AGENDA
Committee on Licenses/Permits

625 52nd Street
Room 202
December 12, 2016
4:30 P.M.

Chairperson Curt Wilson
Vice-Chairperson Patrick Juliana

Alderperson Jesse Downing
Alderperson Anthony Kennedy
Alderperson John Fox

Call to Order
Roll Call
Citizen Comments

Approval of the minutes of the regular meetings held on November 28, 2016.

1. Applications for new Operator (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to:
   - 20 demerit points:
   a. Bryan Jancich
   - 30 demerit points:
   b. Michael Kusters
   - 45 demerit points:
   c. Benjamin Benish
   - 50 demerit points:
   d. Cynthia Henthorne
   e. C. David Treviranus
   f. Naquan Reed-Leftridge
   - 65 demerit points:
   g. Sukhdev Singh
   - 70 demerit points:
   h. Rachael Vaughn

2. Applications for new Operator (Bartender's) Licenses, with a recommendation from the City Attorney to deny, based on:
   - material police record:
   a. Cody Cadeau
   b. Nancy Trakas
   c. Javier Salinas
   d. Miranda Christian
   - material police record and false application:
   e. Courtney Carls

3. Application of LaShauna McPhearson for a new Operator (Bartender's) License, with a recommendation from the City Attorney to defer.

4. Application of Monica Pennell for a new Operator (Bartender's) License, with a recommendation from the City Attorney to defer.

5. Application of Lakes Venture, LLC (Dave Holvick, Agent), for a Class "A" Beer/"Class A" Liquor License located at 7100 Green Bay Rd. (Fresh Thyme Farmers Market), with no adverse recommendations. (District 16)

6. Application of Aldi, Inc. (Cecili Franco, Agent), for a Class "A" Beer/"Class A" Liquor License located at 3524 57th Ave. (Aldi #07), with no adverse recommendations. (District 5)

7. Application of Bleep, LLC (Bridget Pucci, Agent), for a Class "B" Beer/"Class B" Liquor License located at 2208 60th St. (Finney's), upon surrender of a similar license at the same location from Ter-Ala Corporation, with no adverse recommendations. (District 2)

8. Application of Tuscany Bistro Bar & Grill, LLC, to Request to Change the Closing Hours of the Outdoor Extension located at 7410 118th Ave. (Tuscany Bistro Bar & Grill) to Midnight, with no adverse recommendations. (District 16)

9. Application of Bleep, LLC, for a Probationary Cabaret License located at 2208 60th St. (Finney's), effective December 20, 2016 to June 20, 2017, with no adverse recommendations. (District 2)

10. Renewal applications for Secondhand Article and Secondhand Jewelry Dealer's Licenses with no adverse recommendations:
    a. Christopher Ruland (Roosevelt Road Antiques & Consignments, 3720 Roosevelt Rd., District 8)
    b. Goldtronics, LLC (Jewelry & Electronics Exchange, 6212 22nd Ave., District 3)
    c. GNT Financial, LLC, (GNT Jewelry and Loan, 7944 Sheridan Rd., #3, District 12)

11. Renewal applications for Secondhand Article Dealer's Licenses, with no adverse recommendations:
    a. New Leaf Resale, LLC, (New Leaf Resale, 7532 Pershing Blvd., District 14)
    b. Jerome F. Binsfeld, (JB Coins, 6040 39th Ave., Ste. 7, District 15)
    c. Colosseum Games, LLC, (Colosseum Games, 5719 75th St., District 14)
    d. Keynote, Inc., (Music Go Round, 5708 A 75th St., District 14)
    e. CD DVD Game, LLC, (CD DVD Game Warehouse, 3717 80th St., District 14)
    f. Flat Iron Vintage, LLC, (Flat Iron Vintage, 2022 56th St., District 2)
    g. Pam Plummer-Harberg, (Glyndy Jr's), 5925 6th Ave. A, District 2)
    h. Old Toys Live On, LLC, (Old Toys Live On, 7519 22nd Ave., District 13)
    i. Suburban Ore, LLC, (Suburban Ore, 627 58th St., District 2)

12. Renewal applications for Secondhand Jewelry Dealer's Licenses, with no adverse recommendations:
    a. Westown of Kenosha, Inc., (Westown Foods & Liquor, 3203 60th St., District 3)
    b. Gold Diamond & Design, Inc., (Gold Diamond & Design, 10320 75th St., Ste. B, District 16)
    c. Nowshad P. Irani, (Superior Gold Express, 2400 52nd St., District 7)

13. Renewal application of GNT Financial, LLC, for a Pawn Broker License located at 7944 Sheridan Rd., #3, (GNT Jewelry and Loan), with no adverse recommendations. (District 12)

14. Renewal application of Cunjun Wang, (Oriental Shiatsu Massage, 3717 52nd St.), for a Kenosha Massage Therapist License, with no adverse recommendations. (District 10)

15. Renewal application of Jadvyga Valiauga, (Touch of Peace and Harmony, 11300 75th St., Ste. 102), for a Kenosha Massage Therapist License, with no adverse recommendations. (District 16)

16. Renewal applications for Kennel & Pet Shop Licenses, with no adverse recommendations:
    a. Jo's Exotic Birds, Ltd., (Jo's Exotic Birds, 7534 Sheridan Rd., District 12)
    b. Apollo's Doggy Day Care, Inc., (Central Bark Doggy Day Care, 7600 75th St., Ste. 202, District 16)
    c. Kindred Kitties, Ltd., (Kindred Kitties, 614 59th St., District 2)
    d. Puppy Tub & Motel, Inc., (Puppy Tub & Motel, 2419 52nd St., District 7)
    e. Kenosha County Humane Society, (Safe Harbor Humane Society, 7811 60th Ave., District 14)
    f. Puparotzi Palace, LLC, (Puparotzi Palace, 7609 Sheridan Rd., District 12)
    g. Petco Animal Supplies Stores, Inc., (Petco #618, 6910 Green Bay Rd., District 16)
    h. Wagin Tail Resort (Wagin Tail Resort, 5403 52nd St., District 11)

17. Renewal applications for Pet Fancier Permits, with no adverse recommendations:
    a. Barbara Contro, (3301 13th St., District 4)
    b. Sheryl (Sherry) R. Hawkins, (5503 24th Ave., Lwr., District 7)
    c. James Edward O'Brien, (1709 61st St., District 3)
    d. Cassandra Brown (5032 14th Ave., District 7)
    e. Gloria J. Zdanowicz (1927 62nd St., District 3)
    f. Mary Santiago (4711 42nd Ave., District 10)
    g. Michelle Amundson (7404 7th Ave., District 12)
    h. Amelia Martinez-Coleman (7203 18th Ave., District 12)
    i. Melissa McDowell (1726 34th Ave., District 4)

18. Ordinance by Alderperson Jan Michalski; Co-sponsors Alderperson Curt Wilson, Alderperson Patrick Juliana – To Create Section 13.05 (of the Code of General Ordinances for the City of Kenosha) Regarding Home Sharing. (*Deferred from the meetings on September 12th and 26th, and October 10th, 2016)*

19. Discussion regarding a date for the second meeting, if needed, in December, 2016.

20. Discussion regarding a date for revocation hearings.

ALDERPERSONS' COMMENTS:

IF YOU ARE DISABLED AND NEED ASSISTANCE, PLEASE CALL 262-653-4170 BY NOON BEFORE THIS MEETING TO MAKE ARRANGEMENTS FOR REASONABLE ON-SITE ACCOMMODATIONS.

THE CITY OF KENOSHA
CHART A BETTER COURSE

MINUTES
November 28, 2016
Committee on Licenses/Permits

A meeting of the Committee on Licenses/Permits was held on November 28, 2016, in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 4:30 p.m. by Chair Wilson.

At roll call, the following members were present: Alderpersons Downing, Kennedy and Fox. Alderperson Juliana was excused. Deputy City Attorney Matt Knight was present.

Citizen Comments: None.

Approval of the minutes of the regular meeting held November 14th, 2016.
It was moved by Alderperson Kennedy, seconded by Alderperson Downing to approve. Motion carried unanimously.

1. Application of Lori English for a new Operator (Bartender's) License, with a recommendation from the City Attorney to grant, subject to 20 demerit points.

It was moved by Alderperson Downing, seconded by Alderperson Kennedy to concur with the recommendation of the City Attorney. Motion carried unanimously.

2. Application of Sergio Gonzales for a new Operator (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record and false application.

Applicant was present and spoke. Alderperson Fox and Attorney Knight spoke. It was moved by Alderperson Kennedy, seconded by Alderperson Downing to concur with the recommendation of the City Attorney. Motion carried unanimously.

3. Ordinance by the Mayor – To Repeal Section 1.06 A.A. (of the Code of General Ordinances) Entitled "Ethics Board", to Create Section 1.295 (of the Code of General Ordinances) Entitled "Confidentiality and Impartiality; to Repeal and Recreate Section 29.06 (of the Code of General Ordinances) Relating to Penalties For Failure to File a Statement of Economic Interest, and to Repeal and Recreate Chapter 30 (of the Code of General Ordinances) Entitled "Code Of Ethics".

Attorneys Mulligan and Knight spoke. The Mayor and Alderpersons Kennedy and Wilson spoke. It was moved by Alderperson Downing, seconded by Alderperson Kennedy to approve. Motion carried unanimously.

4. Ordinance by the Mayor – To Repeal and Recreate Subparagraph 13.015 E. (of the Code of General Ordinances) Regarding Temporary Cement Batch Plants.

Attorney Knight, and Alderperson Downing and Kennedy spoke. It was moved by Alderperson Downing, seconded by Alderperson Kennedy to approve. Motion carried unanimously.

5. Ordinance by the Mayor – To Repeal and Recreate Subsection 12.001 B.1. (of the Code of General Ordinances for the City of Kenosha) Regarding Amusement Device License Required.

Shirley Willie spoke. It was moved by Alderperson Kennedy, seconded by Alderperson Fox to approve. Motion carried 3-1, with Alderperson Kennedy voting nay.

ALDERPERSONS' COMMENTS: None

There being no further business to come before the Licensing/Permit Committee, it was moved, seconded and unanimously carried to adjourn at 4:50 p.m.

THE CITY OF KENOSHA
CHART A BETTER COURSE

ADDENDUM MINUTES
November 28, 2016
Committee on Licenses/Permits

A meeting of the Committee on Licenses/Permits was held on November 28, 2016, in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 4:50 p.m. by Chair Wilson.

At roll call, the following members were present: Alderpersons Downing, Kennedy and Fox. Alderperson Juliana was excused. Deputy City Attorney Matt Knight was present.

Citizen Comments: None.

1. Discussion of backup to be included with agenda items.
Alderpersons Wilson, Fox, Downing and Kennedy spoke. Attorney Knight and Dana Fox spoke. It was moved by Alderperson Downing, seconded by Alderperson Kennedy to receive and file. Motion carried unanimously.

ALDERPERSONS' COMMENTS: None

There being no further business to come before the Licensing/Permit Committee, it was moved, seconded and unanimously carried to adjourn at 5:05 p.m.

New Bartender's (Operator's) License

Police Record Report

1a

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/28/2016	Bryan Jancich		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170824	4755 79th Street	Red Robin America's Gourmet Burgers	6610 Green Bay Road

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
11/23/2016	LIQUOR, LICENSE VIOLATION	DISPO PENDING	Y	20

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	20	
Were all offenses listed on the application?	Y	
TOTAL DEMERIT POINTS	20	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT,** Subject to [20] Demerit Points

[ ] **DENY,** based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

1b

New Bartender's (Operator's) License
Police Record Report

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/28/2016	Michael Kusters		Suspended
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170829	1335 West Blvd. Racine, WI 53405	Red Robin America's Gourmet Burgers	6610 Green Bay Road

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
1/13/2015	LICENSE NOT ON PERSON	GUILTY	N	0
1/24/2015	LICENSE NOT ON PERSON	GUILTY	N	0
11/10/2015	LICENSE NOT ON PERSON	GUILTY	N	0
8/29/2016	OPERATING WHILE SUSPENDED	GUILTY	N	10

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	10
Were all offenses listed on the application?	N=20
TOTAL DEMERIT POINTS	30

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT**, Subject to [30] Demerit Points

[ ] **DENY**, based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11-28-16
INITIALS CD
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☑ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # 170829
Provisional Issued: yes no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the **30th day of June** 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Kusters First Name: Michael MI: F.
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: Male Phone: 262-488-0178

Home Address: 1335 West Blvd Racine WI 53405
CITY STATE ZIP

Email: mkusters@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used Red Robin
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, **ever** been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☑ No **If yes**, state: **charge, year, result:**

2. Have you, as an adult, **ever** served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☑ No **If yes, explain:**

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☑ Yes ☐ No **If yes, explain:**
unpaid tickets

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☑ Yes ☐ No If **yes**, state: **charge, year, result:**
speeding, failure to yeild, to fast for conditions

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☑ No
If yes, state: **charge, year, result:**

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Red Robin 6610 Green Bay Rd Kenosha
Xperience fitness 5201 Washington Ave Racine

7. List all addresses at which you have lived in the **past five (5) years:**
1335 West Blue Regina WI 53405
3719 20th Street Racine WI 53403

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: _____ Date: 11-26-16

New Bartender's (Operator's) License
Police Record Report

1c

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/21/2016	Benjamin Benish		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170814	6410 26th Avenue	Shenanigan's	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
10/7/2012	LIQUOR, SELL TO MINOR	GUILTY	N	25

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	25	
Were all offenses listed on the application?	N=20	
TOTAL DEMERIT POINTS	45	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT**, Subject to [45] Demerit Points

[ ] **DENY**, based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11/21/16
INITIALS
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☑ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # N170814
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2016 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Benish First Name: Benjamin MI: F
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: M Phone: 262-909-6424

Home Address: 6410 26th Avenue Kenosha WI 53143
CITY STATE ZIP

Email: benjamin benish@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used Shenanigans
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, **ever** been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☒ Yes ☐ No If **yes**, state: **charge, year, result:**
   Driving under influence / PAC

2. Have you, as an adult, **ever** served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☒ No **If yes, explain:**

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☒ Yes ☐ No **If yes, explain:**
Driving Under Influence / PAC Driving without license

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☒ Yes ☐ No If **yes**, state: **charge, year, result:**
Driving without licence / 2011 / Forfeiture
Speeding / 2012 / 2013 / 2015 / 2016 / Forfeiture

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☒ No
If yes, state: **charge, year, result:**
~~Potawotami~~

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Potawotami
Audi Exchange
Penske Truck

7. List all addresses at which you have lived in the **past five (5) years:**
6410 26th Avenue Kenosha, WI
3324 86th Avenue Apt 102 Kenosha, WI
4426 65th St Kenosha, WI

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: Benjamin D Beeler Date: November 21, 2016

New Bartender's (Operator's) License

Police Record Report

1d

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/28/2016	Cynthia Henthorne		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170823	6230 34th Avenue	Not Listed	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
4/28/2012	DC/LOUD MUSIC	GUILTY	N	10
7/1/2013	LIQUOR, LICENSE VIOLATION	GUILTY BY DEFAULT	N	20

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	30	
Were all offenses listed on the application?	N=20	
TOTAL DEMERIT POINTS	50	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT,** Subject to [50] Demerit Points

[ ] **DENY,** based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11/28/16
INITIALS KM
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☒ new ☐ renewal

☒ Beverage Course Completed
☐ HOLD for Beverage Course

License # N170823
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Henthorne First Name: Cynthia MI: K
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: F Phone: 262-434-0371

Home Address: 6230 34th ave Kenosha WI 53142
CITY STATE ZIP

Email: mrswalker.cw@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used Still looking
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☒ Yes ☐ No **If yes, state: charge, year, result:**
Threatening with use of telephone - 2003 - monetary fine (Thatcher, Arizona)

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☒ No **If yes, explain:**

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☒ Yes ☐ No **If yes, explain:**
Suspended in 2012 due to a no insurance ticket. Ticket was paid and reinstated license

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☒ Yes ☐ No **If yes, state: charge, year, result:**
no insurance - 2013 monteary fine - paid
no seat belt - 2013 monteary fine paid

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☒ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
State Farm Insurance - 1500 E. Rio Salado Dr Mesa, AZ
Fazoli's restaurant - 6930 75th st Kenosha, WI
Azura memory care - 4600 52nd st Kenosha, WI
DeKoven center - 600 21st st Racine, WI

7. List all addresses at which you have lived in the **past five (5) years:**
6230 34th ave Kenosha, WI - 1869 N. Smart Rd Maricopa, AZ
1600 60th st Kenosha, WI - 6106 11th ave Kenosha, WI
8605 27th ave Kenosha, WI - 1709 59th st Kenosha, WI

