



**AGENDA
BELOIT CITY COUNCIL
100 State Street, Beloit WI 53511
City Hall Forum – 7:00 p.m.
Monday, July 18, 2016**

1. CALL TO ORDER AND ROLL CALL
2. PLEDGE OF ALLEGIANCE
3. SPECIAL ORDERS OF THE DAY/ANNOUNCEMENTS
 - a. Proclamation declaring August 2 as National Night Out (Zibolski)
4. PUBLIC HEARINGS
 - a. Public Hearing and Resolution Modifying the Use of the Community Housing Development Organization (CHDO) Funds under the 2014 and 2015 Home Program (Christensen)
5. CITIZEN PARTICIPATION
6. CONSENT AGENDA

All items listed under the Consent Agenda are considered routine and will be enacted by one motion. There will be no separate discussion of these items unless a Council member so requests, in which event the item will be removed from the General Order of Business and considered at this point on the agenda.

- a. Resolution approving a new Class “A” Beer and “Class A” Liquor (Cider only) License for Shopko Stores Operating Company, LLC, d/b/a Shopko, located at 2761 Prairie Avenue, Ben Broge, Agent (Stottler) ABLCC recommendation for approval 7-0
- b. Resolution approving a new Class “B” Beer and “Class C” Wine License for Victoria Rose LLC, d/b/a Victoria Rose, located at 946 Wisconsin Avenue, Francisco Amador, Agent (Stottler) ABLCC recommendation for approval 7-0
- c. Resolution approving a new Class “B” Beer and “Class C” Wine License for Royal Enterprizes LLC, d/b/a Ole Louisiana Cajun Café & Catering Co., located at 315 State Street, James H. Bennett Jr. Agent (Stottler) ABLCC recommendation for approval 7-0
- d. Resolution approving Change of Agent for Fiesta Cancun Authentic Mexican Restaurant of Beloit WI, d/b/a Fiesta Cancun Mexican Restaurant, located at 2648 Prairie Avenue from Jose Cortes to Jennifer Dominguez (Stottler) ABLCC recommendation for approval 7-0
- e. Application for Land Acquisition – 106 Square Foot Strip located at 605 Eclipse Blvd from Hendricks Commercial Properties (HCP) to City- Adjacent to Beloit Public Library (Christensen) Refer to Plan Commission

- f. Application for a Zoning Map Amendment to change the zoning district classification from PLI, Public Lands & Institutions to District to R-1A, Single-Family Residential District for the easternmost 2 acres of the property located at 1601 Gateway Blvd (Christensen) Refer to Plan Commission
- g. Resolution approving Contract between the Wisconsin Department of Agriculture, Trade, and Consumer Protection and the City of Beloit for Underground and Above Ground Storage Tank Inspections (Liggett)
- h. Resolution authorizing Final Payment of Public Works Contract C16-05, Cracksealing and Sealcoating (Boysen)
- i. Application for a Conditional Use Permit to allow a change from one-nonconforming use to another in an R-1B, Single Family Residential District for property located at 816 Roosevelt Avenue (Christensen) Refer to Plan Commission

7. ORDINANCES

- a. Proposed Ordinance to amend section 18.02(4)(a) of the Code of General Ordinances of the City of Beloit pertaining to animals in parks (Krueger/Zibolski) First Reading, suspend rules for Second Reading

8. APPOINTMENTS

The individuals named below have been nominated for a seat on a city board, committee or commission. Each nomination is subject to confirmation by the City Council. Approval of appointments will be accomplished by one motion unless a council member requests to take up a nomination separately, in which event the nomination will be removed from the General Order of Business and considered at this point on the agenda

- a. Board of Appeals

Willis Zick (replacing Gregory Gaul) to a term ending May 31, 2018

John Peterson (replacing Willis Zick) as 1st Alternate term ending May 31, 2017

9. COUNCILOR ACTIVITIES AND UPCOMING EVENTS

10. CITY MANAGER'S PRESENTATION

11. REPORTS FROM BOARDS AND CITY OFFICERS

- a. Resolution approving 2017 Community Development Block Grant (CDBG) Local Funding Priorities (Christensen)

12. ADJOURNMENT

** Please note that, upon reasonable notice, at least 24 hours in advance, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information to request this service, please contact the City Clerk's Office at 364-6680, 100 State Street, Beloit, WI 53511.

