MEETING:	**AMENDED SPECIAL MEETING OF THE VILLAGE BOARD**
DATE AND TIME:	**Wednesday, September 6, 2023 6:15 PM**
LOCATION:	**Germantown Village Hall Board Room N112 W17001 Mequon Road**

NOTICE: Pursuant to the recommendations of the Centers for Disease Control and Prevention concerning the prevention ofCOVID-19 infections, any member of the body and/or citizen may also attend the meeting virtually through the WebEx platform, Meeting **#:2556 399 6230** Password: **umNsQ4Aun33** which can be accessed by phone at **408-418-9388** or by logging on at **https://villageofgermantown.my.webex.com/villageofgermantown.my/j.php?MTID=m2d509a8db105b1685d6b62e2cee8511c**

Citizens not wishing to attend the meeting personally or virtually may submit any public comments by sending an email to comments@germantownwi.govby 4 p.m. on the day of the meeting so that it can be provided to the members of the body for their consideration. Previously recorded VillageBoard Meeting Videos can be viewed at **https://www.youtube.com/channel/UCOYp0EgELzTCa9X_iCohyhQ**

AGENDA

I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*

II. **ROLL CALL:**

III. **PLEDGE OF ALLEGIANCE:**

IV. **CITIZEN INPUT:** *(Please be advised per 19.84(2) that information and comment will be received from the public. It is the policy of this municipality that public input be limited to a three (3) minute period per person with a time extension granted at the discretion of the Chairperson. Be advised that there may be limited discussion of the information received but no action will be taken under public comments.)*

V. **CONSENT AGENDA:**

A. The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a Class "B" Fermented Malt Beverage License and "Class C" Wine License for the period commencing July 1, 2023 and ending June 30, 2024. **MC Roadhouse ILC**, Matthew Roadhouse, W160N10544 Old Farm Rd, **Swingtime**, W197N10340 Appleton Ave.

B. The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **Metro Cigars, LLC** N102W19455 Willow Creek Way; Agent Jennifer Groh; d/b/a Metro Cigars

C. The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **JK GAM LLC** W140N10305 Fond Du Lac Avenue; Agent Jon Gamroth; d/b/a Gamroth's Kuhburg Junction

D. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023, and ending June 30, 2024: **Veracruz WI LLC**, Charles Hastings, Agent, W112 W16344 Mequon Road, d/b/a Veracruz WI LLC, W112 W16344 Mequon Road

E. The following has applied to the Village Board of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **Marko's Pizza II, INC** W156N9664 Pilgrim Rd; Agent Ken A Ubert; d/b/a Marko's Pizza

F. The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for an **ORIGINAL** "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **Brama's Pizzeria, LLC**, N112W16700 Mequon Road, Brama's Pizzeria, Agent Carrie Wegner

G. The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for an **ORIGINAL** "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **The Goose is Loose LLC**, W187N12793 Fond du lac Avenue, d/b/a TBA, Agent Peter Skodras

H. Acceptance of the CVMIC Dividend of $1,675

I. Acceptance of the Liability Insurance Proposal from Cities & Villages Mutual Insurance Company and to Continue Membership in CVMIC for Policy Years 2025 and 2026 Based on the Premium Guarantees Presented

J. A Resolution Disallowing the Claim of Mark and Jacqueline Formanek for Automobile Damage

VI. ADJOURNMENT:

UPON REASONABLE NOTICE, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, please contact the Village Clerk at (262)250-4740 at least 2 days prior to the meeting.

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a Class "B" Fermented Malt Beverage License and "Class C" Wine License for the period commencing July 1, 2023 and ending June 30, 2024. **MC Roadhouse ILC**, Matthew Roadhouse, W160N10544 Old Farm Rd, **Swingtime**, W197N10340 Appleton Ave.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Swing Time 2023 Renewal Class B Class C License

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 7/1/23 *(mm dd yyyy)* ending: 7/1/24 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Germantown

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

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

Applicant's Wisconsin Seller's Permit Number: 456-1026498594-03	
FEIN Number: 26-2714167	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100 00
☒ Class C wine	$ 100 00
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20 00
TOTAL FEE	$ 220 00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
MC Roadhouse LLC	W197N10340 Appleton Ave Germantown

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Roadhouse	Matthew	C	W148N10465 Blackbird pt Germantown

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Roadhouse	Matthew	C	W148N10465 Blackbird pt Germantown
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Swing Time Business Phone Number 2622513311
2. Address of Premises W197N10340 Appleton Ave Post Office & Zip Code Germantown WI 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☐ ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

All property but sold and stored inside main building

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Roadhouse Matthew C	President	5/24/23
Signature	**Phone Number**	**Email Address**
	262-617-7713	matt@swingtimpgolf.com

TO BE COMPLETED BY CLERK

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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Roadhouse	Matthew	Calvin		
Home Address *(street/route)*	**Post Office**	**City**	**State**	**Zip Code**
W148N10465 Blackbird Pt	Germantown	Germantown	WI	53022
Home Phone Number	**Age**	**Date of Birth**	**Place of Birth**	
262 617 7713	35	06/24/1987	Milwaukee, WI	

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☒ A member of a **partnership** which is making application for an alcohol beverage license.

☐ member *(Officer / Director / Member / Manager / Agent)* of MC Roadhouse LLC DBA Swing Time *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? whole life 35 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
   If yes, identify. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☐ No
   If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Swingtime	W197N10340 Appleton Ave	2012	present
Employer's Name	Employer's Address	Employed From	To
Elmbrook Schools	3555 N. Calhoun Rd	2020	present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Signature of Named Individual)

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **Metro Cigars, LLC** N102W19455 Willow Creek Way; Agent Jennifer Groh; d/b/a Metro Cigars

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Metro Cigars

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07/01/2023 (mm dd yyyy) ending: 06/30/2024 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of GERMANTOWN

County of WASHINGTON

Aldermanic Dist. No._____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
456-0001175676-03	
FEIN Number	
45-0518017	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20
TOTAL FEE	$ 620

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
METRO CIGARS, LLC	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GROH	JENNIFER	LYNN	1671 HOLY HILL LN, HUBERTUS, WI 53033

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GROH	PAUL	MARTIN	1671 HOLY HILL LN, HUBERTUS, WI 53033
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GROH	JENNIFER	LYNN	1671 HOLY HILL LN, HUBERTUS, WI 53033
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