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: _____ Date: 11.28.16

Operator's (Bartender) License
Police Record Report

1e

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/5/2016	Treviranus, C. David		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170852	3901-45th Street, Unit C	Not Listed	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
*APPLICANT LISTED A DUI CHARGE PENDING IN ILLINOIS FROM 2016		PENDING	Y	50

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	50	
Were all offenses listed on the application?	Y	
TOTAL DEMERIT POINTS	50	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT,** Subject to [50] Demerit Points

[ ] **DENY,** based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

New Bartender's (Operator's) License

Police Record Report

1f

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/30/2016	Naquan Reed-Leftridge		Suspended
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170834	903 Washington Road	Not Listed	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
6/10/2016	DC/LOUD MUSIC	GUILTY BY DEFAULT	Y	10
9/23/2016	LIQUOR, VIOLATION OTHER	GUILTY BY DEFAULT	N	20

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	30	
Were all offenses listed on the application?	N=20	
TOTAL DEMERIT POINTS	50	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT**, Subject to [50] Demerit Points

[ ] **DENY**, based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11-30-16
INITIALS CO
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

170834

Fee: $75.00 ☒ new ☐ renewal

☒ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # [redacted]
Provisional Issued: yes no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2016 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Reed-Leftridge First Name: NaQuan MI: S
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: M Phone: 224-944-2612

Home Address: 903 washington Rd Kenosha WI 53140
CITY STATE ZIP

Email: Nay.Reed47@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used N/A
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☒ No **If yes, state: charge, year, result:**

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☒ No **If yes, explain:**

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?
□ Yes ☒ No **If yes, explain:**

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☒ Yes □ No **If yes, state: charge, year, result:**
Two speeding tickets and a noise complaint ticket

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? □ Yes ☒ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Hot topic / Gurnee IL
Starbucks, 1500 nations dr, Gurnee IL

7. List all addresses at which you have lived in the **past five (5) years:**
33535 N Royal oak Ln Grayslake IL
21640 N delany waukegan IL
903 washington Rd Kenosha WI

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: _____ Date: 11/30/16

New Bartender's (Operator's) License

Police Record Report

1g

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/28/2016	Sukhdev Singh		No License Issued
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170828	2029 N. Holton Street Milwaukee, WI 53212	22nd Ave Mobil	4433 22nd Avenue

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
1/14/2014	LIQUOR, LICENSE VIOLATION NO OPER. LICENSE	GUILTY	N	20
1/14/2014	LIQUOR, SELL TO MINOR	GUILTY	N	25
6/25/2014	LIQUOR, SELL TO MINOR	DISMISSED		0

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	45	
Were all offenses listed on the application?	N=20	
TOTAL DEMERIT POINTS	65	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT**, Subject to [65] Demerit Points

[ ] **DENY**, based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11-28-16
INITIALS CD
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☒ new ☐ renewal

☐ Beverage Course Completed CD
☒ HOLD for Beverage Course

License # 170828
Provisional issued: yes no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2017 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: SINGH First Name: Subhdev MI: ____
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: ____ Gender: MALE Phone: 414-914-0492

Home Address: 2029 N Holton ST Milwaukee WI 53212
CITY STATE ZIP

Email: NAVRAN1994@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number ____ ____
STATE NUMBER

Name of Business Where License will be used 4433-22nd Ave Mobil
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☑ No **If yes, state: charge, year, result:**

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☑ No **If yes, explain:**

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?
☐ Yes ☑ No **If yes, explain:**

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☐ Yes ☑ No If yes, state: **charge, year, result:**

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☑ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
CITGO 6001 SOUTHWEST CLEVLEND MILWAKEE WISCONSIN
MOBILE GAS STATION 4433 22ND AVE KENOSHA

7. List all addresses at which you have lived in the **past five (5) years:**
20310 SE 243RD ST MAPLEVALLY - WA

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: [signature] Date: 11-28-16

Operator's (Bartender) License
Police Record Report

1h

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/2/2016	Rachael Vaughn		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170843	5815-5th Ave, #504	The Buzz	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
3/22/2015	LIQUOR, SELL TO MINOR	GUILTY	N	25
3/27/2015	LIQUOR, MINOR LOITER IN TAVERN	GUILTY	N	15
10/25/2015	DRUG/POSSESS MARIJUANA	GUILTY/REDUCED CHARGE	N	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	50	
Were all offenses listed on the application?	N=20	
TOTAL DEMERIT POINTS	70	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[X] **GRANT,** Subject to [70] Demerit Points

[ ] **DENY,** based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 12-2-16
INITIALS CD
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☑ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # 170843
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Vavak First Name: Rachael MI: M
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: F Phone: 262 7485818

Home Address: 5815 5th ave #504 Kenosha WI 53140
CITY STATE ZIP

Email: rachaelmoonchild@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used The Buzz
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☑ No **If yes, state: charge, year, result:**

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☑ No **If yes, explain:**

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?
☐ Yes ☒ No **If yes, explain:**

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☐ Yes ☒ No If yes, state: **charge, year, result:**

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☒ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:** Pete's Place, Mikey's.

7. List all addresses at which you have lived in the **past five (5) years:** 3626 10th ave Kenosha

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: [signature] Date: 12/2/16

New Bartender's (Operator's) License
Police Record Report

2a

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/28/2016	Cody Cadeau		Suspended
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170827	10726 69th Street	Mason's Eatery & Pub or Milwaukee Burger Co	7000 74th Place or 9901 77th St. 53158

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
4/11/2012	LIQUOR, SOCIAL HOSTING	GUILTY	Y	100
5/28/2013	AGG ASSAULT/HANDS, FEET,ETC	GUILTY - REDUCED CHG.	Y	N/A

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	100	
Were all offenses listed on the application?	Y	
TOTAL DEMERIT POINTS	100	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[ ] **GRANT**, Subject to [ ] Demerit Points

[X] **DENY**, based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11/28/16
INITIALS
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☐ Beverage Course Completed
☒ HOLD for Beverage Course

License # N170827
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Cadeau First Name: Cody MI: D
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: [illegible] Gender: M Phone: 262-496-3510

Home Address: 10726 60th St Kenosha WI 53142
CITY STATE ZIP

Email: CodySnowCadeau@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number [illegible]
STATE NUMBER

Name of Business Where License will be used Possibly Masons or Milwaukee Burger Company
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☑ Yes ☐ No If yes, state: charge, year, result:
   expunged misdemeanor - 2013 No charges pending
   2 municipal charges - 2011, 2012 Been out of trouble for almost 4 years.

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☑ No If yes, explain:

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☑ Yes ☐ No **If yes, explain:**
I believe it was suspended once for unpaid traffic tickets.

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☑ Yes ☐ No If yes, state: **charge, year, result:**
Couple speeding tickets 5/24/2013
Other one was in Mount Pleasant, I believe 2014 or 2015
All fines paid in full

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☑ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:
Kloss Distributing, Kenosha County Fair Police, 6 Flags, Dairy Queen, Woodmans

7. List all addresses at which you have lived in the **past five (5) years**:
10726 60th St
4334 Shorehaven Ln
The Falls at Pike Creek

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: Cody [illegible] Date: 11/28/2016

Operator's (Bartender) License

Police Record Report

2b

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/15/2016	Nancy Trakas		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170853	4618-35th Street	Italian American	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
5/22/2000	SUBSTANTIAL BATTERY-INTEND BODILY HARM - FELONY E	GUILTY/NO CONTEST	Y	100

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	100	
Were all offenses listed on the application?	Y	
TOTAL DEMERIT POINTS	100	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[ ] **GRANT**, Subject to [ ] Demerit Points

[X] **DENY**, based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 12/5/16

INITIALS VM

ADVERSE/NO ADV

LP

CC

LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☑ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # N170853
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the **30th day of June,** 2018 **(unless sooner revoked).** I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Trakas First Name: Nancy MI: A
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: _____ Gender: F Phone: 262-960-0679

Home Address: 4618 35th St Kenosha WI 53144
CITY STATE ZIP

Email: nancytrakas@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number ____ _____
STATE NUMBER

Name of Business Where License will be used Italian American Society
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, **ever** been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☒ Yes ☐ No **If yes,** state: **charge, year, result:**
   Substantial battery - Intended bodily harm
   05-2000, Class E felony

2. Have you, as an adult, **ever** served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☒ No **If yes, explain:**

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
□ Yes ☒ No **If yes, explain**:

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? □ Yes ☒ No If **yes**, state: **charge, year, result:**

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? □ Yes ☒ No
If yes, state: **charge, year, result:**

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:
Italian American Society
2217 52nd St. Kenosha WI 53140

7. List all addresses at which you have lived in the **past five (5) years**:
3205 45th St Kenosha WI 53143
2005 73rd St Kenosha WI 53142
4618 35th St Kenosha WI 53144

READ CAREFULLY BEFORE SIGNING: I hereby certify that **I** am the applicant named in this application, and **I** have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: Nancy Grakas Date: 12-5-16

New Bartender's (Operator's) License

Police Record Report

2c

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/28/2016	Javier Salinas		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170826	3408 Wembley Drive Zion, IL 60099	Red Robin America's Gourmet Burgers	6610 Green Bay Road

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
CALLED APPLICANT TO ASK ABOUT CRIMINAL RECORD:				
YEAR OF 2006	POSSESSION CONTROLLED SUBSTANCE-WAUKEGAN	FELONY		100
DATE?	POSSESSION OF WEAPON	FELONY		100
NOVEMBER OF 2016	RECEIVED TICKET FOR BARTENDING W/O A LICENSE	NOT ON FILE		20

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	220	
Were all offenses listed on the application?	Y	
TOTAL DEMERIT POINTS	220	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[ ] **GRANT,** Subject to [ ] Demerit Points

[X] **DENY,** based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11/28/16
INITIALS XM
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☑ Beverage Course Completed
☐ HOLD for Beverage Course

License # N170826
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Salinas First Name: Javier MI: A
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: M Phone: 224·214·9965

Home Address: 3408 Wembley Dr. Zion IL. 60099
CITY STATE ZIP

Email: jarislns@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used Red Robin
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

Poss. weapon Felony?

2006 Poss. Controlled Substance Felony - Waukegan

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☒ Yes ☐ No If yes, state: charge, year, result:
2006 possesion of controlled substance plead guilty in 2008. Also possesion of a weapon. Misdemeanor in 2009/2010. weapon and drug case in 2005. not quite sure of dates. Since 2008 I have not gone back to prison. I've gone back to School and now a Salary manager.

Poss controlled substance over 10 Felony

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☒ Yes ☐ No If yes, explain:
Illinois last time was 2006-2007 Bonded out then plead guilty in 2008. Bootcamp in 2004. went back for parole violation in 2005. Have not gone back to jail since 2008. I work hard to live right and free.

- ticket - bartending w/o license Red Robin - last week

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☒ Yes ☐ No **If yes, explain:**
yes suspended license for not paying ticket. Also got ticket while driving a suspended liteense. I believe I got a speeding ticket a couple years ago.

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☒ Yes ☐ No If **yes**, state: **charge, year, result:**
I don't believe. Yes a couple years ago speeding ticketand broken odometer.

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☒ No
If yes, state: **charge, year, result:**

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Red Robin in Kenosha, Red Robin Gurnee, Texas Roadhouse Kenosha, Wildberry pancake house libertyville.

7. List all addresses at which you have lived in the **past five (5) years:**
Zion IL. 3408 Wembley, 50 N. McAree Apt. 3 Waukegan, IL. 60085

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: Javier Salinas Date:

Operator's (Bartender) License
Police Record Report

2d

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/2/2016	Miranda Christian		Valid
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170844	1530-15th Avenue	Shenanigan's	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
5/13/2015	OPERATING WHILE INTOXICATED 3RD OFFENSE	DISPO PENDING	Y	
5/13/2015	OPERATING W/ PAC (3RD)	DISPO PENDING	Y	80
5/13/2015	DISORDERLY CONDUCT	DISPO PENDING	Y	20
6/27/2016	BAIL JUMPING-2 CTS.	GUILTY	Y	40 + 40
7/6/2015	BAIL JUMPING	GUILTY	Y	20
6/19/2013	DISORDERLY CONDUCT	GUILTY	Y	20

CITY ATTORNEY'S RECOMMENDATION	
Offense Demerit Points	220
Were all offenses listed on the application?	Y
TOTAL DEMERIT POINTS	220

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[ ] **GRANT,** Subject to [ ] Demerit Points

[X] **DENY,** based on material police record (substantially related to the license activity)

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 12-2-16
INITIALS CL
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☒ new ☐ renewal

☐ Beverage Course Completed
☒ HOLD for Beverage Course

License # 170844
Provisional Issued: yes no

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2017 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Christian First Name: Miranda MI: A
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: F Phone: 262-957-9700

Home Address: 1530 15th Ave Kenosha WI 53941
CITY STATE ZIP

Email: mirandachristian98@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used Shenanigans 83rd & 22nd
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, **ever** been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☒ Yes ☐ No **If yes, state: charge, year, result:**
See attachment

2. Have you, as an adult, **ever** served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☒ Yes ☐ No **If yes, explain:**
See attached

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☑ Yes ☐ No **If yes, explain:**
See Att.

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☑ Yes ☐ No If **yes**, state: **charge, year, result:**
See Att.

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ~~☑ No~~
If yes, state: **charge, year, result:**

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Johny B's Portage WI
Center tap Union Center WI

7. List all addresses at which you have lived in the **past five (5) years:**
1530 15th Ave Kenosha
182 9th St #1 Prairie du Sac WI
121 St. Adams New Lisbon WI

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: [signature] Date: 12-02-16

6-27-2016 Juneau open case# 2016CM000224
6-10-15 Juneau filed only case# 2015TR001571
6-10-15 Juno filed only # 2015TR001570
7-6-15 Jun. open #2015CM000226
6-10-15 June open #2015CM000203
6.9.13 Richland closed #2013FO00019
6.2.13 Juneau closed #2010CU000222
8.13.09 Jun. closed #2009PA000017PJ
10.22.09 Juno Closed #2009CU000409
9.26.07 monroe closed #2007CM000755
9.26.07 monroe Closed # 2007CM000755
11.03.06 June Closed # 2006CU000366
8.22.06 June Closed # 2006CM000453
9.21-05 Jun Closed # 2005CU000276
9.9.05 Jun closed # 2005CU000262
12-2-04 Jun Closed # 2004CT000259
12-23-03 Monroe Closed #2003FA000329

Operator's (Bartender) License
Police Record Report

2e

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/1/2016	Courtney Carls		VALID
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170835	6424-28th Avenue	Ruffolo's	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
4/15/2012	INTOXICANT IN VEHICLE-PASSENGER	GUILTY	N	20
6/22/2013	THEFT SHOPLIFTING $1-49	GUILTY	N	10
8/6/2014	LIQUOR, DRINK IN MV	GUILTY BY DEFAULT	N	20
8/20/2014	CONTEMPT, BAIL JUMPING	GUILTY	Y	40
8/20/2014	DC/PERSON	GUILTY	Y	10
9/7/2014	DC/OTHER	GUILTY BY DEFAULT	Y	10
12/14/2014	LITTERING	GUILTY BY DEFAULT	N	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	120	
Were all offenses listed on the application?	N=20	
TOTAL DEMERIT POINTS	140	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

[ ] **GRANT**, Subject to [ ] Demerit Points

[X] **DENY**, based on material police record and false application

[ ] **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 12/1/16
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LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☒ new renewal

☒ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # N170835
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Cavis First Name: Courtney MI: K
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: F Phone: 262-705-3325

Home Address: 6424 28th ave Kenosha WI 53143
CITY STATE ZIP

Email: cadcamluv@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number
STATE NUMBER

Name of Business Where License will be used Ruffolos
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☐ No **If yes, state: charge, year, result:**
8-14 disorderly conduct, 8-14 fuse bail jumping, 4-14 Criminal damage to property
7-2000 intoxicated use of phone 7-2000 phone use harassment

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☒ No **If yes, explain:**

3. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?
☒ Yes ☐ No **If yes, explain:**
for 6 months, I believe in 2005 a DUI

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☒ Yes ☐ No **If yes, state: charge, year, result:**
Speeding ticket August 2016

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☒ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Vicine yacht club, Bakers Street, Bristol Oaks

7. List all addresses at which you have lived in the **past five (5) years:**
6824 31st AVE Kenosha WI 53143
6424 28th AVE Kenosha WI 53143

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: Courtney K Davis Date: Dec 1, 16

Operator's (Bartender) License
Police Record Report

3

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
12/2/2016	LaShauna McPhearson		No License Issued
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170839	6502-21st Avenue	Speedway	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
*ACTIVE WARRANT 08-26-16 : KENOSHA JOINT SERVICES - OPERATING A MOTOR VEHICLE W/O INSURANCE -BOND OR 4 DAYS JAIL			N	
10/6/2012	OPERATING W/O LICENSE	GUILTY	Y	5
8/31/2014	OPERATING WHILE SUSPENDED	GUILTY	Y	10
4/7/2016	OPERATING WHILE SUSPENDED	GUILTY	Y	10
8/8/2016	OPERATING WHILE SUSPENDED	GUILTY	Y	20
4/10/2013	FALSE INFORMATION, GIVE	GUILTY	N	N/A
8/31/2014	DC/LOUD MUSIC	GUILTY BY DEFAULT	N	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points		
Were all offenses listed on the application?		
TOTAL DEMERIT POINTS		

CITY ATTORNEY'S COMMENTS
ACTIVE WARRANT - DENY OR DEFER

FINAL RECOMMENDATION

☐ **GRANT,** Subject to ☐ Demerit Points

☐ **DENY,** based on material police record (substantially related to the license activity)

☐ **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 12/2/16
INITIALS
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☑ new ☐ renewal

☐ Beverage Course Completed
☑ **HOLD** for Beverage Course

License # N170839
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: McPhearson First Name: LaShauna MI: U
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: Gender: female Phone: 262-873-9397

Home Address: 6502 21ST Avenue Kenosha WI 53140
CITY STATE ZIP

Email: lmcphearson92@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number [redacted]
STATE NUMBER

Name of Business Where License will be used Speedway LLC.
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, ever been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☑ Yes ☐ No **If yes, state: charge, year, result:**
DC Approx When I was 15 -
Numerous traffic tickets. - Susp. lic, Bracket around plate,

2. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☑ No **If yes, explain:**

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☑ Yes ☐ No **If yes, explain:**
For Failure to pay forfiture.