Dated: July 13, 2016
Lorena Rae Stottler
City of Beloit City Clerk
www.beloitwi.gov

You can watch this meeting live on Charter PEG digital channel 992. Meetings are rebroadcast during the week of the Council meeting on Tuesday at 1:00 p.m.; Thursday at 8:30 a.m.; and Friday at 1:00 p.m.

WHEREAS, The National Association of Town Watch (NATW) is sponsoring a unique nationwide crime prevention and community safety program on August 2, 2016 entitled "National Night Out," and

WHEREAS, the "33rd Annual National Night Out" provides a unique opportunity for the City of Beloit to join forces with thousands of other communities across the country in promoting community policing and crime prevention efforts; and

WHEREAS, the Beloit Police Department, Beloit Area Crime Stoppers and the Beloit Fire Department play a vital role in collaborating with our community to reduce crime, fear, and disorder and increase crime prevention efforts in Beloit, Wisconsin and are supporting "National Night Out" locally; and

WHEREAS, it is essential that all citizens of Beloit be aware of the importance of crime prevention and community policing programs and the impact that their participation can have on reducing crime, fear, and disorder in Beloit; and

WHEREAS, police-community partnerships, neighborhood safety, awareness and cooperation are important themes of the "National Night Out" program; and

WHEREAS, the City of Beloit has been chosen to host the countywide "National Night Out" event with the Rock County Sheriff's Office to further promote both law enforcement and community partnerships.

NOW, THEREFORE, THE CITY COUNCIL PRESIDENT OF THE CITY OF БЕЛОIT does hereby proclaim Tuesday, August 2, 2016 as "**NATIONAL NIGHT OUT**" in Beloit, and encourages residents to acknowledge the event with their neighbors by attending the countywide event at Riverside Park, hosting block parties, cookouts, youth programs and other such activities that strengthen and promote neighborhood spirit and police-community partnerships.

Presented this 18th day of July, 2016.

David F. Luebke President
Beloit City Council

ATTEST:

Lorena Rae Stottler, City Clerk

RESOLUTION MODIFYING THE USE OF THE COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) FUNDS UNDER THE 2014 AND 2015 HOME PROGRAM

WHEREAS, the Rock County HOME Consortium has been awarded \$71,981.55 in 2014 HOME Investment Partnership (HOME) funds and \$65,238.60 in 2015 HOME Funds to be allocated to Community Housing Development Organization (CHDO) projects, and

WHEREAS, the 2014 and 2015 CHDO funds are required to be expended on development activities in the City of Beloit, and

WHEREAS, the CHDO dollars were allocated to purchase-rehabilitation activities when they were budgeted for the 2014 and 2015 program years, and

WHEREAS, we have identified a need to construct infill residential construction on a vacant lot already owned by the Community Development Authority, and

WHEREAS, infill residential development is consistent with the City's Consolidated Plan and the Consortium's Consolidated Plan.

NOW THEREFORE BE IT RESOLVED, that the Community Development Authority recommends that the City Council change the use of the 2014 and 2015 CHDO funds from Acquisition-Rehabilitation to New Construction.

Adopted this 18th day of July, 2016.

City Council of the City of Beloit

David F. Luebke, President

ATTEST:

Lorena Rae Stottler, City Clerk

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Resolution Modifying the Use of the Community Housing Development Organization (CHDO) Funds under the 2014 and 2015 HOME Program

Date: July 18, 2016

Presenter: Julie Christensen

Department: Community Development

Overview/Background Information:

In July 2001, the City Council approved an intergovernmental agreement with Rock County and Janesville regarding the Rock County HOME Consortium. This agreement created the Consortium and made us eligible to receive an annual allocation of HOME dollars. According to HOME Investment Partnership Program guidelines, 15 percent must be allocated to a Community Housing Development Organization (CHDO). In the HOME Consortium agreement, it was determined that this 15 percent would be allocated to a CHDO in Beloit. The dedication of CHDO dollars only to projects in the City of Beloit will end with the 2016 dollars.