7/05/60

4/14/71

C. Business Information

1. Trade Name METRO CIGARS Business Phone Number 262-255-1996
2. Address of Premises N102W19455 WILLOW CREEK WAY Post Office & Zip Code GERMANTOWN, WI 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☑ ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

3760 SQ FT BUILDING WITH 400 SQ FT OUTDOOR PATIO

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☑ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☑ No

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

_____

_____

_____

_____

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

_____

_____

_____

_____

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
GROH, JENNIFER L	MEMBER	5-8-2023
Signature	Phone Number	Email Address
Jennifer L Groh	262-255-1996	metrocigarllc@gmail.c

TO BE COMPLETED BY CLERK

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	
Period Covered	
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0001175676-03 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): METRO CIGARS, LLC			Federal Employer Identification No. (FEIN): 45-0518017
Trade or Business Name *(if different than Legal Name)*			Telephone Number: (262) 255-1996
Business Address (License Location): N102W19455 WILLOW CREEK WAY	Business Located In: ☐ City ☑ Village ☐ Town of: GERMANTOWN		Business Telephone: (262) 255-1996
Municipality: GERMANTOWN / State: WI / Zip Code: 53022			County: WASHINGTON
Mailing Address *(if different than Business Address)*	Municipality	State	Zip Code

Organization *(check one)*

☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No

☑ Other *(describe)* LIMITED LIABILITY COMPANY

☑ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?

☑ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)

☑ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)

☑ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?

☑ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **JK GAM LLC** W140N10305 Fond Du Lac Avenue; Agent Jon Gamroth; d/b/a Gamroth's Kuhburg Junction

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Gamroth

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07 01 2023 *(mm dd yyyy)* ending: 06 30 2024 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of GERMANTOWN

County of WASHINGTON

Aldermanic Dist. No.____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1026550 LB-04

FEIN Number 45-239-1577

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$ 100
☑ Class B beer	$ 100
☐ Class C wine	$ 100
☐ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$ 500
Publication fee	$ 20
TOTAL FEE	$ 620

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
JK GAM LLC	N104 W 15303 DONGES BAY RD

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GAMROTH	JON	R	N104 W 15303 DONGES BAY RD

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
GAMROTH	JON	R	N104W 15303 DONGES BAY RD
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name GAMROTH'S KUHBURG JUNCTION Business Phone Number 266 255-4299
2. Address of Premises W140N 10365 FOND DU LAC Post Office & Zip Code GERMANTOWN 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR AREA LIQUOR ROOM OFFICE SMOKING AREA

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☑ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☑ No

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

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
GAMROTH JON R	OWNER	5-23-23
Signature	**Phone Number**	**Email Address**
Jon R Gamroth	414-758-9065	~~JKGAM@~~ JKGAMROTH@WI.RR.COM

TO BE COMPLETED BY CLERK

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

OK to Issue 05/24/23

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023, and ending June 30, 2024: **Veracruz WI LLC**, Charles Hastings, Agent, W112 W16344 Mequon Road, d/b/a Veracruz WI LLC, W112 W16344 Mequon Road

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Veracruz Class B Combo Renewal 2023

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07 01 2023 *(mm dd yyyy)* ending: 06 30 2024 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of GERMANTOWN

County of WASHINGTON

Aldermanic Dist. No. _____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number: 456-1031135680-04

FEIN Number: 88-0740345

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$ 100
☐ Class B beer	$ 100
☐ Class C wine	$ 100
☐ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$ 500
Publication fee	$ 20 pd
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Verzcruz WI LLC	N112W16344 Megan Rd 53022

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
HASTINGS	Charles	Brian	N116 W15841 Main Street 53022

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hastings	Charles	Brian	N116 W15841 Main Street 53022
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Verzcruz Business Phone Number 414-334-9363
2. Address of Premises N112W16344 Megan Post Office & Zip Code 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

2 liquor closets office bar area cooler

SCANNED

32 ENT'D

AT-115 (R. 5-19) Wisconsin Department of Revenue

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

_____

_____

_____

_____

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

_____

_____

_____

_____

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
    (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Charles Hastings	President	5/11/23
Signature	**Phone Number**	**Email Address**
Chaz Hastings	414-334-9363	Chaz@hastingswi.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
	6/19/23	7/1/2023
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
47	7/1/2023	

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following has applied to the Village Board of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024.
Marko's Pizza II, INC W156N9664 Pilgrim Rd; Agent Ken A Ubert; d/b/a Marko's Pizza

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Markos Pizza 2023 Renewal Class B Liquor

RECOMMENDATION:

ACTION BY Committee:

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: ~~06~~ 07/01/23 ending: 06/30/24
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☐ City of Germantown

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

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

Applicant's Wisconsin Seller's Permit Number 456-1029550971-02	
FEIN Number 82-1772573	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 300
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
X Publication fee	$ 20
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Ubert	Ken	A.	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
~~Ubert, Ken A~~ Marko's Pizza II, INC.	W156N9664 Pilgrim Rd

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Ubert	Ken	A	3943 Rosie Ct. Colgate WI 53017

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Marko's Pizza Business Phone Number 262-251-1559
2. Address of Premises W156 N9664 Pilgrim Rd Post Office & Zip Code Germantown WI 53022
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? . . . . . Yes ☒ ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dining Room

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

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

_____

_____

_____

_____

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

_____

_____

_____

_____

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Ubert, Ken A	Agent/owner	06/19/23
Signature	Phone Number	Email Address
	414-315-7090	Ubertk@discoverhometown.com

TO BE COMPLETED BY CLERK

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

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for an **ORIGINAL** "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **Brama's Pizzeria, LLC**, N112W16700 Mequon Road, Brama's Pizzeria, Agent Carrie Wegner

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Brama's Pizzeria LLC Origional Application

RECOMMENDATION:

ACTION BY Committee:

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 06/01/23 *(mm dd yyyy)* ending: 06/30/24 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of Germantown

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

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

Applicant's Wisconsin Seller's Permit Number 456103024255902	
FEIN Number 84-3546687	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ 420

pd 8/3/23

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Brama's Pizzeria 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Mattheis	David	Jay	N116 W12831 Elm Ln, Germantown WI 53022
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Wegner	Carrie	Lynn	N116 W12831 Elm Ln, Germantown WI 53022
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Tank	Michael	Edwin	9446 W. Elmore Ave, ~~Germantown~~ Milwaukee WI 53222
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Tank	Jeanne	Ray	9446 W. Elmore Ave. Milwaukee, WI 53222.
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Wegner	Carrie	Lynn	N116 W12831 Elm Ln Germantown WI 53022
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Brama's Pizzeria Business Phone Number 262-735-4602
2. Address of Premises N112W16700 Mequon Road Post Office & Zip Code 53022
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

   All beverages with alcohol will be stored in the collers and bar area which is located on the west wall. Any additional alcohol will be stored in the rear of the resaurant in the locked storage room/office.