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☐ Yes ☐ No **If yes, state: charge, year, result:**
No Other States
Driving on Suspended.

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☑ No
If yes, state: charge, year, result:

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**
Speedway 60th St.
Burger King 80th St.
Manor Care Washington Rd.

7. List all addresses at which you have lived in the **past five (5) years:**
6602 21st Avenue · Kenosha, WI 53140
7520 30th Avenue · Kenosha, WI 53142
6604 14th Avenue · Kenosha, WI 53140

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: [signature] Date: 11/19/2016

New Bartender's (Operator's) License
Police Record Report

4

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Applicant's Date of Birth	Driver's License Status
11/30/2016	Monica Pennell		Suspended
License Number	Address of Applicant	Business (where license is to be used)	Business Address
N170833	837 Boulder Trail #1002 Mount Pleasant, WI 53406	Red Robin America's Gourmet Burgers	6610 Green Bay Road

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
*ACTIVE WARRANT: MT PLEASANT POLICE - 2 COMMITMENTS-OPERATING W/O INSURANCE & EXPIRED REGISTRATION / BOND $246.80				

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points		
Were all offenses listed on the application?		
TOTAL DEMERIT POINTS		

CITY ATTORNEY'S COMMENTS
ACTIVE WARRANT - DENY OR DEFER

FINAL RECOMMENDATION

☐ **GRANT**, Subject to ☐ Demerit Points

☐ **DENY**, based on material police record (substantially related to the license activity)

☐ **DEFER or GRANT subject to** Non-Renewal Revocation due to False Application

Adverse

FILED 11/30/16
INITIALS KM
ADVERSE/NO ADV
LP
CC
LETTER

THE CITY OF KENOSHA
CHART A BETTER COURSE

BARTENDER'S (OPERATOR'S) LICENSE
CLK217 (rev. 03/16)

Fee: $75.00 ☒ new ☐ renewal

☒ Beverage Course Completed
☐ **HOLD** for Beverage Course

License # N170833
Provisional Issued: yes (no)

I hereby apply for an Operator's License to serve Alcoholic Beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha to and including the 30th day of June, 2018 (unless sooner revoked). I hereby note that I am responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the Code of General Ordinances and that my license may be suspended, revoked, or not renewed, and/or I may be subject to a civil forfeiture for non-compliance therewith.

Last Name: Pennell First Name: Monica MI: R
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: _____ Gender: F Phone: (224) 330-9238

Home Address: 837 Boulder Trail unit 1002 Mount Pleasant WI 53406
CITY STATE ZIP

Email: mopennell@gmail.com
(correspondence will be via email if address is given)

Driver's License or State ID Number _____ _____
STATE NUMBER

Name of Business Where License will be used Red Robin
(PLEASE NOTE: license may be utilized in the City of Kenosha only.)

ANSWER THE FOLLOWING QUESTIONS TRULY AND COMPLETELY:

1. Have you, as an adult, **ever** been convicted of a major crime (felony), minor crime (misdemeanor), or of violating a municipal or county ordinance in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☒ No If **yes**, state: **charge, year, result:**

2. Have you, as an adult, **ever** served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? ☐ Yes ☒ No **If yes, explain:**

3. Have you **ever** had your driver's license suspended or revoked in Wisconsin or in any other State?
☒ Yes ☐ No **If yes, explain:**
2014
2016 - didn't pay ticket on time

4. Have you received any traffic citations in Wisconsin or in any other state within the past five (5) years; or do you have any such citations pending? ☒ Yes ☐ No **If yes**, state: **charge, year, result:**
2016 - no proof of insurance or registration
2014 speeding

5. Have you, as an adult, within the **past five (5) years**, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? ☐ Yes ☒ No
If yes, state: **charge, year, result:**

6. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:
Red Robin
Wheaton Franciscan

7. List all addresses at which you have lived in the **past five (5) years**:
837 Boulder Trail Unit 1002 mount pleasant WI 53406
2529 80th street Kenosha WI
5411 57th Ave. Kenosha WI

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: [illegible] Date: 11/25/16

5

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028226134-02	81-1763383

LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$ 250
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 250
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 23
TOTAL FEE	$ 523

For the license period beginning January 2017 ;
ending June 30th 2017

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } Kenosha

County of Kenosha Aldermanic Dist. No. 16 (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): ▶ Lakes Venture, LLC, a Delaware limited liability company

   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	Member: Lakes Venture Holding Company, LLC		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Dave Holvick 7045 N. Braeburn Ln., Glendale, WI 53209 Tel: 414-228-6452		
Directors/Managers			

3. Trade Name ▶ Fresh Thyme Farmers Market Business Phone Number (331) 251-7100
4. Address of Premises ▶ 7100 Green Bay Rd. Kenosha, Post Office & Zip Code ▶ WI 53142-1449
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 Delaware and date 9/19/2012 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.) 28,709 SF one-story grocery store in the Southport Plaza shopping center
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during business hours for 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 17th day of November, 2016

SUZANNA M. BERBERICH
Notary Public - State of Illinois
My Commission Expires May 22, 2017

(Clerk/Notary Public)

My commission expires 5-22-17

Jane Windsor
(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 11/23-16	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT
APPLICATION FOR BEER AND OR LIQUOR LICENSE – **CHECK ALL THAT APPLY:**

X	CLASS "A" **BEER** (GROCERY STORE, LIQUOR STORE, GAS STATION)	X	"CLASS A" **LIQUOR** (GROCERY STORE, LIQUOR STORE, GAS STATION)
	CLASS "B" **BEER** (RESTAURANT, BAR)		"CLASS B" **LIQUOR** (RESTAURANT, BAR)

1. Applicant Name Lakes Venture. LLC Business Name Fresh Thyme Farmers Market

2. Property Information: Address 7100 Green Bay Rd. Kenosha, WI 53142-1449 Owner SP SOUTHPORT PLAZA, LLC

   If applicant is not owner, does applicant have a lease agreement with the owner? (Yes) or No *(NOTE; Proof of property ownership or proof of an executed lease must be provided to the City Clerk before the license will be issued.)*

3. Square footage of building 28,131 Assessed value of property N/A

4. Assessed value of personal property (furniture, fixtures, equipment to be used in the business) Est. 1,850,000

5. If this application is for a "Class A" Liquor license, is the premises physically closed to customers during the hours in which sales are not permitted? **Yes** or (**No**) or **Not Applicable** (circle one)

6. Gross Monthly Revenue - According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

   FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:

   BEER $100,000 Estimate for Beer and Wine

   LIQUOR See above

   FOOD $658,000 Estimated

   OTHER *(specify)* Natural Living, Body Care, Vitamins: $73,000

   TOTAL GROSS MONTHLY REVENUE $831,000 Estimate

(OVER)

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT – PAGE TWO

Applicant Name Lakes Venture, LLC Business Name Fresh Thyme Farmers Market

Property Information: Address 7100 Green Bay Rd. Kenosha, WI 53142-1449 Owner SP SOUTHPORT PLAZA, LLC

7. Explain how the issuance of this license will benefit the City:
Fresh Thyme Farmers Markets is a new full-service specialty retailer focusing on fresh, healthy, natural and organic offerings, at affordable price points. In addition to providing taxable sales to the City, Fresh Thyme Farmers Market will provide a healthy and affordable grocery store for the City's residents. The ability to provide Beer and Liquor is an added convenience to the neighborhood and allows a one-stop location to shop for healthy groceries.

8. Explain why the business will have a substantial positive impact upon the surrounding properties:
The property is being renovated and remodelled to accommodate this new business. We believe this will have a positive impact to the Shopping Center and the surrounding properties by bringing in a vibrant and new business. Additionally Fresh Thyme Farmers Market will offer the neighborhood additional healthy food and living options.

9. Explain why the business have a significant, positive influence on the City economy:
Fresh Thyme will require an approximately $4M investment that in includes remodeling the existing building, installing new fixtures and equipment and stocking the shelves. Local contractors and subcontractors are employed as much as possible to do all this work. Fresh Thyme will hire approximately 125 people to work in each store. This store will also generate sales tax due to the approximately $12 million in revenue projected during each of the first 3 years. Fresh Thyme will bring healthy food options to the community.

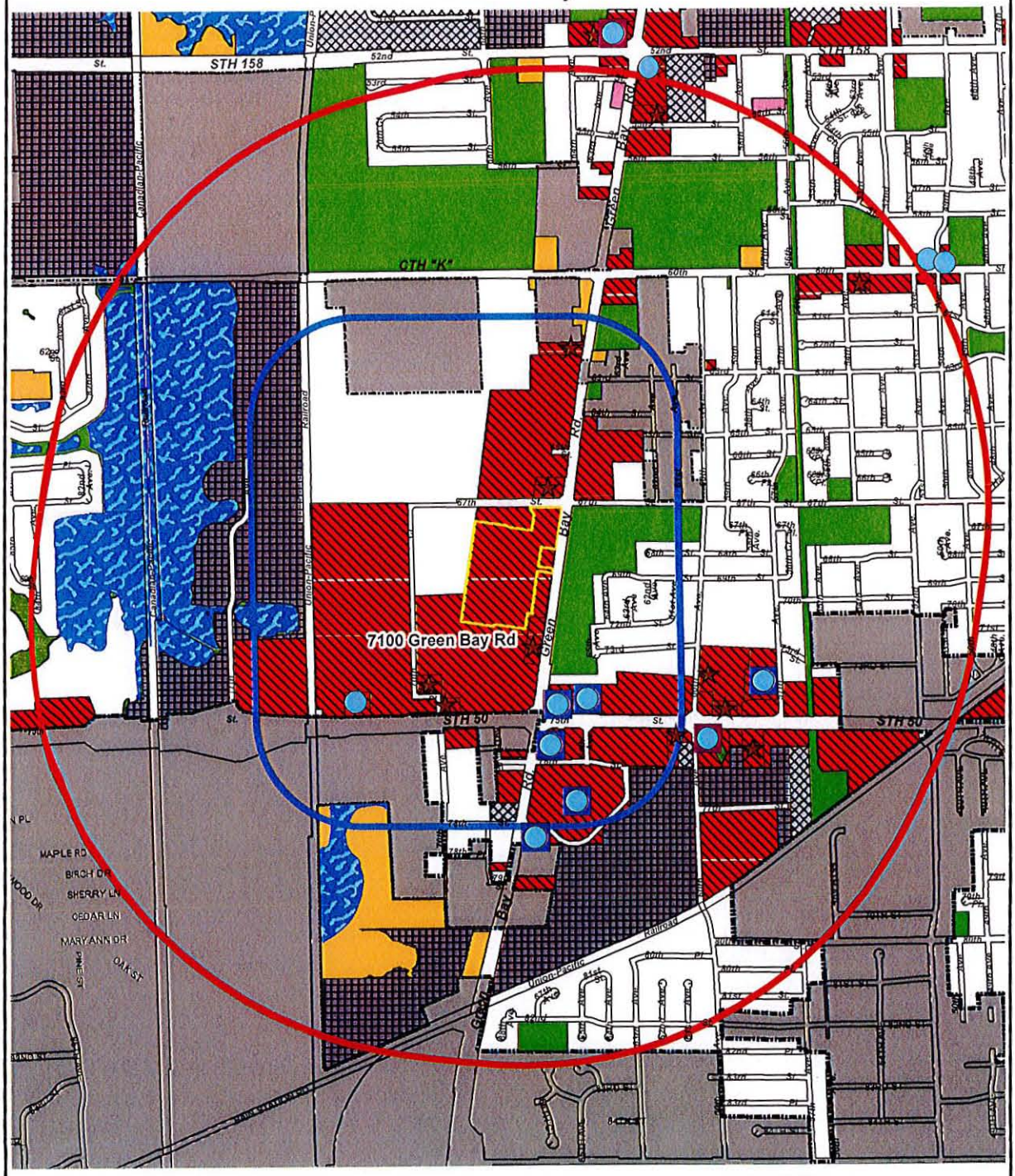
10. Has the applicant contacted the alderperson of the district where this business is located? Yes.

11. List other factors the Common Council should consider:

Applicant's Signature Jane Windsor

City of Kenosha

Class "A" Beer / "Class A" Liquor Application
7100 Green Bay Road



Class "A" | "Class A" | "Class A" Cider ONLY | Class "B" | Class "B" & "Class B" | "Class C"

Note: Residential districts are not colored.

Note: Business districts are colored as follows: B-1 B-2 B-3 B-4

5,280 feet from applicant

5,280 ft. Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	8	6	1	1	11	0
Other Districts	0	0	0	0	0	0

6 blocks from applicant

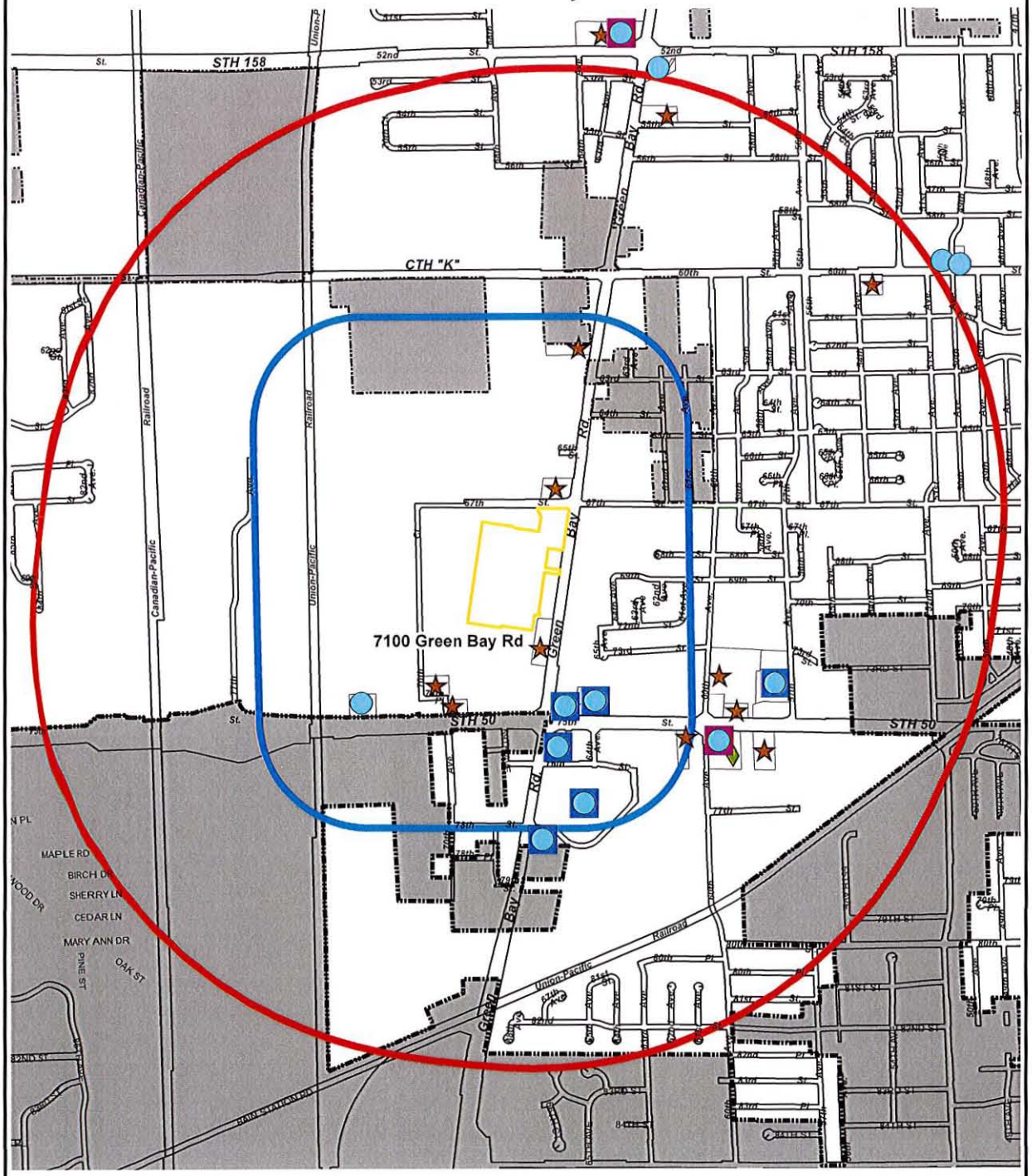
6 block Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	5	4	0	0	6	0
Other Districts	0	0	0	0	0	0