Key Issues (maximum of 5):

1. For the 2014 program year, \$71,981.55 is available for CHDO activities, and for the 2015 program year, \$65,238.60 is available. The 2014 CHDO funds are required to be committed to a specific project by July 31, 2016, and the 2015 funds have a commitment date of 2017. For the 2014 and 2015 program years, the City Council approved allocating the CHDO funds to Acquisition-Rehabilitation Projects. However, since that time, we have determined that there is a need to construct infill residential construction in the Near Westside (Hackett) Neighborhood. Last year, the Community Development Authority (CDA) purchased 340 Highland with the intention of constructing a new single family house on the property. We are recommending using the 2014 and 2015 CHDO funds for the construction of a house on this lot.
 2. At this time, there are three eligible CHDOs in Rock County: Community Action, NeighborWorks Blackhawk Region (NHS), and the Wisconsin Partnership for Housing Development (WPHD). Community Action is currently in the process of rehabbing two houses in the Merrill Neighborhood, NeighborWorks is in the process of rehabbing three houses in the Near Westside (Hackett) Neighborhood. Therefore, we are recommending a partnership with WPHD for the use of these funds. The CDA has already approved the sale of the lot located at 340 Highland Avenue to the WPHD.
 3. This vacant lot is located in our new Westside target area which includes the 300-500 blocks of Kenwood, Vernon, Highland, and Euclid. The attached map shows the subject property and the Westside target area. NeighborWorks Blackhawk Region is currently rehabbing 354 Highland Avenue and owns the vacant lot (348 Highland) between 354 Highland Avenue and 340 Highland. This plan includes splitting this lot located at 348 Highland in half and attaching the west half of the lot to 354 Highland Avenue and east half of the lot to 340 Highland. This would help with density-reduction in the Westside target area, which has been a long-term goal of the neighborhood. The proposed house design is attached. Our goal is to have a house constructed that would fit in the neighborhood.
 4. The Community Development Authority reviewed the modification in the use of CHDO funds at its last meeting. They voted 5-1 to recommend approval of this change. One Commissioner (Manuel Casares) was opposed to New Construction due to density issues and concerns that the house would not fit in the neighborhood.
-

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.):

Approval of this project would conform with Goal #5's stated purpose of applying sound, sustainable practices to promote a high quality community through historic preservation, community revitalization and new development.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- Reduce dependence upon fossil fuels N/A
 - Reduce dependence on chemicals and other manufacturing substances that accumulate in nature N/A
 - Reduce dependence on activities that harm life sustaining eco-systems N/A
- Meet the hierarchy of present and future human needs fairly and efficiently Authorizing the use of the CHDO funds for new construction would add a new affordable house to the neighborhood and would increase the City's tax base.

If any of the four criteria are not applicable to your specific policy or program, an N/A should be entered in that space

Action required/Recommendation:

Recommendation to Council to approve resolution modifying the use of the CHDO funds from acquisition-rehabilitation to new construction.