4. Legal description (omit if street address is given above):
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? . . . . . ☑ Yes ☐ No

   (b) If yes, under what name was license issued? Brama's Pizzera

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☑ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☑ No

9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☑ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☑ No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☑ Yes ☐ No

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

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

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

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Wegner, Carrie, L	Owner	08/02/20
Signature: Carrie L Wegner	Phone Number: (262)-735-4602	Email Address: Bramaspizzeria@gmail.(

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
8/3/2023	8/21/2023		
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Wegner	Carrie	Lynn

Home Address *(street/route)*	Post Office	City	State	Zip Code
N116W12831 Elm Ln		Germantown	WI	53022

Home Phone Number	Age	Date of Birth	Place of Birth
262-227-9615	46	11/15/76	Milwaukee, WI

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Carrie Wegner *(Officer / Director / Member / Manager / Agent)* of Brama's Pizzeria LLC *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 46 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
   If yes, identify. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Briggs & Stratton	3300 N. 124th St, Wauwatosa WI 53222	2008	2018
Employer's Name	Employer's Address	Employed From	To
Dialed In Roofing	5139 N. 124th St, Butler WI 53007	2018	Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Carrie L Wegner
(Signature of Named Individual)

Arnold/Gierach
N128 W19157 Holy Hill Road
Richfield, Wis. 53076

August 3, 2023

Village of Germantown:

As owners of Unit B-1 Village Plaza Condo Association, LLC we approve Brama's Pizzeria located at N112 W16700 Mequon Road, Germantown, WI 53022 (Stores No. 3-5, in Unit B-1 in said Condo Association) to carry a Class B Liquor License on our property. Said license to include Liquor, Beer and Wine.

Sincerely,

Frederick Gierach

Frederick Gierach

Janet Arnold

Janet Arnold

WASHINGTON OZAUKEE
PUBLIC HEALTH DEPARTMENT

Washington Ozaukee Public Health Department

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY	EXPIRATION DATE	I.D. NUMBER
Retail Food - Serving Meals - Moderate	30-Jun-2024	CMAR-C93R8E

NOT TRANSFERABLE

LICENSEE MAILING ADDRESS
BRAMA'S PIZZERIA LLC
N112 W16700 MEQUON RD #3, #4, #5
GERMANTOWN WI 53022

BUSINESS / ESTABLISHMENT ADDRESS
BRAMA'S PIZZERIA
N112W16700 MEQUON RD
GERMANTOWN WI 53022

The department may send out a renewal notice as a courtesy, but in the absence of a courtesy reminder it is the licensee that is responsible for remittance of the license fee to the department by June 30. All licenses expire on June 30th. It is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

Washington Ozaukee Public Health Department
PO BOX 2003
WEST BEND, WI 53095-2003
(262)335-4462

* Include the name of your facility and the ID number.

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1533534864

BRAMA'S PIZZERIA LLC
N112W16700 MEQUON RD
GERMANTOWN WI 53022-3292

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BRAMA'S PIZZERIA LLC

Business name: BRAMA'S PIZZERIA
N112W16700 MEQUON RD
GERMANTOWN WI 53022-3292

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030242559-02

WINPAS - atL020 (R.01/17)

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: The following has applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for an **ORIGINAL** "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023 and ending June 30, 2024. **The Goose is Loose LLC**, W187N12793 Fond du lac Avenue, d/b/a TBA, Agent Peter Skodras

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. The Goose is Loose LLC Origional Application

RECOMMENDATION:

ACTION BY Committee:

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- ☐ Class "A" Beer . . . . . $_____
- ☒ Class "B" Beer . . . . . $ 100
- ☐ "Class C" Wine . . . . . $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor . . . . . $_____
- ☒ "Class B" Liquor . . . . . $ 500
- ☐ "Class A" Liquor (Cider Only) $_____
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$ 600
Publication Fee	$ 20
Background Check	$
Total Fees	$ 720.00

pd
check #288

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
The Goose Is Loose LLC

2. Trade Name or DBA
TBA

3. Premises Address
W187 N 12793 Fond du lac Ave Germantown, WI 53022

4. County	5. Municipality	6. Aldermanic District
Washington	Germantown	

7. Mailing Address (if different from premises address)
N88 W22408 N. Lisbon rd Sussex WI 53089

8. FEIN	9. Wisconsin Seller's Permit Number
87-4050663	456-1031462037-02

10. Premises Phone	11. Premises Email
912-596-7852	Nickitgc@gmail.com

12. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.

Bar Area/DINING AREA/BASEMENT/2nd floor/DECK & RAMP AREAS/ ENCLOSED PATIO/OUTDOOR PATIO/Volleyball Sand Court area/ grass & field area/Parking Lot area/Kitchen Cooking area/ Hallways and connecting spaces/office area/GAME AREAS

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate . . . . . ☒ Yes ☐ No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . . . ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration	2. Date of Registration
WI	6/29/2023

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ☐ Yes ☒ No

Name of Parent Company	FEIN of Parent Company

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☐ No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name	Agent's First Name	Phone
SKODRAS	PETER	262-844-7988

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

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

Last Name	First Name	Title	Phone
SAXON	Nicole	member/officer	912-596-7852
SKODRAS	PETER	AGENT/MNGR	262-844-7988

Part E: Attestation

Who must sign this application?

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

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

Signature	Date
	8-2-23

Name (Last, First, M.I.)
SAXON, NICOLE

Title	Email	Phone
MEMBER/OFFICER	NICKITGC@GMAIL.COM	912-596-7852

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
8/4/2023		
Date license granted	**License number**	**Date license issued**

Signature of Clerk/Deputy Clerk

(2nd for agent)

Date 8/2/23

Form **AT-103**

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
The Goose Is Loose LLC

2. Trade Name or DBA
TBA

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
Saxon, Nicole

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
Member	Nickitgc@gmail.com	912-596-7852

5. Home Address
N88W22408 N Lisbon rd

6. City	7. State	8. Zip Code	9. Date of Birth
Sussex	WI	53089	12-29-80

10. Drivers License/State ID Number	11. Drivers License/State ID State of Issuance
056354184	Georgia

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
50 Rambling Creek Rd

Previous City, State, Zip
Ellabell GA 31308

Dates (MM/YYYY - MM/YYYY)
5/2015 - 10/2020

Previous Address 2
25 Saxon Copious Bluff

Previous City, State, Zip
Ellabell GA 31308

Dates (MM/YYYY - MM/YYYY)
10/2020 - 8/2023

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
Sussex Funding LLC

Employer's Address
PO Box 426 Bloomingdale GA 31302

Dates Employed (MM/YYYY - MM/YYYY)
1/2023 - cont.

