE: This report cannot be run based on individual officer - it is based on unique Incident. This report is for specific overview purposes & counts. For individual Officer activities, please refer to Officer Activity Count reports.

Calls



911 Interface	14.2%
Phone	42.5%
Squad	43.3%
Total:	100.0%

Reports



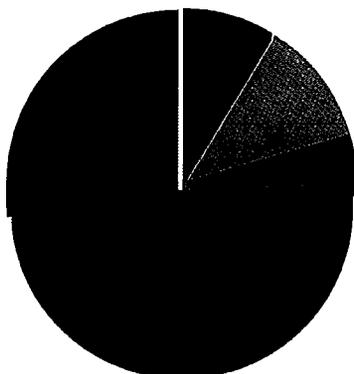
Incident	36.1%
Property	22.3%
Supplemental	39.2%
Other	2.4%
Total:	100.0%

Reports are selected based upon Dttm report is written and selected if Dttm falls within date range above-specified.

		Total	0001 0800 Hours	0800 1600 Hours	1601 2400 Hours
Calls	Total	1,306	273	467	566
	911 Interface	185	36	78	71
	Phone	555	76	220	259
	Squad	566	161	169	236

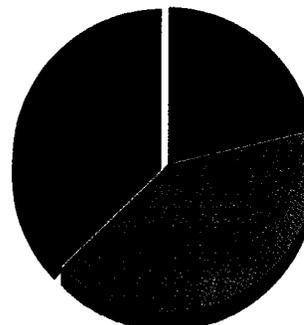
		Total	0001 0800 Hours	0800 1600 Hours	1601 2400 Hours
Reports	Total	582	99	290	193
	Other	14	8	5	1
	Incident	210	40	82	88
	Property	130	24	56	50
	Supplemental	228	27	147	54

Arrests



Felony	8.7%
Misdemeanor	11.8%
Non-Criminal	3.9%
Ordinance	48.8%
Unclassed	26.8%
Total:	100.0%

Citations



Adult Ordinance	21.5%
Traffic	41.3%
Warning	37.2%
Total:	100.0%

Memorandum

To: Richard Maslowski, City Administrator
From: Dave Eastman, Director of City Services
Date: June 21, 2016
Re: May Monthly Report

W. Edward Lane Street Reconstruction – UPI, Inc. continues with the reconstruction of W. Edward Lane from N. Green Bay Avenue east to N. Milwaukee River Parkway. The scope of work for this project includes the installation of new water main, storm sewers, concrete curb/gutter, driveway approaches, asphalt pavement, sidewalk along the south side of the street, and landscape restoration.

Street Resurfacing Program – Stark Pavement Corporation continues with the street resurfacing program.

List of streets scheduled for resurfacing in 2016.

W. LaSalle Avenue from N. Milwaukee River Parkway to N. River Forest Drive.

N. River Forest Drive from W. Riverview Drive south to cul-de-sac.

W. Vera Avenue from N. Seville Avenue to N. Range Line Road.

W. Vallana Court from W. Rochelle Avenue to N. Seville Avenue.

Street Sweeping – The department continues with city-wide street sweeping in an effort to remove accumulated dirt and debris from city streets and improve water quality as part of Glendale's storm water discharge permit with the Wisconsin Department of Natural Resources.

Pothole Repairs – A DPW crew continues to repair street and alley potholes.

Emerald Ash Borer Treatment – A tree contractor continues with the chemical treatment of public ash trees in good condition to protect against the threat of Emerald ash borer.

**DEPARTMENT OF PUBLIC WORKS
OVERTIME AND SICK LEAVE RECORD
FOR THE MONTH OF
MAY 2016**

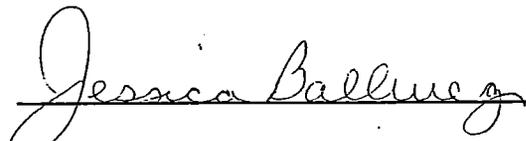
Public Works / Street Maintenance

<u>Employee</u>	<u>O.T. Hours This Month</u>	<u>Yearly O.T. Hours</u>	<u>Sick Hours</u>
J. Fahl	0.00	79.57	1.00
D. Fisher	12.66	99.50	0.00
W. Giddings	0.50	53.95	2.00
T. Mathis	2.33	106.88	8.00
R. Rebernick	0.50	105.99	16.00
W. Willis	0.00	118.57	8.00
D. Wilson	0.00	46.39	8.00
Subtotal:	15.99	610.85	43.00