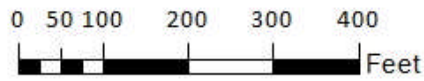
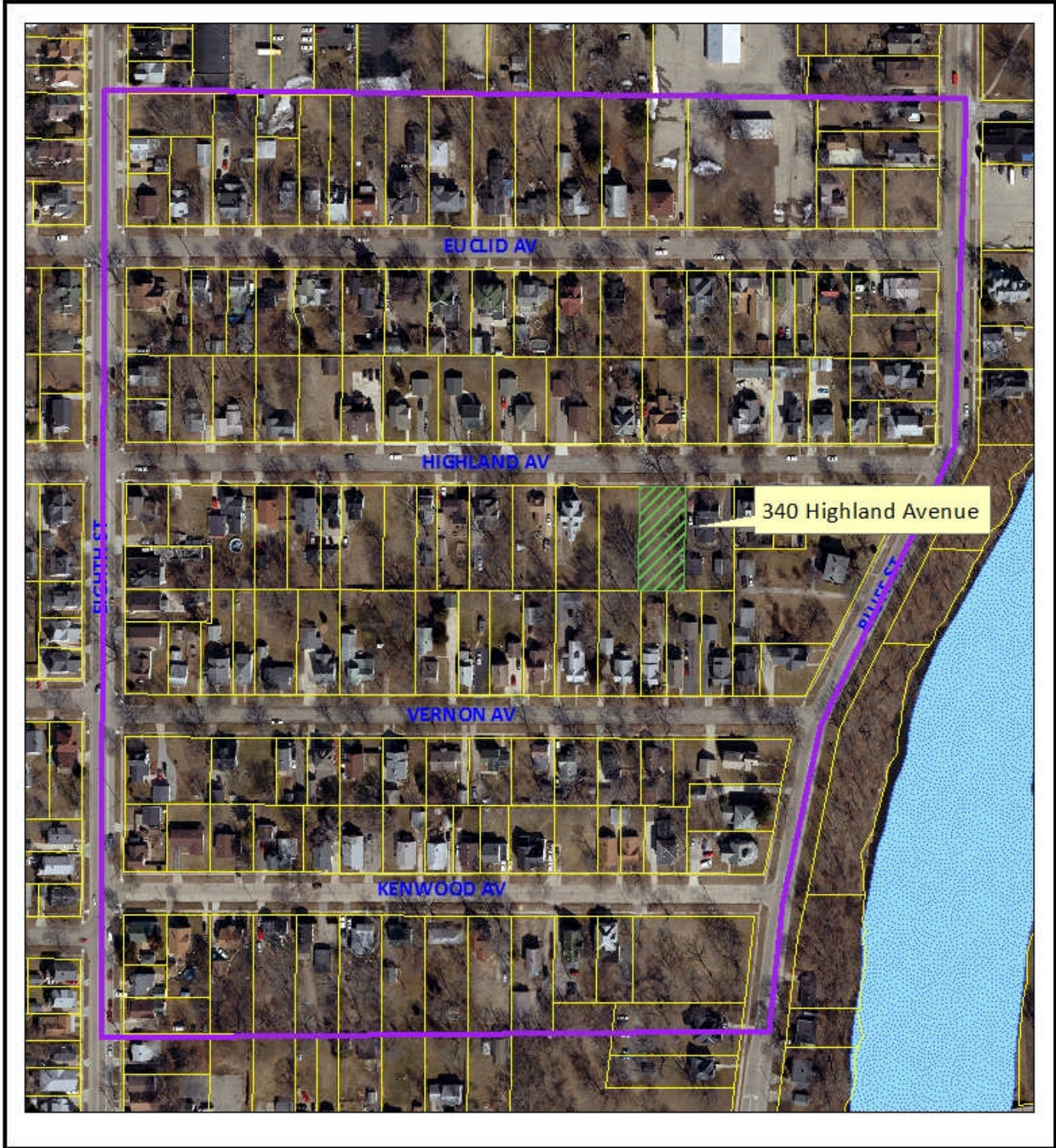
Fiscal Note/Budget Impact:

2014 CHDO funds are required to be committed by July 31, 2016. 2015 CHDO funds are required to be committed by 2017. There is no local match required by the City of Beloit for this project. The remaining funds necessary to complete this project will be provided by WPHD.