KENOSHA

0 1,200
Feet

City of Kenosha

Class "A" Beer / "Class A" Liquor Application
7100 Green Bay Road



Class "A" | "Class A" | "Class A" Cider ONLY | Class "B" | Class "B" & "Class B" | "Class C"

5,280 feet from applicant

5,280 ft. Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	8	6	1	1	11	0
Other Districts	0	0	0	0	0	0

6 blocks from applicant

6 block Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	5	4	0	0	6	0
Other Districts	0	0	0	0	0	0

NORTH

0 1,200
Feet

DCDI – City Clerk-Treasurer – DS – MN – November 28, 2016 – mc

(6)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning FEBRUARY 01 20 17 ;
ending JUNE 30 20 17

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } KENOSHA

County of KENOSHA Aldermanic Dist. No. 5 (if required by ordinance)

Applicant's WI Seller's Permit No.:	FEIN Number:
456000008901401	36-3498392

LICENSE REQUESTED ▶

TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 416.00
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ ~~40.00~~ 23 --
TOTAL FEE	$ ~~456.00~~ 439 -

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): ▶ ALDI INC (WISCONSIN)

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	CHARLES E. YOUNGSTROM	4000 WINBERIE AVE, NAPERVILLE IL	60569
Vice President/Member	N/A		
Secretary/Member	TERRY E PFORTMILLER	40 W 657 PRAIRIE CROSSING, ELGIN, IL	60124
Treasurer/Member	TERRY E PFORTMILLER	40W657 PRAIRIE CROSSING, ELGIN IL	60124
Agent ▶	CECILI FRANCO	1326 DEANE BLVD, RACINE WI	53405
Directors/Managers	CECILI FRANCO	1326 DEANE BLVD, RACINE WI	53405

3. Trade Name ▶ ALDI #07 Business Phone Number 414-570-1860
4. Address of Premises ▶ 3524 57th AVE, KENOSHA WI Post Office & Zip Code ▶ 53144
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 WI and date 2/23/98 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.) SINGLE STORY BRICK BUILDING, BACK ROOM & SALES FLOOR
10. Legal description (omit if street address is given above): RETAIL GROCERY STORE
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued? N/A
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 20th day of October, 20 16

Jeanette Meyer
(Clerk/Notary Public)

My commission expires January 4, 2019

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

Terry E. Pfortmiller
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

TO BE COMPLETED BY CLERK

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

#UT
OAK

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT
APPLICATION FOR BEER AND OR LIQUOR LICENSE – **CHECK ALL THAT APPLY:**

✓	**CLASS "A" BEER** (GROCERY STORE, LIQUOR STORE, GAS STATION)	✓	**"CLASS A" LIQUOR** (GROCERY STORE, LIQUOR STORE, GAS STATION)
	CLASS "B" BEER (RESTAURANT, BAR)		**"CLASS B" LIQUOR** (RESTAURANT, BAR)

1. Applicant Name ALDI INC. Business Name ALDI #07

2. Property Information: Address 3524 57TH AVE Owner *LAND LEASE* 1-KENOSHA LLC

   If applicant is not owner, does applicant have a lease agreement with the owner? **Yes or No** *(NOTE; Proof of property ownership or proof of an executed lease must be provided to the City Clerk before the license will be issued.)*

3. Square footage of building 19,887 Assessed value of property 2.5 million

4. Assessed value of personal property (furniture, fixtures, equipment to be used in the business) $725,000

5. If this application is for a "Class A" Liquor license, is the premises physically closed to customers during the hours in which sales are not permitted? **Yes** or **No** or **Not Applicable** (circle one)

6. Gross Monthly Revenue - According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

   FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:

   BEER $8,625.00

   LIQUOR $8,625.00

   FOOD $557,750.00

   OTHER —
   (specify)

   TOTAL GROSS MONTHLY REVENUE $575,000.00

(OVER)

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT – PAGE TWO

Applicant Name Aldi, Inc. Business Name Aldi #07

Property Information: Address 3524-57th Ave Owner 1-Kenosha, LLC

7. Explain how the issuance of this license will benefit the City: Aldi will bring increased tax revenue and provide employment opportunities.

8. Explain why the business will have a substantial positive impact upon the surrounding properties: Aldi has an outstanding reputation for maintence of it's properties and continuing improvements on it's structures.

9. Explain why the business have a significant, positive influence on the City economy: Aldi is an established business that provides employment opportunities and contributes to the economic growth of every community it touches.

10. Has the applicant contacted the alderperson of the district where this business is located? yes

11. List other factors the Common Council should consider: Aldi cares about our customers, employees, communities and our role as a business, working every day to help create a better world to live in. Its our job to make sure our customers can trust that the products they buy at Aldi have been made with care for the environment and the people involved in bringing them to market. We work closely with our partners and suppliers to offer products our shoppers can feel good about.

Applicant's Signature Amanda M. Ohm - Real Estate Dept.

DEC 0 5 2016

® OAK CREEK DIVISION

9342 SOUTH 13TH STREET
OAK CREEK, WISCONSIN 53154

P: 414.570.1860
F: 414.570.1864

November 29, 2016

Deb Salas, Kenosha City Clerk/Treasurer
625 52nd Street
Kenosha, WI 53140

RE: Aldi #07 - 3524 57th Avenue, Kenosha WI.

Extension?

Dear Ms. Salas:

The purpose of this letter is to state that any Liquor License we receive for the above location will not be utilized until early 2017. This is due to the store's proposed grand opening date of 3/23/17, weather permitting.

If you have any questions or concerns about this matter, please feel free to contact me at (414) 570-1860.

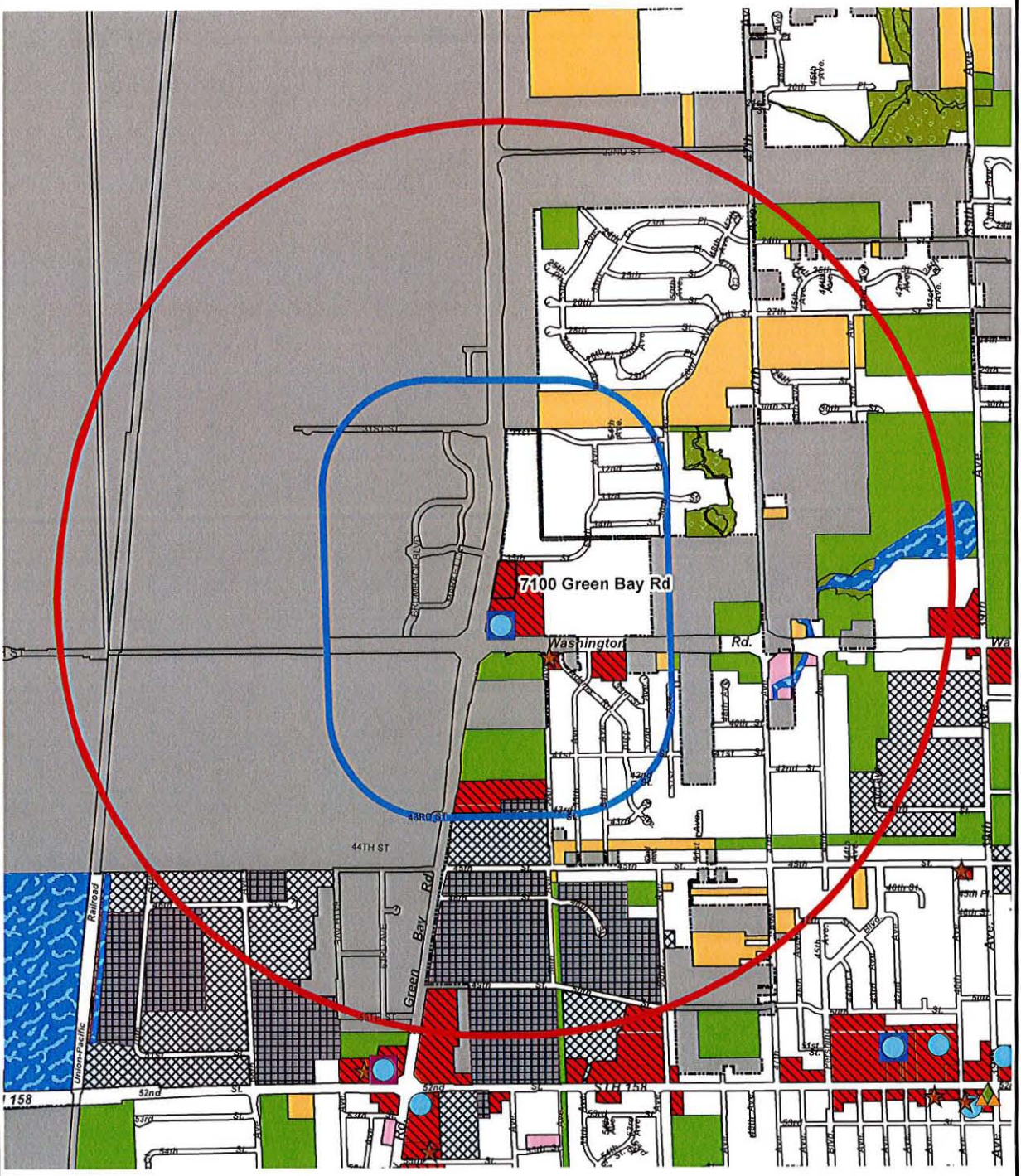
Sincerely,

Tom Howald
Director of Real Estate - ALDI Oak Creek Division
(414) 570-1860
Tom.howald@aldi.us

TH/ao

City of Kenosha

Class "A" Beer / "Class A" Liquor Application
3524 57th Avenue



Class "A" | "Class A" | "Class A" Cider ONLY | Class "B" | Class "B" & "Class B" | "Class C"

Note: Residential districts are not colored.

Note: Business districts are colored as follows: B-1 B-2 B-3 B-4

5,280 feet from applicant

5,280 ft. Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	1	1	0	0	1	0
Other Districts	0	0	0	0	0	0

6 blocks from applicant

6 block Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	1	1	0	0	1	0
Other Districts	0	0	0	0	0	0

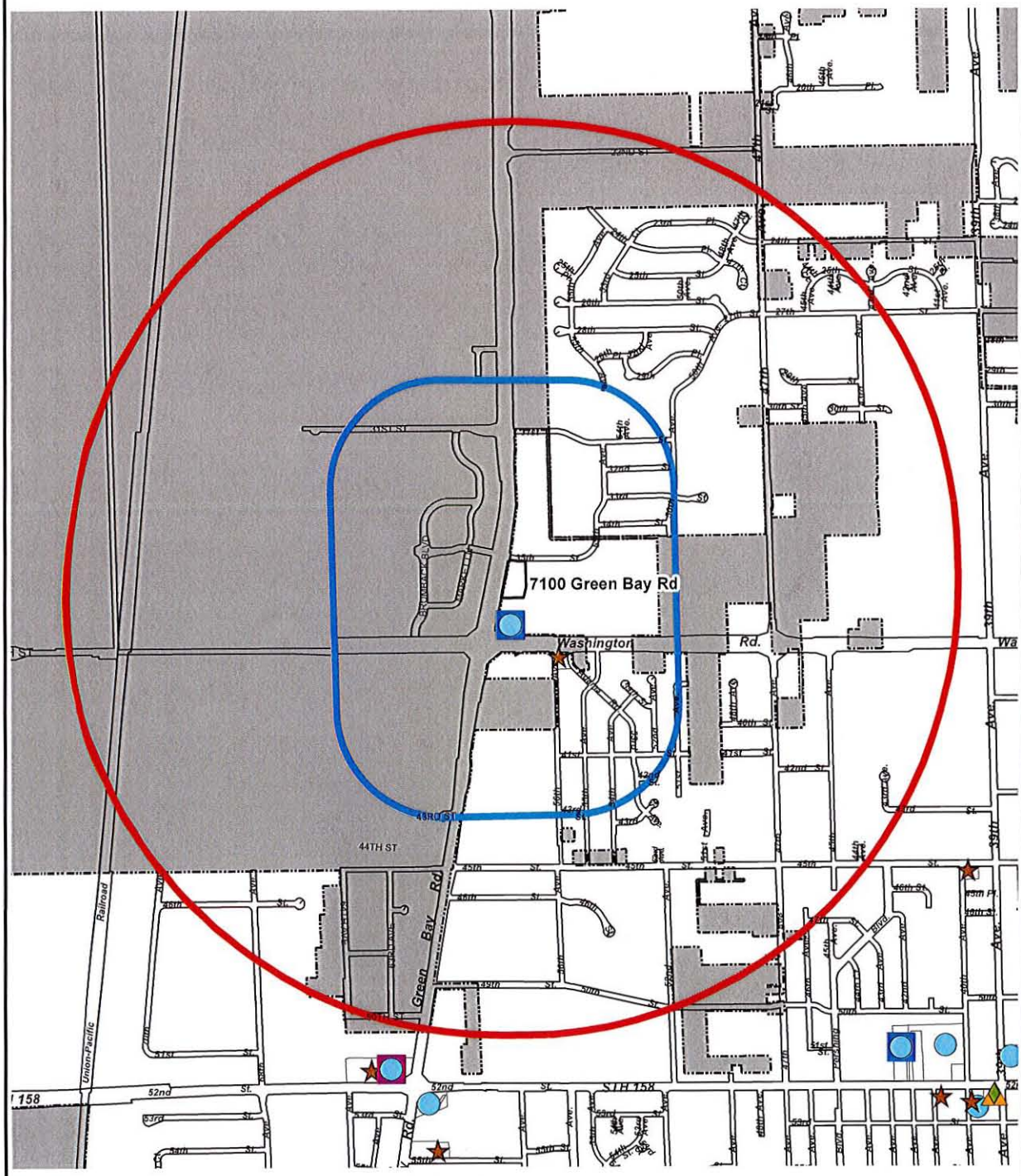
KENOSHA

0 1,200
Feet

DCDI - City Clerk-Treasurer - DS - MN - November 28, 2016 - mc

City of Kenosha

Class "A" Beer / "Class A" Liquor Application
3524 57th Avenue



5,280 ft. Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	1	1	0	0	1	0
Other Districts	0	0	0	0	0	0

6 block Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	0	0
Business Districts	1	1	0	0	1	0
Other Districts	0	0	0	0	0	0

0 1,200
Feet

DCDI - City Clerk-Treasurer - DS - MN - November 28, 2016 - mc

7

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ~~June~~ Dec 20 20 16 ;
ending June 30 20 17

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of } Kenosha

County of Kenosha Aldermanic Dist. No. 2 (if required by ordinance)

Applicant's WI Seller's Permit No.:	FEIN Number: 81-4519864
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 175
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$ 175
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 23
TOTAL FEE	$ 373

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): ▶ Bleep, LLC

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	President	Bridget Pucci	4833 17th Ave	53140
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		Bridget Pucci		
Directors/Managers				

3. Trade Name ▶ Finney's Business Phone Number 262-914-4311
4. Address of Premises ▶ 2208 60th Street Post Office & Zip Code ▶ 53140
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? Has BT. license ☑ 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 WI and date 12/2/16 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.) Upstairs stock room, Basement stockrooms, Basement Bar
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? Ter-Ala Corp DBA Finney's
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2 day of December, 20 16

Michelle L Robson
(Clerk/Notary Public)

My commission expires 4-11-17

Bridget Pucci
(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 12/2	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

LICENSE SURRENDER

STATE OF WISCONSIN
KENOSHA COUNTY } SS

Ter-Ala Corp
(Individual/Partners/Corporation Name)

being first duly sworn on oath, says that he/she is the holder of the following license(s) (check all that apply) issued by the City of Kenosha, Wisconsin:

- ☒ "Class B" Liquor
- ☒ Class "B" Beer (Fermented Malt Beverage)
- ☐ "Class A" Liquor
- ☐ Class "A" Beer (Fermented Malt Beverage)
- ☐ "Class C" Wine

Affiant will surrender said license #(s) 170070 to the City Clerk.