Employer's Name
NAS PROPERTIES LLC

Employer's Address
PO Box 426

Dates Employed (MM/YYYY - MM/YYYY)
4/2010 — cont.

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

SC & GA

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
Lived in both WI & GA due to work	6	

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	8/2/23

Date 8/2/23

Form **AT-103**

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
The Goose Is Loose LLC

2. Trade Name or DBA
TBA

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
Skodras, Peter

2. Relationship to Registered Entity (Title)
manager

3. Email
PeteSkodras@yahoo.com

4. Phone
262-844-7988

5. Home Address
N88W22418 N Lisbon rd

6. City
Sussex

7. State
WI

8. Zip Code
53089

9. Date of Birth
7-8-57

10. Drivers License/State ID Number
S362-6705-7248-00

11. Drivers License/State ID State of Issuance
WI

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
Kostella LLC

Employer's Address
PO Box 1785 Hardeeville SC 29927

Dates Employed (MM/YYYY - MM/YYYY)
2016 - 2023

Employer's Name
Cobbler Creek LLC

Employer's Address
N88W22418 N. Lisbon rd Sussex WI 53089

Dates Employed (MM/YYYY - MM/YYYY)
1999 - 2023

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	64	1

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	8/2/23

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0809127888

THE GOOSE IS LOOSE LLC
N88W22408 N LISBON RD
SUSSEX WI 53089-1322

Wisconsin Department of Revenue Seller's Permit

Legal/real name: THE GOOSE IS LOOSE LLC

Business name: THE GOOSE IS LOOSE
N88W22408 N LISBON RD
SUSSEX WI 53089-1322

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Consumer's Use Tax	456-1031462037-02

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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☒ Village ☐ City of Germantown County of Washington

The undersigned duly authorized officer/member/manager of The Goose Is Loose LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

The Goose Is Loose LLC
(Trade Name)

located at W187 N12793 Fond du lac Ave. Germantown, WI 53022

appoints Peter Skodras
(Name of Appointed Agent)

N88 W22418 N. Lisbon rd. Sussex, WI 53089
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 66 years

Place of residence last year N88 W22418 N Lisbon rd Sussex, WI 53089

For: The Goose Is Loose LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature] member
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Peter Skodras, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

[signature] 8/2/23 Agent's age 66
(Signature of Agent) *(Date)*

N88 W22418 N. Lisbon rd Sussex, WI 53089 Date of birth 7/8/57
(Home Address of Agent)

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

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

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

AT-104 (R. 4-18) Wisconsin Department of Revenue

To whom this may concern,

The Goose Is Loose LLC has permission to use the property located at W187 N 12793 Fond Du Lac Ave. Germantown, WI 5302 for the consumption of alcoholic beverages as per the license issued by the Village of Germantown. In compliance with all state and local laws and regulations.

Sincerely,

Estel LLC
912-596-7852

LEASE AGREEMENT:

THIS AGREEMENT, made and entered into this 1ST day of SEPTEMBER 2023 by and between THE GOOSE IS LOOSE LLC hereinafter referred to as Lessee/Tenant and ESTEL LLC, hereinafter known as Lessor/Landlord.

-WITNESSETH-

1. PROPERTY: Landlord agrees to rent to Tenant the building and improvements located on W187 N12793 FOND DU LAC AVE GERMANTOWN WI 53022, under the terms and conditions as hereinafter stated.

2. RENTAL RATE: Tenant shall hold the property for a term of 3, beginning on the 1ST day of SEPTEMBER 2023 and continuing through midnight of the 1ST DAY OF SEPTEMBER 2026 inclusive. The months rent shall be $4500.00 per MONTH due on the 14th of each month.

Rental shall be paid to the landlord or at such location as the landlord may designate in writing. This lease may be renewed at the discretion of the landlord. The current address at which payments to lessor are made N88 W22408 N Lisbon rd Sussex, WI 53089 LATE CHARGES: If the monthly rental due on the 14th day of each month is not paid by the 24th day thereafter, tenant agrees to pay a late charge of 10% of one months rent.

1. RETURNED CHECKS: Tenant agrees to pay 100.00 charge for any check returned by a bank for insufficient funds, closed account, or for any other reason.

2.. TERMINATION: This lease agreement shall terminate at midnight on the date stated herein Tenant is responsible for the entire lease term unless landlord releases tenant in writing from payment of the balance of any rental, which would accrue during the remainder of the lease term. Any consent of assignment or sublease by the landlord does not waive or diminish the responsibility of the tenant for payment or rental accruing during the lease term hereunder. Any breach of a provision in this lease shall constitute a default and entitle landlord to demand possession of the property and enforce such and by dispossessory or distress warrants, with the balance due as rental in the lease term being immediately due and payable.

3. UTILITIES: Tenant shall be responsible for all charges for water and sewage, which shall be paid to the supplying entity. Tenant shall be responsible for all charges for electricity and/or natural gas, which shall be paid to the supplying entity. Collection shall be not less than twice weekly. The subject property shall not be used as a dumping ground for any trash, refuse or garbage.

4. CONDITIONS UPON VACANCY OR TERMINATION: Upon vacancy or termination of the agreement, Tenant agrees to the following:

   A. Leave all floors clean vacuumed.
   B. Leave driveways, patios and sidewalks swept and clean, law shall be cut and raked.
   C. Close and lock all windows, lock all outside doors and return all keys to landlord or agent landlord.

5. WINDOW PANES AND/OR SCREENS: Tenant agrees to replace all damaged or missing door and windowpanes and/or screens during the tenancy or upon vacancy or termination of tenancy.

6. SEWERAGE: Tenant agrees to keep all water and sewerage pipes at the property clear of obstructions, and tenant shall be responsible for the cost of clearance of any such obstruction. Should the main water/sewage lines also serve other parties, tenant agrees to pay proportionate share with other parties, of the cost of clearance of obstructions.