Water / Sewer Utility

S. Scheldroup	8.21	196.19	4.00
M. Schiesel	7.71	190.91	0.00
W. Sharlow	9.47	120.22	0.00
*B. Versh	0.00	102.62	0.00
Subtotal:	25.39	609.94	4.00
GRAND TOTAL:	41.38	1,220.79	47.00

**Brain Versh's last day of employment was 4/22/16*


 Jessica Ballweg
 Senior Administrative Assistant

SUMMARY OF HOURS:	
Cust. Install	0.50
Maint. Trans	27.36
Sanitary Sewers	2.33
Storm Sewer / St. Sweep	6.86
Street Signs	1.00
Trans Lines	3.33
TOTAL:	41.38

CITY OF GLENDALE CASH REPORT
FOR THE MONTH OF MAY, 2016

		<u>GENERAL LEDGER</u>	<u>BANK</u>
Balance Checking Account April 30, 2016:		\$277,012.37	\$471,963.21
Add Receipts May 1-31, 2016:	General	\$1,431,833.76	
	Taxes	<u>\$7,405,021.44</u>	\$8,836,855.20
Deposits per Bank:		<u>\$9,113,867.57</u>	<u>\$8,840,637.76</u> \$9,312,600.97
Deduct Disbursements May 1-31, 2016:	Payroll	\$624,629.03	
	Vouchers	<u>\$7,477,879.69</u>	(\$8,102,508.72)
Disbursements per Bank:		<u>\$1,011,358.85</u>	(\$8,093,023.70) \$1,219,577.27
Outstanding Checks:			(\$208,509.71)
Bank Service Charge May, 2016:		(\$604.56)	
Write off returned check (tax payment on parcel 125-9991)		(\$1,405.73)	
Deposit adjustment by bank		(\$300.00)	
TRIP Deposit in Transit			(\$2,089.00)
Credit Card Deposit in Transit			\$70.00
		<u>\$1,009,048.56</u>	<u>\$1,009,048.56</u>

SUMMARY:

	<u>Interest Rate</u>	<u>Balance</u>
Checking Account:		\$1,009,048.56
Petty Cash:		\$500.00
Money Market:	0.517%	\$17,749,843.32
State of Wis. Investment Pool:	0.420%	\$601.03
State of Wis. Investment Pool Debt Reserve:	0.420%	\$93,236.83
Temporary Cash Investments:	See Attachment	<u>\$34,187,500.00</u>
Total Cash Available for debt retirement and general obligations as of May 31, 2016:		<u>\$53,040,729.74</u>