That this affidavit is made to inform the City Council that the affiant herby intends not to apply for said license(s) for the ensuing year, and to propose to the said council that said license(s) be granted to: Bleep LLC

to whom your affiant has sold his business and, to whom your affiant surrenders all of his privileges to apply for a license.

Affiant will surrender said license(s) # 170070, to the City Clerk

prior to the time a license is issued to ~~Ter-Ala~~ BLEEP, LLC

and provide further that a license is granted to Bleep LLC the person herein designated.

Individual/Partner/President of Corporation

Partner/Corporate Officer

Subscribed and sworn to before me this 29 day of November, 2016

Notary Public
Kenosha County, Wisconsin
My Commission Expires: 2-4-18

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT
APPLICATION FOR BEER AND OR LIQUOR LICENSE – **CHECK ALL THAT APPLY:**

	CLASS "A" **BEER** (GROCERY STORE, LIQUOR STORE, GAS STATION)		"CLASS A" **LIQUOR** (GROCERY STORE, LIQUOR STORE, GAS STATION)
√	CLASS "B" **BEER** (RESTAURANT, BAR)	√	"CLASS B" **LIQUOR** (RESTAURANT, BAR)

1. Applicant Name (LLC) BLEEP, LLC Business Name (trade) Finney's

2. Property Information: Address 2208 60th Street Kenosha, WI. 53140 Owner Bridget Pucci

   If applicant is not owner, does applicant have a lease agreement with the owner? **Yes or No** *(NOTE; Proof of property ownership or proof of an executed lease must be provided to the City Clerk before the license will be issued.)*

3. Square footage of building 1800 sq ft Assessed value of property 44,000

4. Assessed value of personal property (furniture, fixtures, equipment to be used in the business) 5,400

5. If this application is for a "Class A" Liquor license, ~~is the premises~~ physically closed to customers during the hours in which sales are not permitted? **Yes** or **No** or **Not Applicable** (circle one)

6. Gross Monthly Revenue - According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

   FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:

   BEER 3,500

   LIQUOR 4,000

   FOOD 100

   OTHER
   (specify)

   TOTAL GROSS MONTHLY REVENUE 7,600

(OVER)

CITY OF KENOSHA STATEMENT OF ECONOMIC IMPACT – PAGE TWO

Applicant Name ~~Bridget Pucci~~ Bleep, LLC Business Name Finney's

Property Information: Address 2208 60th Street Kenosha, WI 53140 Owner Rob Greskoviak

7. Explain how the issuance of this license will benefit the City: Run Benefits, Dart Tournaments (which brings people in from surrounding cities and states). Dart and Pool leagues.

8. Explain why the business will have a substantial positive impact upon the surrounding properties: Cleanliness - keep inside and outside the bar clean at all times including parking lot.

9. Explain why the business have a significant, positive influence on the City economy: Working with neighbor bar to boost their business (Food and events). Tournaments bring in people from other cities and states (Hotel stay and local restaurants for food).

10. Has the applicant contacted the alderperson of the district where this business is located? Yes

11. List other factors the Common Council should consider: Finneys has been a well known establishment for 30 plus years with a clean record.

Applicant's Signature Bridget Pucci

City of Kenosha

Class "B" Beer/ "Class B" Liquor application

2208 60th Street

Class "A" | "Class A" | "Class A"- Cider ONLY | Class "B" | Class "B" & "Class B" | "Class C"

5,280 feet from applicant

5,280 ft. Radius	Class "A"	"Class A"	"Class A"- Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	2	0
Business Districts	18	8	1	4	72	2
Other Districts	0	0	0	0	0	0

6 blocks from applicant

6 block Radius	Class "A"	"Class A"	"Class A"- Cider ONLY	Class "B"	Class "B" & "Class B"	"Class C"
Residential Districts	0	0	0	0	1	0
Business Districts	5	3	0	0	17	0
Other Districts	0	0	0	0	0	0

KENOSHA

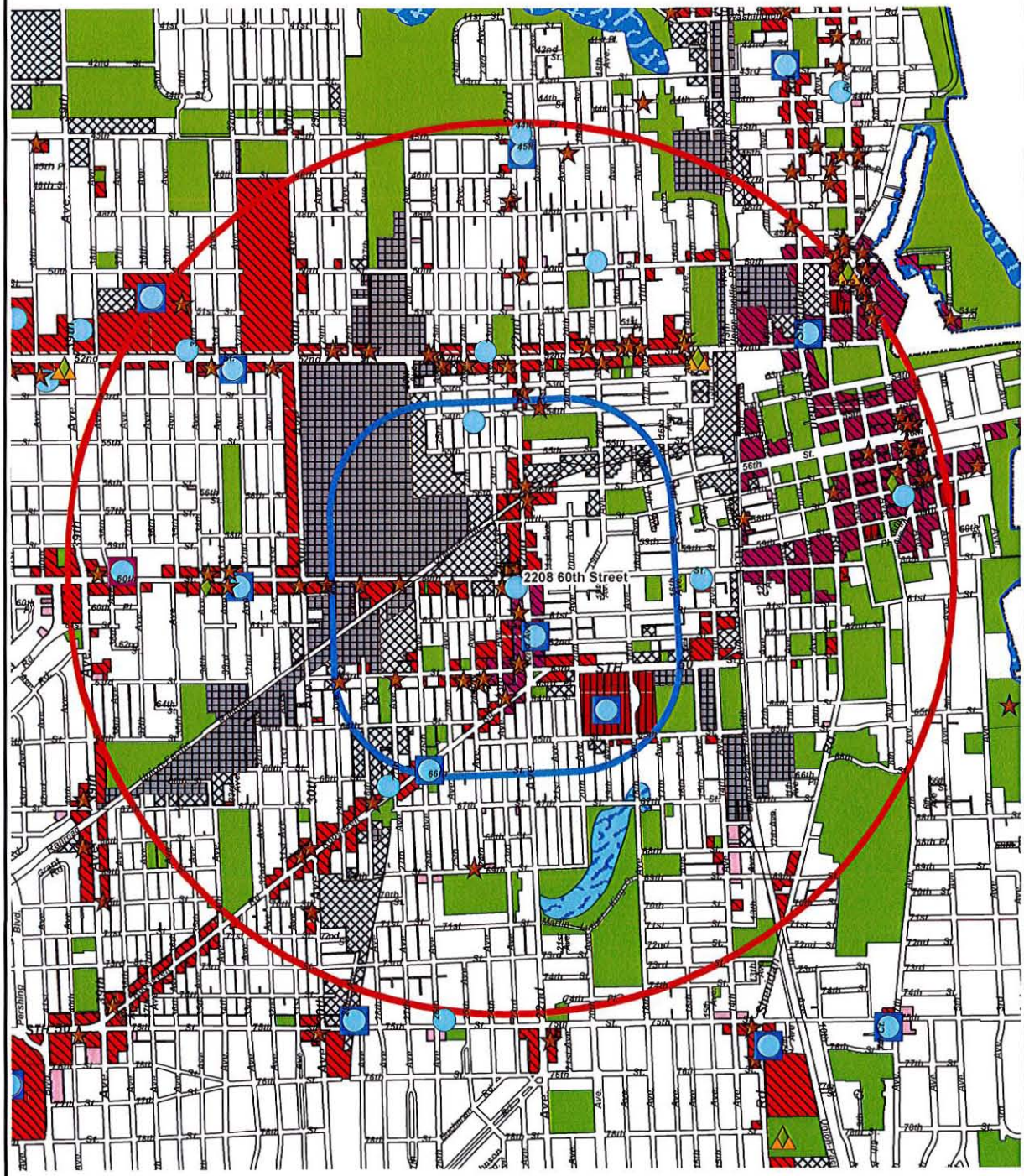
0 1,200
Feet

DCDI – City Clerk-Treasurer – DS – MN – December 8, 2016 – mc

City of Kenosha

Class "B" Beer/ "Class B" Liquor application

2208 60th Street



Class "A" | "Class A" | "Class A"- Cider ONLY | Class "B" | Class "B" & "Class B" | "Class C"

Note: Residential districts are not colored.

Note: Business districts are colored as follows: B-1 B-2 B-3 B-4

5,280 feet from applicant

5,280 ft. Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & Class "B"	"Class C"
Residential Districts	0	0	0	0	2	0
Business Districts	18	8	1	4	72	2
Other Districts	0	0	0	0	0	0

6 blocks from applicant

6 block Radius	Class "A"	"Class A"	"Class A" Cider ONLY	Class "B"	Class "B" & Class "B"	"Class C"
Residential Districts	0	0	0	0	1	0
Business Districts	5	3	0	0	17	0
Other Districts	0	0	0	0	0	0

KENOSHA

0 1,200

Feet

DCDI - City Clerk-Treasurer - DS - MN - December 8, 2016 - mc

E-MAILED DEC 06 2016 12/6

FILED

INITIALS mn

ADVERSE/NO ADV

LP 12/12

CC 12/19

(8)

THE CITY OF KENOSHA
CHART A BETTER COURSE

REQUEST TO CHANGE CLOSING HOURS OF
OUTDOOR EXTENSION
CITY ORDINANCE §10.075

TO
12:00 MIDNIGHT TO 8:00 AM

Licensee Name: Tuscany Bistro Bar & Grill, LLC

Trade Name: Tuscany Bistro Bar & Grill

Trade Address: 7410 - ~~[illegible]~~ 118th Ave District # 16

Contact Person: Theresa Robinson Phone: 850 259/259 Email: Treeamp@gmail.com
(correspondence will be via email if address is given)

The undersigned is hereby applying for a change of the closing hours of the outdoor extension of the Class "B" Beer, "Class B" Liquor, and/or "Class C" Wine license(s) in accordance with §10.075 of the Code of General Ordinances to 12:00 Midnight to 8:00 am.

In making this application, I understand that amplified music or sound shall not be allowed after 10:00pm unless the Outdoor Area's boundaries are greater than seven hundred fifty feet (750) of any residentially zoned property. **In accordance with Section 10.076 J.3.f., cabaret licensed activities are prohibited in an Outdoor Dining Area w/Outdoor Extension.**

Theresa J. Robinson 11-6-16
(Individual/Partner/Member) Date

(Partner/Member) Date

E-MAILED DEC 02 2016 (9)

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 12/2
INITIALS
ADVERSE NO ADV
LP 12/12
CC 12/19
LETTER EM 12/12

CABARET LICENSE
PROBATIONARY

Type: 228 Fee: $150/6 months

Effective: Dec 20, 2016 To: Jun 20, 2017
(6 months)

PLEASE NOTE: This license is non-renewable. Applications shall be referred by the City Clerk to the Police Department. The Police Department shall make a report, in writing, to the City Attorney as to any police record of the applicant, which may reflect upon good moral character or business responsibility. The City Attorney shall examine said record and make a recommendation to the Committee on Licenses/Permits based thereon as to whether the license shall be granted. The Committee on Licenses/Permits shall review all applications, any reports, the recommendation of the City Attorney and all other information before it. Said Committee shall recommend to the Common Council either the granting or denial of each application. (In accordance to Chapter X, Section 10.07 of the Code of General Ordinances of the City of Kenosha.)

1. Licensee Name: Bleep, LLC District # 2
(NOTE: must be same name as beer/liquor license)

2. Trade Name: Finney's Trade Address: 2208 60th Kenosha, WI. 53140

3. If license is in the name of a Corporation or LLC, Agent Name: Budget Pucci

4. Date of Birth of Agent (if Corporation/LLC) or Individual:

5. Address: 4833 17th Ave, Kenosha, WI 53140 Phone: 262-914-4511 Email: bridgetpucci@yahoo.com
(correspondence will be via email if address is given)

6. Driver's License Number:
(must indicate if this is not a Wisconsin DL)

7. Have you, as an adult, ever been convicted of a major crime (felony) or minor crime (misdemeanor) in Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☑ No
If yes, state: **charge, year, result**

8. Have you, as an adult, ever been convicted of violating a municipal or county ordinance in Wisconsin or in any state; or do you have a charge pending at this time? ☐ Yes ☑ No
If yes, state: **charge, year, result**

9. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? □Yes ☒No **If yes, explain:**

10. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State? □ Yes ☒No **If yes, explain:**

11. Have you received any traffic citations in Wisconsin or in any other State within the past five (5) years; or do you have any such citations pending? □ Yes ☒No
If yes, state: **charge, year, result**

12. Have you, as an adult, within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct, or discrimination? □ Yes ☒No
If yes, state: **charge, year, result**

13. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:
Finney's - 2208 60th Street Kenosha, WI. 53140
Mcrus - Kenosha
Pub 22 - Kenosha

14. List all addresses at which you have lived in the past five (5) years:
4833 17th Ave Kenosha, WI 53140

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Applicant's Signature: Bridget Pucci **Date:** 12/2/16
(Individual/Agent of Corporation)

E-MAILED NOV 22 2016

THE CITY OF KENOSHA
CHART A BETTER COURSE

10a

FILED	11/22
INITIALS	mm
ADV/NO ADVERSE	
LP	12/12
CC	12/18
CDI	

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☑ an individual ☐ a partnership ☐ a corporation

Licensee Name: Christopher Ruland ~~Roosevelt Road Antiques & Consignments~~ District # 8

Trade Name: Roosevelt Road Antiques Address: 3720 Roosevelt Road

Phone Number: 262-764-2800 Email: nruland@wi.rr.com

If Individual: list name, home address, phone number, date of birth: Chris Ruland 262-818-2817 3720 Roos. Rd

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
n/a - individual

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Roosevelt Road Antiques Consignments 3720 Roosevelt Road Kenosha, WI 53142

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Christopher Ruland 3720 Roosevelt Road Kenosha, WI 53142

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Same as above

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 22 day of November, 2016.

Notary Public
My Commission Expires: 4-11-17

E-MAILED NOV 22 2016

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED	11/22
INITIALS	mm
ADV/NO ADVERSE	
LP	12/12
CC	12/18
CDI	

SECONDHAND JEWELRY DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 165 Fee: $500.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☑ an individual ☐ a partnership ☐ a corporation

Licensee Name: Christopher Ruland ~~Roosevelt Road Antiques & Consignments~~ District # 8

Trade Name: Roosevelt Road Antiques Address: 3720 Roosevelt Road

Phone Number: 262-764-2800 Email: nruland@wi.rr.com

If Individual: list name, home address, phone number, date of birth: Chris Ruland 262-818-2507 3720 Roosevelt Rd

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
n/a - individual

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☑ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Roosevelt Road Antiques 3720 Roos. Rd Kenosha WI 53142

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Christopher Ruland 3720 Roos. Rd Kenosha WI 53142 262-764-2800

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Same as above

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☑ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☑ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 22 day of November, 2016.

Michelle L Nelson

Notary Public
My Commission Expires: 4-11-17

106

FILED 11/21/16
INITIALS
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

MAILED NOV 21 2016

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: Goldtronics LLC District # 3

Trade Name: Jewelry + Electronics Exchange Address: 6212 22nd Ave.

Phone Number: (262) 652-2233 Email: Mikekoss69@yahoo.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
Michael I. Koss 1661-F W. Edgerton Ave, Milw., WI 53221
(414) 481-3899 (414) 839-3285

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Jewelry + Electronics Exchange 6212 22nd Ave, Kenosha, WI 53143

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Abed Mohammad 5109 52nd St., Kenosha, WI 53144 (262) 620-9258

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Michael I Koss 1661-F W Edgerton Ave, Milw WI 53221 (414) 839-3285
mikekoss69@yahoo.com

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

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The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

_____	Mr Kong
Individual/Partner	Partner/Corporate Officer
_____	_____
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 21st day of November, 2016.

Dana J August
Notary Public
My Commission Expires: 6/16/19

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED	11/21/16
INITIALS	VK
ADV/NO	ADVERSE
LP	12/12
CC	12/19
CDI	

E-MAILED NOV 21 2016

SECONDHAND JEWELRY DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 165 Fee: $500.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: Goldtronics LLC District # 3

Trade Name: Jewelry + Electronics Exchange Address: 6212 22nd Avenue

Phone Number: (262) 652-2233 Email: Mikekoss69@yahoo.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
Michael I Koss 1661-F W Edgerton Ave, Milw., WI 53221
(414) 481-3899 (414) 839-3285

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Jewelry + Electronics Exchange 6212 22nd Ave, Kenosha, WI 53143

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Hoed Mohammad 5109 52nd St. Kenosha, WI 53144 (262) 620-9258

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Michael I Koss 1661-F W Edgerton Ave Milw., WI 53221 (414) 839-3285
mikekoss69@yahoo.com

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

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The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 21st day of November, 2016.