7. LAWN AND SHRUBBERY: Tenant shall maintain at tenants expenses the lawn and shrubbery on the property, including but not limited to mowing, trimming and weeding. Tenant shall not remove and shrubbery without the written consent of landlord. Tenant will maintain the property by removing fallen limbs, rocks, leaves, pine straw and other trash from lawn and garden areas.

8. INSPECTION OF PROPERTY: Tenant agrees to permit landlord or agent for landlord enter the property at reasonable hours upon six (6) hours notice prior thereto, to inspect the property to determine that tenant is complying with all the terms and conditions of this agreement, to show the property to prospective tenants or purchasers, to make repairs for which landlord is responsible under this agreement. After notice of termination of the tenancy from either party to the other, landlord may place rental signs on the property.

9. REPAIRS AND MAINTENANCE: Tenant accepts the property in the present condition " as is" and for the use for which the property is rented. Tenant agrees to maintain the property in good condition and repair, natural wear and tear excepted. Tenant will make no alterations to the property without prior written consent of landlord, but when so made shall become a part of the building except fixtures as may be constructively attached, such as stoves, heating units, refrigerators and like fixtures, or others which are covered by written agreement, which are covered by written agreement, which shall be removable by tenant at the end of the term. Tenant shall hold landlord harmless as to any claim by any third-party regarding the property. Landlord or agent for landlord shall not be under any obligation, express or implied to inspect the property or to make any repairs thereto. Tenant shall further:

   -Tenant will change filters in the heating and air conditioning equipment at least once a month in order to reduce the consumption of gas or electricity.

   -Should the landlord furnish a refrigerator or range hood with the premises, then it will be the responsibility of tenant to vacuum the refrigerator coils and clean the range hood at least once a month to reduce the consumption of electricity and prevent fire.

10. TRASH: Tenant is required to furnish one dumpster emptied weekly. The area around trash containers is to remain clean in accordance with city and county ordinances.

11. ASSIGNMENT: Tenant shall not sublet the whole or any part of the premises, nor assign this agreement, or any interest therein, without the prior written consent of landlord. A violation of this covenant shall constitute a breach of this agreement, tenant shall forfeit the term and landlord shall have the right to evict the tenant.

12. USE AND OCCUPANCY: The property shall be used for commercial purposes and for no other purposes. Tenant is not to put the property to any use, which is illegal, creates a nuisance, or causes the rate of insurance on the property to increase. It is understood by landlord that the intended use of the premises at the signing of this instrument is for an Entertainment and sales.
13. DAMAGES TO PROPERTY: Tenant shall pay all costs for damage to the property caused by tenant, employees, guests, or invitees resulting from negligence, lack of care and abuse. Any damage for which tenant is liable constitutes a breach of this agreement for which an action for the recovery thereof may be had, above and the security. If the property is rendered untenantable by fire, storm, earthquake, or any casualty, this agreement shall terminate as of

the date of such destruction or damage and rental shall cease as of that date. Rent shall not abate in case of partial untenantable and repairs will promptly be made.

14. LIABILITY AND INSURANCE: Tenant expressly agrees to indemnify and hold harmless landlord or landlord's agent from any and all damage to the property or injury to person suffered by tenant, employees, guests, agents, or invitees. The indemnity shall extend to damage, injury, losses, claims, suits, judgments or actions arising from the negligence of tenant, household members, servants, guests, agents, or invitees and anyone in the tenants control or employ, or for damage or injury by reason of breakage, leakage or obstruction of the water pipes, soil pipes or from falling sheetrock etc.
15. TIME: time is of the essence in this agreement.

16. BINDING EFFECT AND WAIVER: This document constitutes the entire agreement between parties and is binding on their respective heirs, executors, administrators and assigns and no statements oral or written, not contained herein shall be of force or effect. The failure to the landlord or tenant to exercise any right he/it may have hereunder shall not be deemed a waiver of any subsequent breach or default in the terms contained herein.

17. TENANT INSURANCE: Tenant shall be responsible for procuring and maintaining hazard and liability insurance, including coverage for the possessions of tenant in the property. Tenant must maintain liability insurance in the amount of $1000000.00.

18. NOTICES: All notices shall be in writing. Such notices mailed to or left at the stated premises herein shall constitute notice to the tenant, and notice to the landlord shall be accomplished in like manner to landlords address as a landlord may designate in writing.

19. ABANDONMENT: If lease is in default and tenant has moved from the premises, landlord may thereupon without legal process enter and take possession of said premises, furniture and other belongings of the tenant, which may be in the same, which will terminate the right of tenant to re-enter.

20. REPOSSESSION: In case of premises by tenant, or following default, the surrender or possession on demand or eviction by law, Landlord may retake possession immediately and the retaking of possession by landlord, in absence of express election in writing to do so, shall not terminate this lease. Landlord shall have the right to recover immediately as damages rentals to the end of the lease. Landlord in sub-letting premises shall be acting as tenant's agent, using his own discretion to reduce tenant loss. Any net sums received by the landlord after deducting charges for services and expenses are to apply as payment on any judgment obtained or balance due. After same is satisfied, landlord is to refund any excess to tenant.

21. Landlord shall be required to give tenant 30 days written notice from the 1st of the month to evacuate the premises.

IN WITNESS WHEREOF, the parties have to hereunto set their hands and seals on the day and year first above written as the date hereof.

LESSOR: THE GOOSE IS LOOSE LLC

NAME / TITLE: Nicole Saxon

SIGNATURE: 8/2/23

LANDLORD: ESTEL LLC

NAME / TITLE: Nicole Saxon

SIGNATURE: 8/2/23

WITNESS SIGNATURE

:

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: Acceptance of the CVMIC Dividend of $1,675

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Acceptance of the CVMIC Dividend of $1,675

RECOMMENDATION:

ACTION BY Committee:

DATE: July 3rd, 2023

TO: **Erin Hirn, Village of Germantown**

FROM: Benjamin Hoverson, Underwriting Analyst

RE: 2023 Dividend Report

On May 17, 2023, the CVMIC Board of Directors approved a Liability program dividend in the amount of **$999,696**. This dividend is based upon operating results of the Liability program for the period ending 12/31/22 and will be paid on or after **March 1, 2024**. The methodology of calculation is consistent with that of previous dividends declared and paid. The first 50% of the dividend declared is paid on a level basis, and the balance is based on the loss history of your community. Your community's share of this declared dividend is **$1,675**.