Respectfully submitted,



 Linda DiFrances, City Treasurer

INVESTMENTS

<u>CUSIP</u>	<u>INVESTMENT</u>	<u>PAR AMOUNT</u>	<u>COUPON RATE</u>	<u>YIELD TO CALL</u>	<u>YIELD TO MATURITY</u>	<u>SETTLEMENT DATE</u>	<u>MATURITY DATE</u>	<u>CURRENT CALL TERMS</u>	<u>NEXT CALL DATE</u>
044645JV2	Ashland, WI B.A.B.'s	\$240,000.00	4.750%	2.350%	2.350%	8/11/2011	4/1/2017	Non-Callable	n/a
1155115R4	Brown County, WI B.A.B.'s	\$560,000.00	4.500%	1.750%	1.750%	1/23/2012	11/1/2018	Non-Callable	n/a
115565QX4	Brown Deer, WI GO's	\$40,000.00	0.950%	0.950%	0.950%	1/4/2016	4/1/2017	Non-Callable	n/a
115565QY2	Brown Deer, WI GO's	\$315,000.00	1.500%	1.500%	1.500%	1/4/2016	4/1/2018	Non-Callable	n/a
115565QZ9	Brown Deer, WI GO's	\$315,000.00	1.600%	1.600%	1.600%	1/4/2016	4/1/2019	Non-Callable	n/a
115565RA3	Brown Deer, WI GO's	\$320,000.00	1.850%	1.850%	1.850%	1/4/2016	4/1/2020	Non-Callable	n/a
115565RB1	Brown Deer, WI GO's	\$330,000.00	2.100%	2.100%	2.100%	1/4/2016	4/1/2021	Non-Callable	n/a
115565RC9	Brown Deer, WI GO's	\$335,000.00	2.350%	2.350%	2.350%	1/4/2016	4/1/2022	Non-Callable	n/a
3130A3QN7	FHLB	\$1,000,000.00	0.800%	0.799%	0.799%	12/24/2015	12/30/2016	Anytime After	6/30/2016
3130A3QN7	FHLB	\$3,000,000.00	0.800%	0.799%	0.799%	1/8/2016	12/30/2016	Anytime After	6/30/2016
313380BQ9	FHLB	\$937,500.00	1.550%	1.550%	1.550%	7/24/2012	8/15/2019	Anytime	Anytime
313381HA6	FHLB	\$1,000,000.00	1.400%	1.400%	1.400%	12/13/2012	12/13/2019	Anytime	Anytime
313381VN2	FHLB	\$2,000,000.00	1.600%	1.600%	1.600%	1/30/2013	1/30/2020	Anytime	Anytime
313381YT6	FHLB	\$1,500,000.00	1.420%	1.420%	1.420%	2/6/2013	2/6/2020	Anytime	Anytime
313382EY5	FHLB	\$1,000,000.00	1.000%	1.000%	1.000%	3/25/2013	9/25/2018	Maturity	n/a
3133ECMD3	FFCB	\$1,000,000.00	1.620%	1.620%	1.620%	4/23/2013	4/23/2020	Anytime	Anytime
3134G35V8	FHLMC	\$1,000,000.00	1.650%	1.650%	1.650%	3/13/2013	3/13/2020	Maturity	n/a
3134G3XJ4	FHLMC	\$1,000,000.00	1.500%	1.500%	1.500%	6/27/2012	6/27/2019	Maturity	n/a
3134G7SM4	FHLMC	\$3,000,000.00	1.000%	0.997%	0.997%	12/24/2015	9/29/2017	Anytime After	6/29/2016
3134G8LH0	FHLMC 5-year Step-Ups	\$3,000,000.00	1.000%	1.000%	2.200%	2/26/2016	2/26/2021	Quarterly	8/26/2016
3134G8QQ5	FHLMC 5-year Step-Ups	\$1,000,000.00	1.500%	1.500%	2.030%	3/30/2016	3/30/2021	Quarterly	9/30/2016
3136G06C0	FNMA	\$2,000,000.00	1.500%	1.500%	1.500%	12/4/2012	12/4/2019	Quarterly	6/4/2016
3136G0T68	FNMA	\$1,500,000.00	1.330%	1.330%	1.330%	10/24/2012	10/24/2019	Maturity	n/a
3136G0U25	FNMA	\$1,000,000.00	1.500%	1.500%	1.500%	10/29/2012	10/29/2019	Quarterly	7/29/2016
3136G1DJ5	FNMA Called 5-16-16**	\$500,000.00	1.420%	1.420%	1.420%	2/20/2013	2/14/2019	Quarterly	5/14/2016
3136G1MW6	FNMA	\$1,000,000.00	1.500%	1.500%	1.500%	5/28/2013	11/27/2019	Quarterly	8/27/2016
3136G2YJ0	FNMA	\$5,000,000.00	1.000%	1.000%	1.000%	2/24/2016	2/24/2021	Anytime	Anytime
384540FP0	Grafton, WI GO's	\$170,000.00	2.000%	1.500%	1.500%	2/1/2012	4/1/2017	Non-Callable	n/a
384540FQ8	Grafton, WI GO's	\$175,000.00	2.500%	1.800%	1.800%	2/1/2012	4/1/2018	Non-Callable	n/a
602245YQ9	Milwaukee County G.O.'s	\$250,000.00	1.750%	1.650%	1.650%	2/12/2013	12/1/2019	Non-Callable	n/a
8210228B9	Sheboygan, WI GO's	\$200,000.00	3.800%	2.302%	2.302%	9/30/2011	4/1/2018	Non-Callable	n/a
	Total April 30, 2016:	\$34,687,500.00							
	**Less Call/Maturity:	\$500,000.00							
	Total May 31, 2016:	\$34,187,500.00							