Notary Public
My Commission Expires: 06/06/19

10c

FILED	11/29
INITIALS	LO
ADV/NO ADVERSE	
LP	12/12
CC	12/19
CDI	

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: Cont Financial LLC. District # 12

Trade Name: Cont Jewelry and Loan Address: 7944 Sheridan Rd #3 Kenosha

Phone Number: 262-653-9200 Email: cont.jewelryloan@gmail.com
If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
Thomas V. Stout 2914 35th St. Kenosha WI 53140
Coregory hagunov 2454 Seminole Ct. Riverwoods IL. 60015

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Cont Jewelry and Loan 7944 Sheridan Rd #3 Kenosha WI 53143

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Himmat Gill 6035 AHA mound Cir Racine WI 53406 414 801 7106

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Thomas V. Stout 2914 35th St Kenosha WI 53140 317-716-5248
TStout1000@yahoo.com

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 29th day of November, 2016.

Notary Public
My Commission Expires: Jan. 22, 2018

SARAH WHELLER
Notary Public
State of Wisconsin

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED	11/29
INITIALS	W
ADV/NO ADVERSE	(NO ADVERSE)
LP	12/12
CC	12/19
CDI	

SECONDHAND JEWELRY DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 165 Fee: $500.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: Gnt Financial LLC. District # 12

Trade Name: Gnt Jewelry and Loan Address: 7944 Sheridan Rd #3

Phone Number: 262-653-9200 Email: gntjewelryloan@Gmail.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
~~Tara Stout~~ 2944 35th St. Kenosha WI 53140
Thomas V. Stout
Gregory Lagunov 2454 Seminole Ct. Riverwoods IL 60015

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Gnt Jewelry and Loan 7944 Sheridan Rd #3 Kenosha WI 53143

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Himmat Gill 6035 Altamount Cir. Racine WI 53406 414-801-7106

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Thomas V. Stout, 2914 35th St. Kenosha WI 53140 317-716-5248
TStout100@Yahoo.com

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 29th day of November, 2016.

Sarah Wheeler
Notary Public
My Commission Expires: Jan. 22, 2018

SARAH WHELLER
Notary Public
State of Wisconsin

11a

FILED 11/29
INITIALS
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, ~~2016~~ 2017

The Licensee (applicant) is ☐ an individual ☒ a partnership ☐ a corporation

Licensee Name: New Leaf Resale, LLC District # 14

Trade Name: New Leaf Resale Address: 7532 Pershing Blvd.

Phone Number: 262-764-7851 Email: newleafresale@yahoo.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

Paulette Matei — 7324-25th Ave, Kenosha, WI 53143

Barbara Plenl — 7540-36th Ave, Kenosha, WI 53142

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number: 262-764-7851
New Leaf Resale, 7532 Pershing Blvd, Kenosha, WI 53142

Building Owner's Name, Home Address, State, Zip Code and Phone Number: 414-425-4939
E.L. Holdings, 8545 W. Forest Home Ave, #160, Greenfield, WI 53228

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Paulette Matei, 7324-25th Ave, Kenosha, WI 53142
262-744-6725
paulettematei@yahoo.c

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 29 day of November, 2016.

Notary Public
My Commission Expires: 2-4-18

116

FILED 11/21
INITIALS mn
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☑ an individual ☐ a partnership ☐ a corporation

Licensee Name: Jerome F Binsfeld District # 87 WARD

Trade Name: JB Coins Address: 6040 39th Ave Suite 7

Phone Number: 262-657-4653 Email: —o—

If Individual: list name, home address, phone number, date of birth: Jerome F Binsfeld 4620 Harrison Rd

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number: JB Coins 6040 39th Ave Suite 7 Kenosha, WI 53142 262-657-4653

Building Owner's Name, Home Address, State, Zip Code and Phone Number: DINO PAVELLI 3907 83RD Place Kenosha, WI 53142 694-5691

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email: Jerome F. Binsfeld 4620 HARRISON RD Kenosha, WI 53140 262-654-6272

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☑ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Jerome F Lenfeld
Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 15th day of November, 2016.

Susan J Smuda
Notary Public
My Commission Expires: 5-17-19

SUSAN J SMUDA
Notary Public
State of Wisconsin

E-MAILED NOV 18 2016 (11c)

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED	11/18
INITIALS	mn
ADV	NO ADVERSE
LP	12/12
CC	12/19
CDI	

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☒ a partnership ☐ a corporation

Licensee Name: Colosseum Games LLC District # 14

Trade Name: Colosseum Games Address: 5719 75th Street, Kenosha, WI 53142

Phone Number: 262-909-6121 Email: colosseumgamesofwi@gmail.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

Gerald Robinson	Kevin Ollila
8710 82nd Street #205	6412 60rd Ave
Pleasant Prairie, WI 53158	Kenosha, 53142
262-515-6607	262-515-0959

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number: Colosseum Games 5719 75th Street Kenosha, WI 53142 (262) 909-6121

Building Owner's Name, Home Address, State, Zip Code and Phone Number: KSG Milwaukee, WI 16800 W Cleveland Ave New Berlin WI 53151 (262) 432-200

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email: ~~[illegible]~~ Owners, See Above

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 18 day of November, 2016.

Notary Public
My Commission Expires: 4-11-17

THE CITY OF KENOSHA
CHART A BETTER COURSE

E-MAILED NOV 21 2016

(11d)

FILED 11/21
INITIALS Tm
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☑ a corporation

Licensee Name: Keynote Inc District # 14

Trade Name: Music Go Round Address: 5708 A 75th Street

Phone Number: 262-697-7625 Email: Skott@MusicGoRoundKenosha.com

If Individual: list name, home address, phone number, date of birth: n/a

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

Skott Moriarti 9839 Brookside Drive Hales Corners, WI 53130 414-324-1021

Kenneth Siegel 3666 E Iona Terrace Cudahy, WI 53110 414-324-3739

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☑ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Music Go Round 5708 A 75th Street Kenosha, WI 53142 262-697-7625

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Plaza 50 / Richard Yuspeh PO Box 240788 Milwaukee, WI 53224 262-786-4365

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Skott R. Moriarti 9839 Brookside Dr Hales Corners WI 53130 414-324-1021

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☑ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☑ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 21 day of November, 2014.

Notary Public
My Commission Expires: 4-11-17

E-MAILED DEC 02 2016

11e

FILED 12/2
INITIALS mn
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☑ a corporation

Licensee Name: CD DVD GAME LLC ~~Candice M. Eisenhauer~~ District # 14

Trade Name: CD DVD GAME WAREHOUSE Address: 3717-80th St

Phone Number: 262-942-9400 Email: cmecdw@aol.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
CANDICE EISENHAUER 7515-26th AVE KENOSHA, WI 652-0127

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
CD DVD GAME WAREHOUSE 3717-80th St KENOSHA, WI 53142 942-9400

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
KATZ & KATZ MANAGEMENT, INC, 3175 COMMERCIAL AVE #100, NORTHBROOK, IL 60062
A. R. KATZ 847-205-1200

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
RALPH KATZ 3175 COMMERCIAL AVE #100, NORTHBROOK, IL 847-205-1200

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 29th day of November, 2016.

Suzanne Merritt
Notary Public
My Commission Expires: 9-18-2020
State of Wisconsin
County of Kenosha

SUZANNE MERRITT NOTARY PUBLIC STATE OF WISCONSIN

(11f)

FILED 11/29/16
INITIALS
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

E-MAILED NOV 29 2016

The Licensee (applicant) is ☒ an individual ☐ a partnership ☐ a corporation

Licensee Name: ~~Michael Markiewicz~~ Flat Iron Vintage District # 2

Trade Name: Flat Iron Vintage, LLC Address: 2022-56th St. Kenosha

Phone Number: 262-960-9857 Email: flatironvintage@outlook.com

If Individual: list name, home address, phone number, date of birth: Michele Markiewicz/527-15th Place Kenosha WI 53140/262-960-9857/

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Flat Iron Vintage/2022-56th St/Kenosha WI 53140/262-960-985

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Gerald/Michele Markiewicz 527-15th Place Kenosha WI 53140 262-960-985

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Michele Markiewicz/527-15th Place Kenosha WI 53140/262-960-9857
flatironvintage@outlook.com

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

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Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 29th day of November, 2016.

Notary Public
My Commission Expires: 2-4-18

E-MAILED NOV 30 2016

THE CITY OF KENOSHA
CHART A BETTER COURSE

11g

FILED 11/30
INITIALS mn
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

SECONDHAND ARTICLE DEALER'S LICENSE
(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☑ an individual ☐ a partnership ☐ a corporation

Licensee Name: Pam Harberg (Plummer-Harberg) District # 2

Trade Name: glyndy Jr's Address: 5925 6th Ave A, Kenosha

Phone Number: 920-342-0138 Email: glyndyJr.s@gmail.com

If Individual: list name, home address, phone number, date of birth:
Pam Harberg. 3909 17th Ave, 920-342-0138,

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
N/a - individual

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☑ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
glyndy Jr's 5925 6th Ave A, Kenosha WI 53140 920-342-0138

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Brad Kovachik 10620 48th Ave, Pleasant Prairie, WI 53158

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Pam Harberg 262-515-6486

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☑ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☑ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

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Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 30 day of November, 2016.

Notary Public
My Commission Expires: 4-11-17

11h

FILED 12/6/16
INITIALS XM
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

E-MAILED DEC 06 2016

The Licensee (applicant) is ☒ an individual ☐ a partnership (☒) a corporation

Licensee Name: ~~Michael Thompson~~ Old Toys Live On LLC District # 13

Trade Name: Old toys live on ~~LLC~~ Address: 7519 22nd ave

Phone Number: (262) 577-1696 Email: oldtoyslivecon@gmail.com

If Individual: list name, home address, phone number, date of birth: Mike Thompson 1806 24th St Kenosha

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
Old Toys live on
7519 22nd ave
Kenosha 53143 WI
1806 24th St

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Old Toys live on 7519 22nd Ave Kenosha WI 53143

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Pandena El Sol Azteca LLC 1246 Jackson North Chicago IL 60046

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
M Thompson - See Above

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

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Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 6 day of December, 2016.

Notary Public
My Commission Expires: 2-4-18

E-MAILED DEC 06 2016

11i

FILED	12/5
INITIALS	mn
ADV/NO ADVERSE	
LP	12/12
CC	12/19
CDI	

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND ARTICLE DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 164 Fee: $100.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☑ an individual ☐ a partnership ☑ a corporation

Licensee Name: Suburban Ore LLC District # 2

Trade Name: Suburban Ore Address: 627-58th st., Kenosha, WI 53140

Phone Number: 262-748-7181 Email: emferwerda@gmail.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

Ellen M. Ferwerda
7824-5th Ave.
Kenosha, WI 53143

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☑ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Suburban Ore, 627-58th st., Kenosha, WI, 53140

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Dee Marie Swanningson - Florida

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Ellen M. Ferwerda - 7824-5th Ave, Kenosha, WI 53143

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☑ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☑ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

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The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 6 day of December, 2016.

Notary Public
My Commission Expires: 4-11-17

12a

FILED 11-28-16
INITIALS CD
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND JEWELRY DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

E-MAILED NOV 28 2016

Type: 165 Fee: $500.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: WESTOWN OF KENOSHA INC. District # 13

Trade Name: WESTOWN FOODS & LIQUOR Address: 3203 60TH STREET KENOSHA, WI 53144

Phone Number: (262) 654-8021 Email: WESTOWN2 @SBCGLOBAL.NET

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:

SAMEER ALI 4718 WOOD RD MOUNT PLEASANT, WI 53403 (262) 497-0238
HANI ALI 6450 SAN MARINO DR. RACINE, WI 53406 (262) 994-3565

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
WESTOWN FOODS & LIQUOR 3203 60TH STREET KENOSHA, WI 53144 (262) 654-8021

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
WESTOWN LLC 4718 WOOD RD MOUNT PLEASANT, WI 53403 (262) 497-0238

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
HANI ALI 6450 SAN MARINO DR. RACINE, WI 53406 (262) 994-3565 WESTOWN2@SBCGLOBAL.NET

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

Subscribed and sworn to before me this 28th day of November, 2016.

Notary Public
My Commission Expires: 2-4-18

126

FILED 11/30
INITIALS LD
ADV/NO ADVERSE
LP 12/12
CC 12/18
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND JEWELRY DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 165 Fee: $500.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: Audrey Langenfeld Gold Diamond & Design Inc District # 16

Trade Name: Gold Diamond & Design ~~Inc~~ Address: 10320 75th St Ste B Kenosha WI 53142

Phone Number: 262-697-0884 Email: golddiamonddesign@sbcglobal.net

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
Audrey Langenfeld 3324 13th St Racine, WI 53405 262 497 8098
John Langenfeld ✓ ✓ ✓ ✓ ✓

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Gold Diamond & Design, 10320 75th St Ste B Kenosha WI 53142

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Bryan Kozak 10320 75th St Ste A, Kenosha WI 53142 (bus. address - do not know his home address) 262-697-8766

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Elizabeth Conforti 8544 37th Ave Kenosha WI 53142 262-697-8766

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 30 day of November, 2016.

Notary Public
My Commission Expires: 2-4-18

E-MAILED NOV 22 2016

12c

FILED 11/22/16
INITIALS
ADV/NO ADVERSE
LP 12/12
CC 12/18
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

SECONDHAND JEWELRY DEALER'S LICENSE

(Chapter 13.02, Code of General Ordinances)

Type: 165 Fee: $500.00/year

Expires: December 31, 2016

The Licensee (applicant) is ☒ an individual ☐ a partnership ☐ a corporation

Licensee Name: IRANI NOWSHAD P. District # 7

Trade Name: SUPERIOR GOLD EXPRESS Address: 2400 52ND ST. KENOSHA, WI. 53140

Phone Number: 262-620-4155 C Email: PEESHEE345@YAHOO.COM
262-654-4990 W

If Individual: list name, home address, phone number, date of birth: NOWSHAD P. IRANI
604 68TH ST. KENOSHA, WI. 53143 262-620-4155

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
n/a - individual

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
SUPERIOR GOLD EXPRESS 2400 52ND ST. KENOSHA, WI. 53140
262-620-4155

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
JOHN W. ROGOWSKI JR. PROPERTIES (see below)

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
JR PROPERTIES 2409 52ND ST. SUITE 3 KENOSHA, WI. 53140
262-653-9138 (262-945-6559 EMERGENCY ONLY)

GENERAL INFORMATION

Have you obtained from the City Clerk a current copy of S.13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner

Partner/Corporate Officer

Corporate Officer/Director

Corporate Officer/Director

IRANI NOWSHAD P - ONLY

Subscribed and sworn to before me this 22 day of November, 2016.

Notary Public

My Commission Expires: 12/04/2016

(13)

FILED 11/29
INITIALS
ADV/NO ADVERSE
LP 12/12
CC 12/19
CDI

THE CITY OF KENOSHA
CHART A BETTER COURSE

PAWN BROKER LICENSE
(Chapter 13.02, Code of General Ordinances)

Type: 166 Fee: $1000.00/year

Expires: December 31, 2017

The Licensee (applicant) is ☐ an individual ☐ a partnership ☒ a corporation

Licensee Name: Gnt Financial LLC District # 12

Trade Name: Gnt Jewelry and Loan Address: 7944 Sheridan Rd #3

Phone Number: 2626539200 Email: gntjewelryloan@gmail.com

If Individual: list name, home address, phone number, date of birth:

If Partnership or Corporation: list name, home address, phone number, & date of birth of all partners/members:
Thomas V. Stout 2914 35th St Kenosha WI 53140
Gregory Lagunov 2454 Seminole Ct. Riverwoods IL 60015

APPLICANT'S REPORT OF POLICE RECORD (ATTACHMENT)

Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant's Report of Police Record". (This form may be duplicated if more copies are needed) Attached? ☒ Yes ☐ No

BUSINESS INFORMATION

Business Name, Address, State, Zip Code and Business Number:
Gnt Jewelry and Loan 7944 Sheridan Rd #3 Kenosha WI 53143

Building Owner's Name, Home Address, State, Zip Code and Phone Number:
Himmat Gill 6035 Alta mount Cir. Racine WI 53406 414-801-7406

Manager or Proprietor of Business, Home Address, State, Zip Code, Phone Number, Email:
Thomas V. Stout 2914 35th St. Kenosha WI 53140 3177165248
tstout1000@yahoo.com

GENERAL INFORMATION

Have you attached to this application a Five Hundred ($500) Dollar Bond, with at least two (2) sureties, for the observation of all City of Kenosha Ordinances relating to pawnbrokers? ☒ Yes ☐ No

Have you obtained from the City Clerk a current copy of S. 13.02 of the Code of General Ordinances entitled "Pawnbrokers"? ☒ Yes ☐ No

Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? ☒ Yes ☐ No

(PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NON-COMPLIANCE THEREWITH.)