Please review the options outlined below and return a signed PDF copy to Ben Hoverson (benh@cvmic.com) **no later than November 1, 2023**. The election below must be completed by the Member Representative, Mayor or other individual with the authority to sign on behalf of your community.

The **Village of Germantown** has reviewed the dividend options and instructs CVMIC to account for the dividend as marked below:

Option 1: _____ **PAY** all dividends to my community on March 1, 2024.

Option 2: _____ **HOLD** dividends declared for the **Liability** program until you are provided further instructions. I understand that interest will be paid based on the rate earned by CVMIC on its investments. I further understand that I will get an annual accounting regarding any open balance.

ACCEPTED AND AGREED TO this _____ day of _____, 2023.

By _____
Signature

Its _____
Title

CITIES AND VILLAGES MUTUAL INSURANCE COMPANY

Steve Stanczak, Chief Executive Officer
Direct: 414-831-6002
Email: steves@cvmic.com

Benjamin Hoverson, Underwriting Analyst
Direct: 414-831-6013
Email: benh@cvmic.com

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: Acceptance of the Liability Insurance Proposal from Cities & Villages Mutual Insurance Company and to Continue Membership in CVMIC for Policy Years 2025 and 2026 Based on the Premium Guarantees Presented

SUBMITTED BY: Erin Hirn, Support Services Manager

SUMMARY EXPLANATION:

CVMIC provided two options for municipalities to choose from if they accept to continue membership until the end of 2026. The policies are outlined on page 5. This went before GGF and they chose to approve the multi-year membership as well as Option 1 within the contract that would continue the per occurance policy self-insured retention amount to $25,000 which is what we have had for the past two years, which would increase the annual premiums to about $1800 the first year $500 the second year and $2800 the third year. The other option was to increase the per occurance amount to $37,500 and reduce the cost by $3,782 the first year, $3,269 the second year and $613 the third year based on this year's calculation of $91,800.

ATTACHMENT:

1. Liability Insurance Proposal 24-26

RECOMMENDATION:

Approve Continued CVMIC Member for Policy Years 2025 and 2026 Based on Option 1 as presented.

ACTION BY Committee:

Approved Continued CVMIC Member for Policy Years 2025 and 2026 Based on Option 1 as presented.

Cities and Villages
MUTUAL INSURANCE COMPANY

June 28, 2023

Erin Hirn
Village of Germantown
N112W17001 Mequon Road
Germantown, WI 53022

RE: Public Entity Liability Renewal Package (2025-2026)

Dear Erin,

CVMIC members are the core of our business and the purpose of our existence. The principles of teamwork and cooperation guide our success as we partner with Wisconsin municipalities that are engaged and committed to each other and the CVMIC organization.

We take pride in offering quality insurance products and risk management solutions for our members and strive to provide your community with the best possible public entity, general liability and auto liability protection available in Wisconsin.

We are pleased to present you with this two (2) year Public Entity Liability renewal package.

Premium options for the 2025 and 2026 policy years are set forth in **ATTACHMENT ONE**, these premiums are guaranteed for the two-year period if an adequate level of commitment for the renewal is achieved.

To confirm your community's commitment to CVMIC for the 2025-2026 policy years as outlined in **ATTACHMENT ONE**, please complete the acceptance form and return a signed copy to Ben Hoverson (benh@cvmic.com) **by September 15th, 2023**.

Our general counsel, Patrick Nolan of Quarles & Brady, has provided instructions for making this two-year commitment to CVMIC. (See **ATTACHMENT TWO**)

We look forward to continuing our partnership with you. If you have any questions regarding this renewal package, please contact Ben Hoverson.

Yours very cordially,

CITIES AND VILLAGES MUTUAL INSURANCE COMPANY

Steve Stanczak, Chief Executive Officer
Direct: 414-831-6000
Email: steves@cvmic.com

Ben Hoverson, Underwriting Analyst
Direct: 414-831-6013
Email: benh@cvmic.com

2024 Premium Projections

Germantown, Village of

Coverage/Policy	2022	2023	2024 - Low Range	2024 - High Range	Notes:
CVMIC Liability Premium 2024 SIR = $25K	$ 90,000	$ 91,800	$ 93,636	$ 93,636	
CVMIC Liability Dividend	$ -	$ -	$ (1,675)	$ (1,675)	On May 17, 2023, the CVMIC Board of Directors declared the 2023 Dividend Dividend amount is paid on March 1st of the following year
CVMIC Worker's Comp Projected Premium	$ 245,519	$ 183,626	$ 187,280	$ 198,630	Low Range: Estimated Payroll + 2%; Class Codes - 1%; Experience Mod + 1% High Range: Estimated Payroll + 2%; Class Codes + 1%; Experience Mod + 5%
CVMIC Worker's Comp Payroll Audit (2021 & 2022)	$ -	$ (54,709)			
CVMIC Auto Physical Damage Premium 2024 Deductible = $2.5K	$ 51,623	$ 64,821	$ 70,110	$ 72,146	Low Range: Rate Change + 4%; Vehicle Valuation + 4% High Range: Rate Change + 6%; Vehicle Valuation + 5%
GEM Liability Reinsurance Premium (5M x 5M)	$ -	$ 1,759	$ 1,935	$ 2,023	Low Range: Rate Change + 10% High Range: Rate Change + 15%
Employment Practices Liability Premium	$ 6,765	$ 6,454	$ 6,777	$ 7,241	Low Range: Rate Change + 5%; Employee Count 0% High Range: Rate Change + 10%; Employee Count + 2%
Equipment Breakdown (Boiler & Machinery) Premium	$ 5,504	$ 2,496	$ 3,014	$ 3,197	Low Range: Rate Change + 15%; Inflation on Values + 5% High Range: Rate Change + 22%; Inflation on Values + 5%
Crime Premium	$ 1,330	$ 1,287	$ 1,287	$ 1,351	Low Range: Rate Change 0% High Range: Rate Change + 5%
Pollution Premium	$ 5,000	$ -	$ -	$ -	Low Range: Rate Change + 5% High Range: Rate Change + 7%
Volunteer Premium	$ -	$ -	$ -	$ -	Low Range: Rate Change 3% High Range: Rate Change + 7%
	$ 405,741	$ 297,534	$ 362,362	$ 376,549	
Dividend Affected			21.79%	26.56%	
Pure Insurance Rates Increase			3.35%	7.38%	

**Disclaimer: All projected percentage increases/decreases were determined using the best information available as of June 2023. Actual renewal pricing for the programs listed above may vary from what is presented in this document.*