Attachments:

Location Map, Elevation and Floor Plan of Proposed House and Resolution

Westside Target Area - 340 Highland Avenue



Map prepared by: Julie Christensen
Date: June 2016
For: Community Development Dept.
Date of Aerial Photography: March 2011

**RESOLUTION APPROVING A CLASS “A” BEER
AND “CLASS A” LIQUOR (CIDER ONLY) LICENSE FOR
SHOPKO STORES OPERATING CO., LLC, D/B/A SHOPKO #26**

WHEREAS, an application has been received for a Class “A Beer and “Class A” Liquor License (Cider only) from Shopko Stores Operating Co., LLC, d/b/a Shopko #26, Ben Broge, Agent for property located at 2761 Prairie Avenue, Beloit, Wisconsin; and

WHEREAS, the Alcohol Beverage License Control Committee recommended approval of this Class “A” Beer and “Class A” Liquor License (Cider only) for the remainder of the 2016-2017 License year.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Beloit does hereby approve a Class “A” Beer and “Class A” Liquor (Cider only) License for Shopko Stores Operating Co., LLC, d/b/a Shopko #26, Ben Broge, Agent for the property located at 2761 Prairie Avenue, Beloit, Wisconsin.

Dated this 18th day of July 2016.

David F. Luebke, City Council President

ATTEST:

Lorena Rae Stottler, City Clerk



CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Application for a new Class "A" Beer and "Class A" Liquor CIDER ONLY License for Shopko Stores Operating Co., LLC (d/b/a Shopko #26) located at 2761 Prairie Avenue, Ben Broge, Agent, for the license period July 1, 2016 to June 30, 2017.

Date: July 5, 2016 Council Referral; July 12, 2016 ABLCC Review & Recommendation; July 18, 2016 City Council Decision

Presenter(s): Lorena Rae Stottler

Department: City Clerk

Overview/Background Information:

In a letter dated May 31, 2016 Shopko Stores Operating co., LLC submitted its new application for a Class "A" Beer and "Class A" Liquor License CIDER ONLY for the license period July 1, 2016 to June 30, 2016.

Key Issues (maximum of 5):

1. Shopko Stores Operating Co., LLC (d/b/a Shopko #26), located at 2761 Prairie Avenue has completed the necessary paperwork with the WI DOR and has supplied my office with a complete application for the referral and consideration by the ABLCC and the City Council.
2. The ABLCC reviewed this application at their July 12th meeting and recommended approval 7-0.
3. The City Council will take action on the recommendation of the ABLCC at their July 18, 2016 for regular meeting.
4. Should the council vote in favor of the issuing of this license, the clerk will execute proper requests for inspections prior to issuing license.

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.): Taking action regarding this license conforms to the City's Strategic Plan by encouraging economic development in the entrepreneurial community while applying sound, sustainable practices to promote high quality development.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- Reduce dependence upon fossil fuels – N/A
- Reduce dependence on chemicals and other manufacturing substances that accumulate in nature – N/A
- Reduce dependence on activities that harm life sustaining eco-systems – N/A
- Meet the hierarchy of present and future human needs fairly and efficiently – N/A

Action required/Recommendation: Staff recommends that the City Council accept the recommendation of the ABLCC.

Fiscal Note/Budget Impact: Action on this item does not have a significant impact on the City's budget.

Attachments: Original Alcohol Beverage Retail License Application, Schedule of Appointment of Agent,.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 16 ;
ending JUNE 30 20 17

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

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): SHOPKO STORES OPERATING CO., LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>SEE ATTACHED EXHIBIT A</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>BEN BROGE - STORE MANAGER</u>		
Directors/Managers	<u>AGENT - STORE MANAGER</u>		

3. Trade Name SHOPKO #26 Business Phone Number 608-365-5502

4. Address of Premises 2761 PRAIRIE AVENUE Post Office & Zip Code BELOIT, WI 53511

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state DELAWARE and date 10/11/05 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE STORY, APPROX 93,845 SQ FEET

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

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? _____

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of March, 20 16

Assoc Walsh
(Clerk/Notary Public)

My commission expires 8-24-18

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

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

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

TO BE COMPLETED BY CLERK

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

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of Beloit, WI County of Rock
 City

The undersigned duly authorized officer(s)/members/managers of Shopko Stores Operating Co., 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 Shopko Stores Operating Co., LLC
(trade name)

located at 2761 Prairie Ave

appoints Benjamin Broge
(name of appointed agent)
304 Quigley St., Edgerton, WI 53534
(home address of appointed agent)