LICENSE REVOCATION

I/We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of §943.34 (receiving stolen property), 948.62 (receiving stolen property from a child) or 948.63 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application; that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

Individual/Partner	Partner/Corporate Officer
Corporate Officer/Director	Corporate Officer/Director

Subscribed and sworn to before me this 29th day of November, 2016.

Sarah Wheller
Notary Public
My Commission Expires: Jan. 22, 2018

SARAH WHELLER
Notary Public
State of Wisconsin

E-MAILED NOV 16 2016

(14)

FILED 11/15
INITIALS mn
ADVERSE/NO ADV
LP 12/12
CC 12/19

MASSAGE THERAPIST LICENSE
CLK130 (rev. 08/16)

(§13.125 City of Kenosha Code of General Ordinances)

Fee: $100.00 ☐ New ☒ Renewal Expires: December 31, 2017

Last Name: WANG First Name: CUNJUN MI: ____
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: ____ (must be at least 18 years old) Gender: F Phone: 262-652-4064

Home Address: 4809 - 68TH ST KENOSHA WI 53142
CITY STATE ZIP

Email: N/A (Correspondence will be via email if address is given)

Driver's License or State ID Number: ____ ____
STATE NUMBER

Name and address of Business where License will be used: ORIENTAL SHIATSU MASSAGE
3717 - 52ST KENOSHA, WI. 53144
(PLEASE NOTE: license may be utilized in the City of Kenosha only)

Attach the Following:

a) Copy of birth certificate or driver's license

☒ **Check if attached**

b) Certificate from a medical doctor **dated within ninety (90) days of the date of application** providing verification of immunization against Rubella and Hepatitis B and verification of negative results of Tuberculosis through Mantoux PPD Test or chest X-ray. In the case of positive results, there must be a physician's statement that the condition is not contagious.

☒ **Check if attached** OK MN 11/17

c) Documentation that you graduated from a school providing a minimum of five hundred (500) in-class hours of training in massage therapy in a curriculum approved by or substantially similar to a curriculum approved by the American Massage Therapy Association, the International Myomassethics Federation, Inc., or another National or International professional massage therapy organization which has an approved massage therapy curriculum.

☐ **Check if attached** ☒ **N/A~ renewal**

See Reverse

d) Certificate of Insurance covering the license period or remainder thereof indicating that applicant has a policy of malpractice insurance written by an insurance company licensed to do business in the State of Wisconsin in the minimum amount of one million dollars ($1,000,000.00) in coverage per person.

☒ **Check if attached**

e) Attach "Applicants Report of Police Record"

☒ **Check if attached**

Have you obtained from the City Clerk a current copy of §13.125 of the Code of General Ordinances entitled "Massage Therapists"? ☒ **Yes** □ **No** (PLEASE NOTE: YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE/PERMIT MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.)

Have you ever previously applied for and been denied the license herein applied for? □ **Yes** ☒ **No**
If yes, explain:_____

Do you understand that after filing this application with the City Clerk, you must go to the Safety Building at 1000 – 55th Street, to have your picture taken, Monday through Friday *only* between the hours of 1:00 and 3:00 p.m.? ☒ **Yes** □ **No**

According to Section 13.25 H., Required Abbreviations and Titles in Advertising (unless licensed by the State of Wisconsin), Licensed Massage Therapists shall, in their advertisements within the City of Kenosha, use one of the following: **"Kenosha LMT" or "Kenosha Licensed Massage Therapist".**

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: Cun Jun Wang Date: 11-15-16

E-MAILED NOV 30 2016

FILED 11/30
INITIALS mo
ADVERSE/NO ADV
LP 12/12
CC 12/19

(15)

MASSAGE THERAPIST LICENSE
CLK130 (rev. 08/16)

(§13.125 City of Kenosha Code of General Ordinances)

Fee: $100.00 ☐ New ☒ Renewal Expires: December 31, 2017

Last Name: VALIAUGA First Name: JADVYGA MI: ____
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Date of Birth: ____ (must be at least 18 years old) Gender: F Phone: 262-237-1022

Home Address: 4426-45th ave, Kenosha, WI 53144
CITY STATE ZIP

Email: vyga-valiauga@yahoo.com (Correspondence will be via email if address is given)

Driver's License or State ID Number: ____ STATE ____ NUMBER

Name and address of Business where License will be used: Touch of Peace & Harmony 11300-75th St., Suite 102, Kenosha, WI 53142
(PLEASE NOTE: license may be utilized in the City of Kenosha only)

Attach the Following:

a) Copy of birth certificate or driver's license

☒ **Check if attached**

b) Certificate from a medical doctor **dated within ninety (90) days of the date of application** providing verification of immunization against Rubella and Hepatitis B and verification of negative results of Tuberculosis through Mantoux PPD Test or chest X-ray. In the case of positive results, there must be a physician's statement that the condition is not contagious.

☑ **Check if attached**

c) Documentation that you graduated from a school providing a minimum of five hundred (500) in-class hours of training in massage therapy in a curriculum approved by or substantially similar to a curriculum approved by the American Massage Therapy Association, the International Myomassethics Federation, Inc., or another National or International professional massage therapy organization which has an approved massage therapy curriculum.

☑ **Check if attached** ☐ **N/A~ renewal**

See Reverse

d) Certificate of insurance covering the license period or remainder thereof indicating that applicant has a policy of malpractice insurance written by an insurance company licensed to do business in the State of Wisconsin in the minimum amount of one million dollars ($1,000,000.00) in coverage per person.

☑ **Check if attached**

e) Attach "Applicants Report of Police Record"

☑ **Check if attached**

Have you obtained from the City Clerk a current copy of §13.125 of the Code of General Ordinances entitled "Massage Therapists"? ☑ **Yes** ☐ **No** (PLEASE NOTE: YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE/PERMIT MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.)

Have you ever previously applied for and been denied the license herein applied for? ☐ **Yes** ☒ **No**
If yes, explain:_____

Do you understand that after filing this application with the City Clerk, you must go to the Safety Building at 1000 – 55th Street, to have your picture taken, Monday through Friday *only* between the hours of 1:00 and 3:00 p.m.? ☒ **Yes** ☐ **No**

According to Section 13.25 H., Required Abbreviations and Titles in Advertising (unless licensed by the State of Wisconsin), Licensed Massage Therapists shall, in their advertisements within the City of Kenosha, use one of the following: **"Kenosha LMT" or "Kenosha Licensed Massage Therapist".**

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Applicant's Signature: J. Valiauga Date: 11-29-16

16a

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11-23-16
INITIALS CD
LP 12/12
CC 12/18
no adv

E-MAILED NOV 23 2016

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
□ CLK81 (non-commercial) □ CLK82 (commercial) □ CLK83 (humane society) ☒ CLK84 (pet shop)

Fee: $200.00/year □ NEW ☒ RENEWAL

Licensee Name: Jo's Exotic Birds District # 12

Trade Name: Jo's Exotic Birds LTD Address: 7534 Sheridan Rd

Phone Number: 262 6541609 Email: Josbirds@sbcglobal.net

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
Jo Cole 9936 29th Ave Pleasant Prairie 262 697-1804
Richard Cole " " 262 6971804

Primary Contact Person: Jo Cole Phone Number: 262 697-1804

Number of animals sought to be kept on licensed premises: Dogs 0 Cats 0

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Jo Cole 11-20-16
(Individual/Partner/Member) Date

Richard Cole 11-20-16
(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: □ Approved □ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS: Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
□ Approved □ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
□ Approved □ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

(166)

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11-22-16
INITIALS CD
LP 12/12
CC 12/18
no adv

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
☐ CLK81 (non-commercial) ☒ CLK82 (commercial) ☐ CLK83 (humane society) ☐ CLK84 (pet shop)

Fee: $200.00/year ☐ NEW ☒ RENEWAL

Licensee Name: Apollo's Doggy Day Care, INC. District # 14

Trade Name: Central Bark Doggy Day Care Address: 7600 75th Street Suite 202

Phone Number: 262-694-3647 Email: Mdandrea@centralbarkusa.com

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
Mark A. Dandrea, President 8041 S. Meadowcreek Ct. Franklin WI 53132
ph: 414-427-3587
Kim M. Dandrea, VP 8041 S. Meadowcreek Ct. Franklin WI 53132
ph: 414-236-2466

Primary Contact Person: Mark Dandrea Phone Number: 414 427-3587

Number of animals sought to be kept on licensed premises: Dogs 75 Cats Ø

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

President 11/16/16
(Individual/Partner/Member) Date

President 11/16/16
(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: ☐ Approved ☐ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
☐ Approved ☐ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
☐ Approved ☐ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

16C

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11-21-16
INITIALS CD
LP 12/12
CC 12/18
no adv

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
☒ CLK81 (non-commercial) ☐ CLK82 (commercial) ☐ CLK83 (humane society) ☐ CLK84 (pet shop)

Fee: $200.00/year ☐ NEW ☒ RENEWAL

Licensee Name: KINDRED KITTIES LTD. District # 2

Trade Name: Kindred Kitties Address: 614 59TH STREET

Phone Number: 262/605-0533 Email: info@KindredKitties.org

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**: Cathryn McDowell, President Board of Directors
WI License 6925 Shagbark Lane
Burlington, WI 53105 262/210-1999

Primary Contact Person: CATHRYN McDOWELL Phone Number: 262/210-1999

Number of animals sought to be kept on licensed premises: Dogs____ Cats 60

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

CMcDowell 11/17/16
(Individual/Partner/Member) Date

(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: ☐ Approved ☐ Not Approved Holds:____
By:____

COMMUNITY DEVELOPMENT & INSPECTIONS Zoning: ____ Occupancy Permit:____
Any other zoning permits required (such as variances or conditional use permits):____
☐ Approved ☐ Not Approved
Holds:____ By:____

HEALTH: Number of Dogs ____ Number of Cats ____
☐ Approved ☐ Not Approved
Holds:____ By:____

CITY CLERK: Dog Tag Numbers Issued:____
Cat Tag Numbers Issued:____
By:____

(16d)

THE CITY OF KENOSHA
CHART A BETTER COURSE

E-MAILED NOV 29 2016

FILED 11/28/16
INITIALS
LP 12/12
CC 12/18
no adv

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
□ CLK81 (non-commercial) ☑ CLK82 (commercial) □ CLK83 (humane society) □ CLK84 (pet shop)

Fee: $200.00/year □ NEW ☒ RENEWAL

Licensee Name: Puppy Tub + Motel Inc. District # 7

Trade Name: Puppy Tub + Motel. Address: 2419 52nd St Kenosha WI

Phone Number: 262 484-1306 Email: Jacl.1@hotmail.com.

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
5018 25th Ave Kenosha WI 53140 (262)484-1306
Javier Jaramillo
Maria del Pilar Jaramillo.

Primary Contact Person: Javier Jaramillo Phone Number (262) 484-1306

Number of animals sought to be kept on licensed premises: Dogs 44 Cats 6

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Javier Jaramillo 11-28-16
(Individual/Partner/Member) Date

Maria P Jaramillo 11-28-16
(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: □ Approved □ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS: Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
□ Approved □ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
□ Approved □ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

E-MAILED NOV 2 3 2016

16e

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11/23/16
INITIALS
LP 12/12
CC 12/18
no adv

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
□ CLK81 (non-commercial) □ CLK82 (commercial) ☒ CLK83 (humane society) □ CLK84 (pet shop)

Fee: $200.00/year □ NEW ☒ RENEWAL

Licensee Name: Safe Harbor Humane Society District # 14

Trade Name: Safe Harbor Humane Society Address: 7811 60th Avenue

Phone Number: (262)694-4047 Email: animals@safeharborhumane.com

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
See attached

Primary Contact Person: Chandra Riberich Phone Number: (262)694-4047

Number of animals sought to be kept on licensed premises: Dogs 105 Cats 140

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

[signature], PRES 11/16/16
(Individual/Partner/Member) Date

[signature] 11/23/16
(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: □ Approved □ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
□ Approved □ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
□ Approved □ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

Board of Directors	Above	Title	Street Address	City	State	Zip	Phone	DOB	Driver's License Number
William Bohman	Yes	President	437 44th Street	Kenosha	WI	53140	(262) 605-9968		
Jennifer Somerlott	Yes	Secretary	7111 32nd Avenue	Kenosha	WI	53142	(262) 652-5895		
Cheryl Roberts	Yes	Treasurer	9148 42nd Court	Kenosha	WI	53142	(262) 496-1005		
Kirsten Kranz	Yes	Director	PO Box 132	Somers	WI	53171	(262) 331-3423		
Jim Gourley	Yes	Director	8989 Lakeshore Drive	Pleasant Prairie	WI	53158	(262) 308-8980		
Don Boxx	Yes	Director	4523 4th Street	Kenosha	WI	53144	(262) 818-2222		
Jennie Tunkiecz	Yes	Director	8737 18th Street	Kenosha	WI	53144	(262) 653-2831		
George Easton	Yes	Director	7850 Green Bay Road	Kenosha	WI	53142	(262) 705-3272		
Chandra Riberich	Yes	Executive Director	709 Grand Boulevard	Wauconda	IL	60084	(262) 694-4049		

16f

THE CITY OF KENOSHA
CHART A BETTER COURSE

E-MAILED NOV 22 2016

FILED 11/22/16
INITIALS
LP 12/12
CC 12/18
no adv

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
□ CLK81 (non-commercial) ☒ CLK82 (commercial) □ CLK83 (humane society) □ CLK84 (pet shop)

Fee: $200.00/year □ NEW ☒ RENEWAL

Licensee Name: PUPAROTZI PALACE LLC District # 12

Trade Name: PUPAROTZI PALACE Address: 7609 Sheridan Rd

Phone Number: 262-564-6966 Email: GFMOB8787@AOL.com

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
Greg Frost 11933 Old Greenbay Rd. Pleasant Prairie, WI 53158
262-564-6966

Primary Contact Person: Cony Frost Phone Number: 262-564-6966

Number of animals sought to be kept on licensed premises: Dogs 8 Cats 2

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Greg Frost 11/22/16
(Individual/Partner/Member) Date

(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: □ Approved □ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
□ Approved □ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
□ Approved □ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

E-MAILED DEC 02 2016

169

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11/22
INITIALS CD
LP 12/12
CC 12/19
no ADV

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
☐ CLK81 (non-commercial) ☐ CLK82 (commercial) ☐ CLK83 (humane society) ☒ CLK84 (pet shop)

Fee: $200.00/year ☐ NEW ☒ RENEWAL

Licensee Name: Petco Animal Supplies Stores, Inc. District # 1 LP

Trade Name: Petco #618 Address: 6910 Green Bay Rd Kenosha 53142 mailing 654 Richland Hills Dr., San Antonio, TX 78245

Phone Number: 210-201-9807 Email: licensingregion1@petco.com

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
see attached

Primary Contact Person: Sandra Kranz Phone Number: 210-201-9807

Number of animals sought to be kept on licensed premises: Dogs Ø Cats Ø

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

(Individual/Partner/Member) Date Nov. 23, 2016

(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: ☐ Approved ☐ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS: Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
☐ Approved ☐ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
☐ Approved ☐ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

DL#/Sta

Petco Animal Supplies Stores Inc/IPSD Officers

			DOB
Patricia A. Ward	President	10851 Via Frontera, San Diego CA 92127	
David Holland	Vice President and Treasurer	10852 Via Frontera, San Diego CA 92127	
Darragh J Davis	Vice President, General Counsel and Secretary	10853 Via Frontera, San Diego CA 92127	
Richard Skeen	Assistant Treasurer	10855 Via Frontera, San Diego CA 92127	
Sonya Szot	Assistant Secretary	10856 Via Frontera, San Diego CA 92127	

E-MAILED DEC 06 2016

(16h)

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 12/6/16
INITIALS
LP 12/12
CC 12/19
no adv

KENNEL, HUMANE, & PET SHOP LICENSES
CLK081/082/083/084 (rev. 08/16)

(Chapter 14.015- City of Kenosha, Code of General Ordinances)
☐ CLK81 (non-commercial) ☑ CLK82 (commercial) ☐ CLK83 (humane society) ☐ CLK84 (pet shop)

Fee: $200.00/year ☐ NEW ☒ RENEWAL

Licensee Name: Wagin' Tail Resort - Nancy Croft District # 11

Trade Name: Wagin' Tail Resort Address: 5403 52nd St Kenosha

Phone Number: 262-656-1111 Email: nancycroft@wagintailresort.com

If Individual, Partnership or Corporation: list name, home address, phone number, driver's license number, & date of birth **of all partners/members**:
Nancy Croft 4980 Darlene Dr Gurnee IL 60031 224-627-5965