2023 Mutual Member Participation Calculation — GERMANTOWN

Premium Contribution 70%:

Member Premiums - Most Recent 10 Years Summed	$90,000
Less: 15% of Claims Paid - Most Recent 10 Years Summed	0
Net Premiums for Member	$90,000
Net Premiums for Total CVMIC Membership - Most Recent 10 Years Summed	$41,374,111
Member's % of Total Premiums	0.218%
Weighted Percentage = 70%	70%
Member's Premium Contribution Participation Percentage	**0.152%**

Risk Sharing/Self-Insured Retention Contribution 30%:

Member's Self Insured Retention - Most Recent 10 Years Summed	$25,000
Total CVMIC Membership Self Insured Retention - Most Recent 10 Years Summed	$29,762,500
Member's % of Total Self Insured Retention	0.084%
Weighted Percentage = 30%	30%
Member's Self Insured Retention Contribution Participation Percentage	**0.025%**

Net Assets (Total Assets less Liabilities and Minimum Permanent Surplus)	$17,621,178
Member's Participation Percentage (Premium + Self Insured Retention)	**0.177%**
Member's Participation Position	**$31,272**

2022 Total Assets per Annual Statement	$52,945,180
2022 Total Liabilities per Annual Statement	$21,324,002
Permanent Minimum Surplus	$14,000,000
Net Assets	**$17,621,178**

Cities & Villages Mutual Insurance Company
Self-Insured Retention Analysis

The analysis provided in the table below is intended to assist you in determing if additional risk (Higher SIR) should be considered based on your loss history and premium paid to CVMIC.
The claim dollars/payments made within your SIR are only as good as your reporting of claim payments to CVMIC. If you do not believe that all of your claim payments have been submitted, then the analysis below should be adjusted.

Member:	Germantown, Village of

Claims Valued as of:	June 2023

Year	Current SIR	Premium @ SIR	Claim $ in SIR	Next Level SIR	Premium @ Next Level SIR	Claim $ in Next Level SIR
2013	$ -	$ -	$ -	$ -	$ -	$ -
2014	$ -	$ -	$ -	$ -	$ -	$ -
2015	$ -	$ -	$ -	$ -	$ -	$ -
2016	$ -	$ -	$ -	$ -	$ -	$ -
2017	$ -	$ -	$ -	$ -	$ -	$ -
2018	$ -	$ -	$ -	$ -	$ -	$ -
2019	$ -	$ -	$ -	$ -	$ -	$ -
2020	$ -	$ -	$ -	$ -	$ -	$ -
2021	$ -	$ -	$ -	$ -	$ -	$ -
2022	$ 25,000	$ 90,000	$ -	$ 37,500	$ 84,600	$ -

Total Cost @ Current SIR:	$ 90,000

Total Cost @ Next Level SIR:	$ 84,600

10 Year Savings/Loss:	$ 5,400

Note: Total Cost = Premium + Claim $ in SIR

SIR Analysis - Total Cost Per Year			
Year	Total Cost @ Current SIR	Total Cost @ Next Level SIR	Additional Cost/Savings
2013	$ -	$ -	$ -
2014	$ -	$ -	$ -
2015	$ -	$ -	$ -
2016	$ -	$ -	$ -
2017	$ -	$ -	$ -
2018	$ -	$ -	$ -
2019	$ -	$ -	$ -
2020	$ -	$ -	$ -
2021	$ -	$ -	$ -
2022	$ 90,000	$ 84,600	$ 5,400
Total	**$ 90,000**	**$ 84,600**	**$ 5,400**

ATTACHMENT ONE

Cities and Villages MUTUAL INSURANCE COMPANY

Village of Germantown
Liability Premiums for Policy Years 2024, 2025, 2026

CVMIC Public Entity Liability Policy Overview

Coverages: General Liability, Auto Liability, Public Officials Liability & Law Enforcement Liability

Policy Limit: $10,000,000 per Occurrence Excess Self-Insured Retention (SIR)

Per Occurrence SIR: Selected by Each Member (Multiple SIR Options are Available)

Aggregate SIR: Four (4) Times Selected SIR per Policy Period

Village of Germantown Current SIR

Per Occurrence SIR: $25,000
Aggregate SIR: $100,000

Annual Premium Summary

Policy Year	Current SIR (Option 1)	Optional SIR (Option 2)
2024	$93,636	$88,018
2025	$94,182	$88,531
2026	$97,008	$91,187

NOTE: The premiums stated above are based on an expected number of renewals and are subject to review. With that qualification, the premiums are guaranteed for the three-year policy period of 2024, 2025 and 2026.

ATTACHMENT ONE

ACCEPTANCE

The **Village of Germantown** agrees to continue as a member of CVMIC for the policy years 2024, 2025 and 2026 as outlined in **Option 1** _____ ($25,000) [or] as outlined in **Option 2** _____ ($37,500) (*please indicate*) at the corresponding guaranteed premiums set forth on the previous page.

ACCEPTED AND AGREED TO this _____ day of _____, 2023.

Village of Germantown

By _____

Signature

Its _____

Title

Cities and Villages MUTUAL INSURANCE COMPANY

Please email signed PDF to: benh@cvmic.com

BUSINESS OF THE VILLAGE BOARD

MEETING DATE: September 6, 2023

PLACEMENT: Action Item

ITEM TITLE: A Resolution Disallowing the Claim of Mark and Jacqueline Formanek for Automobile Damage

SUBMITTED BY:

SUMMARY EXPLANATION:

On August 15, 2023, the a Claim was filed with the Clerk's office by Mark and Jacqueline Formanek alleging damage to their automobile stemming from a rock cracking the windshield of their 2018 Ford Focus on or about August 12, 2023. The claim was forwarded to the Village Attorney for review and after that review, the Attorney determined that there is no allegation that the damage was caused by a Village employee, and that the Village is immune from general claims that road debris caused damage.

ATTACHMENT:

1. Formaneck, Jacqueline Claim 08.15.2023
2. Resolution xx-2023 Disallowance of Claim Jacqueline Formanek

RECOMMENDATION:

A motion to approve the Resolution disallowing the claim of Mark and Jacqueline Formanek.

ACTION BY Committee:

SCANNED

AUG 14 ENT'D

Village Clerk
N112 W17001 Mequon Road
P.O. Box 337
Germantown, Wisconsin 53022-0337
Phone: (262) 250-4700
www.germantownwi.gov

Village of Germantown ...Willkommen

NOTICE OF CLAIM

Name: Jacqueline Formanek
Address: N98 W15899 Concord Rd
Germantown, WI 53022
Phone: 608-397-0808

Incident/Accident Information
Date: 8-12-23
Time: 12 pm
Place: Concord Rd.