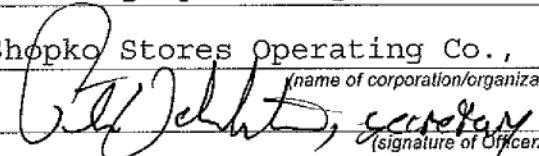
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability 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? 40 years

Place of residence last year 304 Quigley ST, Edgerton WI, 53534

For: Shopko Stores Operating Co., LLC
(name of corporation/organization/limited liability company)

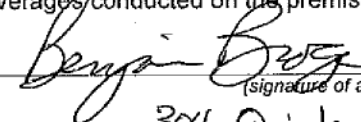
By: 
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Benjamin Broge, hereby accept this appointment as agent for the
(print/typo 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.

 5/26/16 Agent's age _____
(signature of agent) (date)
304 Quigley St, Edgerton, WI 53534 Date of birth _____
(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)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	Social Security Number	
Broge		Benjamin	Clifford		
Home Address (street/route)		Post Office	City	State	Zip Code
304 Quigley St.			Edgerton	WI	53534
Home Phone Number		Age	Date of Birth	Place of Birth	
6082144575				Monroe, 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.
- Agent - Store Manager** of **Shopko Stores Operating Co., LLC**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 40 years
- 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.)
- 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.
- 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. See Attached Listing
(Name, Location and Type of License/Permit)
- 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 license, 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)

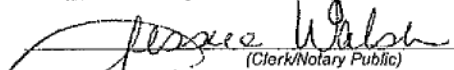
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Klinke Cleaners	Madison, WI	06/01/2001	09/01/2003
Employer's Name	Employer's Address	Employed From	To
Shopko Stores, LLC	2761 Prairie Ave	10/08/2003	Present

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 27 day of May, 2016


(Clerk/Notary Public)

My commission expires 8-24-18


(Signature of Named Individual)



Printed on Recycled Paper



SUPPLEMENTAL QUESTIONNAIRE FOR AGENTS

You are required to provide the following information to the City of Beloit to assist in determining whether you meet the qualifications necessary to act as agent for the corporation or limited liability company that has submitted your appointment as agent. (Wis. Stats. 125.04(5) and (6)).

Please attach as many sheets as necessary to provide your answers to the questions below. Your notarized signature is required on the next page and constitutes your sworn statement that the information provided by you is truthful and accurate. It is also necessary that you have a corporate officer sign the second page and have that signature notarized also. The signing and notarization by the corporate officer constitutes a representation to the city that the corporation is requesting that the city rely on the information provided by the agent, which you attach.

QUESTIONS

1. The law requires that the entity appointing you as agent vest in you, by properly authorized and executed written delegation, full authority and control of the premises described in the license or permit of the entity, and of the conduct of all business on the premises relative to alcohol beverages, that the license or permittee could have and exercise if it were a natural person. Please state in your own words how you intend to fulfill those duties and exercise your authority.
2. Please describe any previous experience you have had in retail alcohol sales.
3. Please state how many other people will be under your supervision and engaged in alcohol beverage business.
4. Please describe what type of training you will offer to those under your supervision, describe whether the training will be ongoing, and attach any written training materials or policy manuals you intend to rely on.
5. Please describe in detail what training, policy, and procedures you intend to implement to ensure against underage sales.
6. Please describe what other employees will hold licenses to directly dispense alcohol.
7. Please describe whether you are going to be a full time employee and further state whether you either act as an alcohol agent for any other business or hold any other employment.

8. Please state your intended hours or schedule of being physically present at the licensed premises. Your intended hours should be set on a daily, weekly, or monthly basis as appropriate.
9. Please state whether you understand that you can be personally given citations by the police department for such things as underage sales, open after hours, or other alcohol related violations even when you are not on the premises.
10. Please describe any alcohol related violations you have been charged with in the last five (5) years. Provide the date of the offense, the nature of the charge, and the disposition of the matter. If there are none, so state.
11. Please provide any other information you believe that the City of Beloit should be aware of in deciding whether you satisfactorily qualify to be an alcohol beverage agent.