Primary Contact Person: Nancy Croft Phone Number: 224-627-5965

Number of animals sought to be kept on licensed premises: Dogs 60 Cats 0

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

Nancy Croft 12-5-16
(Individual/Partner/Member) Date

(Partner/Member) Date

FOR DEPARTMENT USE ONLY

FIRE: ☐ Approved ☐ Not Approved Holds:
By:

COMMUNITY DEVELOPMENT & INSPECTIONS Zoning: Occupancy Permit:
Any other zoning permits required (such as variances or conditional use permits):
☐ Approved ☐ Not Approved
Holds: By:

HEALTH: Number of Dogs Number of Cats
☐ Approved ☐ Not Approved
Holds: By:

CITY CLERK: Dog Tag Numbers Issued:
Cat Tag Numbers Issued:
By:

17a

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11/21/16
INITIALS XXX
LP 12/12
no adv

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2016
☐ NEW ☒ RENEWAL

1. Name CONTRO BARBARA
2. Driver's License Number [illegible]
3. Address 3301 13TH ST District # 13
4. Phone Number 2624965250 Email: BCONTRO71@GMAIL.COM
5. Number of dogs* _____ Number of cats 4
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached ☐ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached. ☒
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no ☐ yes

   If yes, please explain _____

Barbara Contro
Signature of Applicant

11-21-2016
Date

E-MAILED NOV 28 2016

176

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11/29
INITIALS LO
LP 12/12
no AOV

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2016
☐ NEW ☒ RENEWAL

1. Name Sherry Hawkins
2. Driver's License Number
3. Address 5503-24th Ave, Lower District # ?
4. Phone Number 262-705-0731 Email: Sheryl.Hawkins@Aurora.org
5. Number of dogs* Ø Number of cats 3
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached ☐ N/A
7. Attach proof of current dog and/or cat licenses. Check here if attached. ☐
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no ☐ yes

   If yes, please explain

Sheryl Rae Hawkins
Signature of Applicant

11/27/2016
Date

E-MAILED DEC 02 2016

(17c)

FILED 12/2/16
INITIALS
LP 12/12
no Adv

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2017
☐ NEW ☒ RENEWAL

1. Name James Edward O'Brien
2. Driver's License Number
3. Address 1709 61st Street, Kenosha, WI 53143 District # 3
4. Phone Number 262-657-7055 Email: James.OBrien@wi.rr.com
5. Number of dogs* 5 Number of cats 0
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached ☐ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached ☒
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no ☐ yes

   If yes, please explain

Signature of Applicant

12/02/2016
Date

E-MAILED DEC 01 2016

17d

FILED 12-1-16
INITIALS CG
LP 12/12
no adv

THE CITY OF KENOSHA
CHART A BETTER COURSE

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2017
□ NEW ☒ RENEWAL

1. Name Cassandra F Brown
2. Driver's License Number
3. Address 5832 14th Ave 53140 District # 7
4. Phone Number 262-344-2262 Email:
5. Number of dogs* 0 Number of cats 2
   (limit of up to five (5) dogs, cats, or combination thereof.)

But I fostering Kitten that if it lives I am Keeping & if son moves home from college he has Puppy so want to Keep my Pers current even the dog died & I down to 2 cats it might go up if Kitten live & Sons dog com here. 4 week old

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached □ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached. ☒
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no □ yes

   If yes, please explain

Cassandra F Brown
Signature of Applicant

12/1/16
Date

17e

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 11-22-16
INITIALS CD
LP 12/12
no adv

PET FANCIER PERMIT

City Ordinances §14.013 D.

E-MAILED NOV 23 2016

Type: 85 Fee: $35.00/year

Expires: December 31, 2017
□ NEW □ RENEWAL

1. Name Gloria J. Zdanowicz
2. Driver's License Number _____
3. Address 1927 - 62nd St. Kenosha, WI 53143 District # 3
4. Phone Number 262-652-0543 Email: gzdanowicz@wi.rr.com
5. Number of dogs* 5 Number of cats —
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached □ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached. ☑
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no □ yes

   If yes, please explain N/A

Gloria Zdanowicz
Signature of Applicant

11-22-16
Date

E-MAILED DEC 05 2016

17f

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 12/5
INITIALS mn
LP 12/12
no adv

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, ~~2016~~ 2017

☐ NEW ☒ RENEWAL

1. Name MARY E SANTIAGO
2. Driver's License Number
3. Address 4711 - 42nd AVE District # 10
4. Phone Number 262-658-4974 Email:
5. Number of dogs* 4 Number of cats
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached ☐ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached. ☒
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no ☐ yes

   If yes, please explain

Mary E Santiago
Signature of Applicant

11-17-16
Date

(179)

E-MAILED DEC 02 2016

FILED 12-1-16
INITIALS CD
LP 12/12
no adv

THE CITY OF KENOSHA
CHART A BETTER COURSE

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2017
□ NEW ☒ RENEWAL

1. Name MICHELLE AMUNDSON
2. Driver's License Number _____
3. Address 7404 7th AVE, KENOSHA WI District # 12
4. Phone Number (262) 654-1512 Email: mibeam@wi.rr.com
5. Number of dogs* 1 Number of cats 3
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. ☒ N/A Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached □ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached ☑ applications
   See City of Kenosha renewals
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no □ yes

   If yes, please explain _____

Michelle Amundson
Signature of Applicant

11/30/16
Date

E-MAILED DEC 06 2016

17h

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 12/6/16
INITIALS XX
LP 12/12

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2017
□ NEW ☒ RENEWAL

1. Name AMELIA MARTINEZ - COLEMAN
2. Driver's License Number _
3. Address 7203 18TH AVE District # 12
4. Phone Number 847-912-3397 Email: colemomorow5@yahoo.com
5. Number of dogs* 5 Number of cats _____
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? If so, please attach accreditation. Check here if attached □ n/a
7. Attach proof of current dog and/or cat licenses. Check here if attached: ☒
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no □ yes

   If yes, please explain _____

A. Coleman
Signature of Applicant

12/6/16
Date

17i

E-MAILED DEC 02 2016

THE CITY OF KENOSHA
CHART A BETTER COURSE

FILED 12/2/16
INITIALS MA
LP 12/12
no adv

PET FANCIER PERMIT

City Ordinances §14.013 D.

Type: 85 Fee: $35.00/year

Expires: December 31, 2017
☐ NEW ☒ RENEWAL

1. Name Melissa McDowell
2. Driver's License Number
3. Address 1726 34th Ave Kenosha 53144 District # 4
4. Phone Number 262 324 8048 Email: mmcdowell@rdspas.com
5. Number of dogs* 5 Number of cats 0
   (limit of up to five (5) dogs, cats, or combination thereof.)

*Working dogs such as service dogs, medical alert dogs and certified therapy dogs are not included in the pet limit calculation. However, they must remain licensed in the City.

6. Are there any working, service, medical alert or certified therapy dogs included in #5? no
   If so, please attach accreditation. Check here if attached ☐
7. Attach proof of current dog and/or cat licenses. Check here if attached. ☒
8. Do you currently have, or have you had within the past two (2) years, a conviction for animal cruelty, neglect or mistreatment of an animal? ☒ no ☐ yes

   If yes, please explain

Signature of Applicant

11/30/16
Date

Sponsor Proposed Changes 9/26/16

Sponsor Proposed Changes 10/03/16

Sponsor Proposed Changes 11/21/16

ORDINANCE NO.

SPONSOR: ALDERPERSON JAN MICHALSKI
CO-SPONSORS: ALDERPERSON CURT WILSON
ALDERPERSON PATRICK JULIANA

TO CREATE SECTION 13.05 OF THE CODE OF GENERAL ORDINANCES FOR THE CITY OF KENOSHA REGARDING HOME SHARING

The Common Council of the City of Kenosha, Wisconsin, do ordain as follows:

Section One: Section 13.05 of the Code of General Ordinances for the City of Kenosha, Wisconsin, is hereby created as follows:

13.05 HOME SHARING

A. Purpose. The purpose of this ordinance is to establish regulations for the use of privately owned Residential Dwellings as Home Sharing Rentals to minimize the negative secondary effects of such use on surrounding residential neighborhoods.

B. Definitions.

1. Home Sharing. The term "Home Sharing" shall mean an accessory use of a Host's Residential Dwelling for the purposes of providing temporary lodging for compensation, for periods of seven (7) consecutive days or less.

2. Host. The term "Host" shall mean an individual or entity who has the legal right to rent a Residential Dwelling for Home Sharing under this ordinance.

3. Hosting Platform. The term "Hosting Platform" shall mean a person or entity that provides a means through which a Host may offer a Residential Dwelling for tourist or transient use. This service is usually provided through an online platform and generally allows a Host to advertise the Residential Dwelling through a website provided by the Hosting Platform and provides a means for potential tourist or transient users to arrange tourist or transient use and payment, whether the tourist or transient pays rent directly to the Host or to the Hosting Platform~~. Hosting Platform shall not include a person or entity licensed pursuant to Wis. Stats. Chapter 452, that provides a means through which a Host may offer a Residential Dwelling for tourist or transient use.~~

4. Person. The term "Person" shall mean any person, firm, partnership, association, corporation, company or organization of any kind.

5. Residential Dwelling. The term "Residential Dwelling" shall mean any Residentially Zoned

building, structure, or part of the building or structure, that is primarily used and occupied for human habitation or intended to be so used and includes any appurtenances belonging to it or usually enjoyed with it. (Note: the Sponsor is amenable to amending or repealing this provision as recommended by the Committee on Licensing/Permits.)

C. License Requirements.

1. License Required. It shall be unlawful for any person to act as a Host and engage in Home Sharing activities within the City without first having obtained a license therefor from the City Clerk in accordance with the provisions of this ordinance.

2. Separate Licenses. A Host who engages in Home Sharing activities at more than one Residential Dwelling within the City is required to have in effect a separate license for each Residential Dwelling.

3. Compliance With Ordinance. It shall be unlawful for a Host or Hosting Platform to engage in Home Sharing activities contrary to the terms of this ordinance.

D. License.

1. Application. Application for a Home Sharing License shall be made to the City Clerk in writing on a City form which is true, correct and complete, accompanied by the required fee, upon forms provided by the City Clerk. The Application shall include the following information:

a. the name, address and telephone number of the applicant;
b. the name, address and twenty-four hour telephone number of a local contact person;
c. the address of the Residential Dwelling to be licensed; and
~~d. the number of bedrooms and the occupancy limit of the proposed location; and~~
d~~e~~. a list of all Hosting Platforms to be used by the Host, which shall be updated by the Host during the term of the License to ensure accuracy.

and will expire on December 31st following its issuance. The term is nonrenewable. A new annual license application must be filed for review for each subsequent license term.

2. Fee. The annual fee for a Home Sharing License is Fifty Dollars ($50.00), which shall not be pro-rated. The fee shall be waived if home sharing activities are limited to dates on which the Host is residing in the Residential Dwelling.

3. Term. The term for a Home Sharing License is one (1) year, from January 1 or the date of first issue.

4. Non-Transferable. Licenses are not transferable or assignable.

5. Review. License applications will be reviewed by the City Clerk. If the Clerk is satisfied that the application is complete and the applicant is entitled to a License, the Clerk shall issue a License. However, any applicant desiring to appeal the City Clerk's ruling to the Common Council may do so by filing a written Notice of Appeal with the City Clerk within thirty (30) days of the ruling to deny the License. Appeals may be acted upon by the Common Council following the review and recommendation made by the Committee on Licensing & Permits.

E. Host Requirements.

1. A Host shall be responsible for any nuisance violations as described in Section 16.151 of the Code of General Ordinances, arising at a licensed property during Home Sharing activities.

2. A Host shall provide and maintain fire extinguishers, smoke detectors, carbon monoxide detectors and emergency contact information within the licensed Residential Dwelling.

3. The Host or Host's designee shall be available twenty-four (24) hours per day, seven (7) days per week for the purpose of responding to complaints regarding the condition, operation or conduct of occupants of the Residential Dwelling or their guests.

4. The Host will use reasonably prudent business practices to ensure that the occupants and/or guests of the Residential Dwelling do not create unreasonable noise or disturbances, engage in disorderly conduct, or violate any applicable law, rule or regulation pertaining to the use and occupancy of the subject Residential Dwelling.

5. The Host or Host's designee shall, upon notification of a complaint regarding the licensed Residential Dwelling and/or Home Sharing activities occurring at the licensed Residential Dwelling, promptly respond to resolve, halt or prevent re-occurrence of the subject of the complaint.

F. Hosting Platform Requirements.

1. Actively prevent, remove and cancel any illegal listings and bookings of Home Sharing rentals including where a listing has been offered without a Home Sharing License.

2. Prior to facilitating Home Sharing activities in the City, provide to the City Clerk contact information for an employee or representative that will respond to requests for information of violations of this ordinance.

3. Provide the City Clerk, on a monthly basis, a list in an electronic format, addresses of all sites maintained, authorized, facilitated or advertised by the Hosting Platform for Residential Dwelling use during the period, the total nights that the Residential Dwelling was occupied during the period. ~~and the amounts paid for each stay.~~

G. Operational Requirements.

1. The Residential Dwelling shall not be altered to change the residential character of the outside appearance of the Residential Dwelling, either by the use of colors, materials, lighting or any advertising mechanism which would be inconsistent with the character of the neighborhood in which the Residential Dwelling is located.

~~2. All parking associated with Home Sharing activities at a Residential Dwelling shall be entirely on-site, in the garage, carport and driveway or otherwise off of the public street. (Note: the Sponsor is amenable to amending or repealing this provision as recommended by the Committee on Licensing/Permits.)~~

2~~3~~. No person shall offer or engage in Home Sharing activities in any part of the property not approved for residential occupancy, including but not limited to, a vehicle parked on the property, a storage shed, recreation room, trailer or garage or any temporary structure like a tent.

~~4. A Residential Dwelling may not be rented for purposes of Home Sharing to more than one group of guests, under more than one booking, at any given time. (Note: the Sponsor is amenable to amending or repealing this provision as recommended by the Committee on Licensing/Permits.)~~

3~~5~~. Non-residential uses shall not be permitted in a Residential Dwelling subject to a Home Sharing arrangement including, but not limited to, sales or exchange of products, events that charge a fee, or the promotion, display or servicing of any product is conducted on the premises.

4~~6~~. Trash and refuse shall not be left stored within public view, except in proper containers for

the purpose of disposal on scheduled trash collection days.

H. Revocation and Suspension of Licenses. The Common Council may, for just cause, suspend or revoke any license herein provided, upon serving such party written notice of the charges forming a basis for the proposed penalty, in the same manner as that for the service of a Summons in a civil action. Just cause shall include, but not be limited to:

1. Operating contrary to the terms of this Ordinance.
2. Operating contrary to Chapter 23, Noise Control.
3. Failing to maintain a status of good moral character and business responsibility, which includes, but is not limited to, fair treatment of customers, responsiveness to complaints and compliance with applicable codes and regulations.
4. Obtaining the license through fraud or misrepresentation.

I. Disciplinary Hearings. Disciplinary hearings, suspension and revocation hearings, may be held before the Common Council or before the Committee charged with license review responsibilities. The Committee on Licenses and Permits, when it conducts a hearing, shall submit a report to the City Common Council, including findings of fact, conclusions of law and a recommendation as to what action, if any, the City Common Council should take with respect to the license. Said Committee shall provide the complainant and the licensee with a copy of the report. Either the complainant or Licensee may file an objection to the report and shall have the opportunity to present arguments supporting the objection to the Common Council. The City Common Council shall determine whether the arguments shall be presented orally or in writing, or both. If the City Common Council, after considering the Committee's report and any arguments presented by complainant or Licensee, finds the complaint to be true, or if there is no objection to a report recommending a suspension or revocation of the license, it shall be suspended or revoked as provided by law. If the City Common Council finds the complaint untrue, the proceedings shall be dismissed without cost to the accused. The City Clerk shall give notice of each suspension or revocation to the party whose license is affected. The Common Council may also order corrective action to be taken within a specified time as a condition of license maintenance, at any time, following notice and an opportunity to be heard.

J. Inspection and Enforcement. Community Development and Inspections and City of Kenosha Police Department shall have the authority to enforce the provisions of this section. Citizens may deliver written or verbal complaints of violations of this section to the City Clerk.

K. Penalty. Any person who shall violate any of the terms and conditions of this Ordinance shall, upon conviction thereof, forfeit not more than Five Hundred Dollars ($500), plus the costs of prosecution, and in default of the timely payment thereof be confined in the County Jail for a period not to exceed thirty (30) days.

L. Violations. Each day of a violation of this ordinance shall be considered a separate offense.

Section Two: This Ordinance shall become effective upon passage and publication.

ATTEST: _____ City Clerk

APPROVED: _____ Mayor

Passed:

Published:

Drafted By:
MATTHEW A. KNIGHT
Deputy City Attorney