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of police report, if any, and attach a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury and whether or not medical attention was given and give the name of the physician. Also identify any witnesses to the incident/accident.

Wife was On Concord Rd were we live and was driving to the corner to pilgram when a rock hit and cracked her windshield in the center. ~~X~~ rock cracked windshield

Signed: [signature] Date: 8-15-23

****

CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the Village at any time consistent with the applicable statute of limitations. However, in order for the Village to formally accept or deny your claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the Village of arising out of the circumstances described above in the amount of $ 100.00 .

To process this claim it is necessary to detail all damages being sought.

Signed: [signature] Date: 8-15-23

Address: N98 W15899 Concord Rd.
Germantown, WI 53022

RECEIVED
AUG 15 2023
VILLAGE OF GERMANTOWN
CLERK'S OFFICE

Safelite AutoGlass

MENU

Service details

Your 2018 Ford Focus is scheduled for a windshield replacement.

Approximate service time: 2 hours

Order number: 01867-485227

Download work order

Amount due

$100.00 Cost breakdown

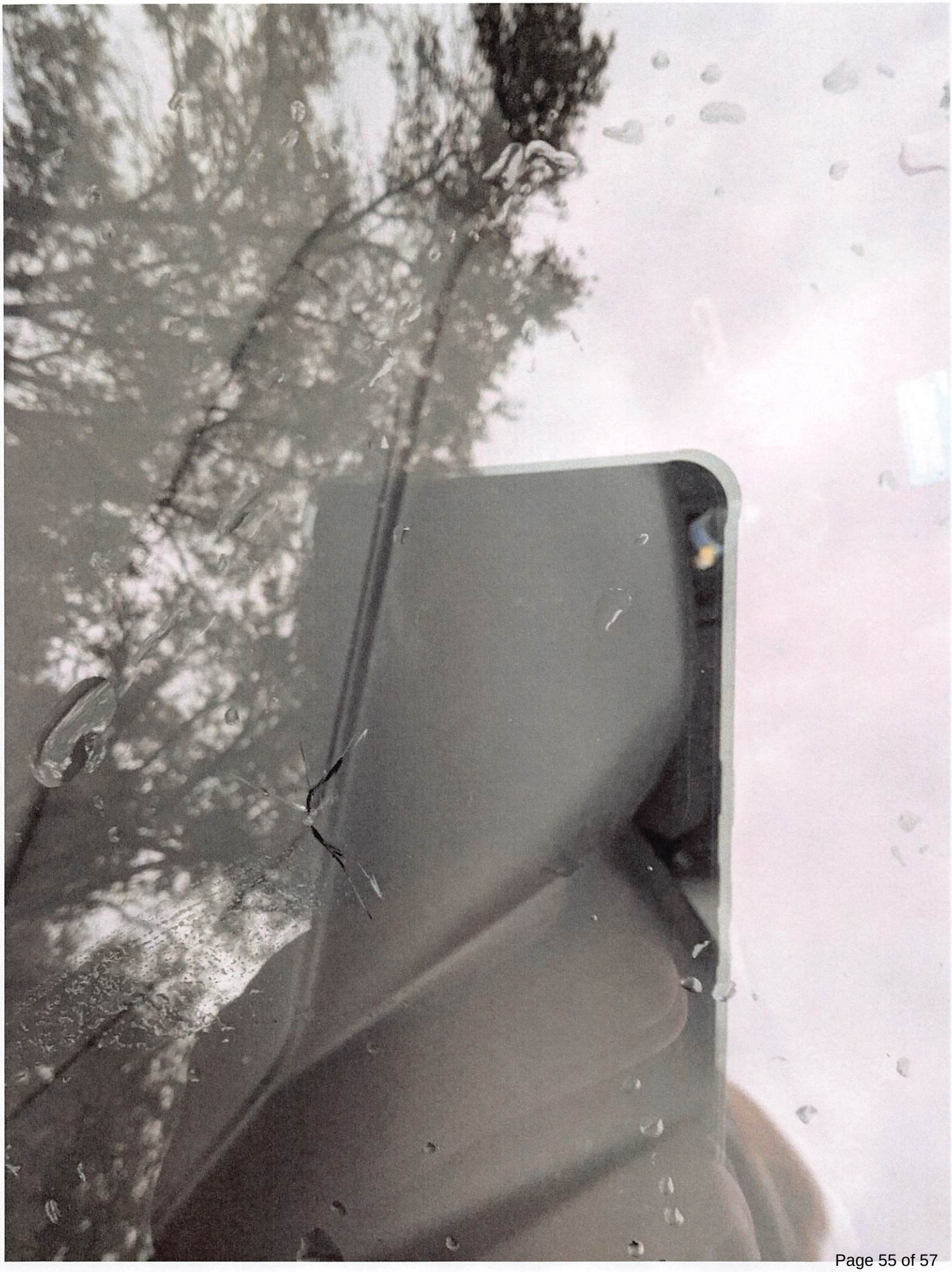
Give feedback

Deductible	$100.00
Total	**$100.00**

Farmers Insurance

Have a promo code?

Save time by entering your payment details today. We won't charge you until your service is complete.



VILLAGE OF GERMANTOWN
WASHINGTON COUNTY

RESOLUTION NO. XX-2023

A RESOLUTION DISALLOWING THE CLAIM OF JACQUELINE FORMANEK FOR VEHICLE DAMAGE

WHEREAS, Jacqueline Formanek filed a claim for damage to her vehicle allegedly cause by a rock hitting her windshield on August 12, 2023

WHEREAS, the claim was forwarded on to the Village's attorney, who has reviewed the claim and recommended that the Village disallow the claim.

NOW, THEREFORE, BE IT RESOLVED by the Village Board of the Village of Germantown, Wisconsin, that the claim of Jacqueline Formanek described above is hereby disallowed as that term is used in Wis. Stat. § 893.80.

BE IT FURTHER RESOLVED that the Village Clerk's office is directed, pursuant Wis. Stat. § 893.80(1g), to provide Jacqueline Formanek with written notice of disallowance.

Adopted: September 6, 2023

Vote: Ayes:_____ Nays:_____

_____
Dean M. Wolter, Village President

ATTEST:

_____
Donna Cox, Village Clerk