Benjamin Broge
Agent Signature

Benjamin Broge
Print Agent Name

Subscribed and sworn to be this 27 day of May, 2016.

Tracie Weber
Notary Public 8-24-18
My Commission Expires: Brown County

Peter Vandenhouten, secretary
Corporate Officer Signature
(Designate Office)

Peter Vandenhouten
Print Corporate Officer Name

Subscribed and sworn to be this 27 day of May, 2016.

Tracie Weber
Notary Public Brown County
My Commission Expires: 8-24-18

Walske, Jessica

From: Store Manager 026 Beloit, WI
Sent: Friday, May 27, 2016 3:30 PM
To: Walske, Jessica
Subject: Supplemental Questionnaire Answers
Attachments: BWL_Sales_Manual.pdf

Jessica,

Here are the answers to the questions. I hope my answers are sufficient. Question #4 asks to attach any written materials such as manuals so I attached the Beer, Wine and Liquor Manual.

1. I plan to exercise the rules and regulations set forth by my company and the state of Wisconsin. I will follow up on all alcohol related training to ensure anyone selling alcohol at my store is fully trained and licensed. I will follow up and take action against any employees that do not follow the policies and regulations of this company and the state of Wisconsin. I will ensure all alcoholic beverages are received and stored properly prior to being sold.

2. I worked as a gas station attendant at a gas station that sold alcohol from 1998-1999 in Eagle WI.

3. 60

4. We have Web base training courses. All Main Store Teammates (including Managers and Supervisors) must complete the My Training course entitled *Beer, Wine, Liquor Sales Training for Teammates*.

5. Ensure a Manager or Key Carrier with a valid operator's license is in the immediate vicinity of underage cashiers. Ensure the managing agent or at least one licensed operator, responsible for all persons selling Beer, Wine, and Liquor, is scheduled to be at the store during the Beer, Wine, and Liquor sales hours and during all hours that the store might receive deliveries of beer, wine, or liquor. Ensure no beer, wine, or liquor is sold during non-sales days or hours. Cashiers who meet state/local requirements for selling beer, wine, or liquor must adhere to the following procedures:

A. If the customer appears to be under age 30, ask for the customer's identification prior to scanning any of the beer, wine, or liquor.

B. After confirming the customer is 21 years old or older, scan the merchandise.

C. If a customer does not have a valid ID, politely inform the customer that he or she **must** present legal identification in order to purchase any beer, wine, or liquor. Call a Manager for customer assistance if needed.

6. All employees age 19 and older will hold licenses to dispense alcohol.

7. Yes, I am a full time employee. No i am not an alcohol agent for any other business. I do not hold any other employment

8. I am present at the store for 50 hours per week.

9. I understand.

10. I have not had any alcohol related violations.

11. I will follow the policies set forth by my company, and alcohol related laws of Wisconsin to the best of my abilities.

Thanks

Ben Broge
Store Manager 026
Shopko Stores, LLC
P:608-365-5502
F:608-365-2023

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MCMAHON		PETER		K	
Home Address (street/route)		Post Office	City	State	Zip Code
2455 MARINA CIRCLE, UNIT 1			GREEN BAY	WI	54303
Home Phone Number		Age	Date of Birth	Place of Birth	
940-204-9633				MERSEYSIDE	

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.
- CHIEF EXECUTIVE OFFICER** of **SHOPKO STORES OPERATING CO., LLC**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 1 Year
- 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.)
- 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.
- 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. SEE ATTACHED EXHIBIT
(Name, Location and Type of License/Permit)
- 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)

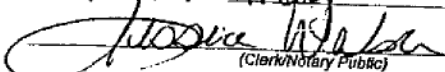
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SHOPKO STORES	GREEN BAY, WI 54307	11/25/2013	
Loblaw Companies Ltd.	ONTARIO, CANADA	02/14/2006	11/22/2013

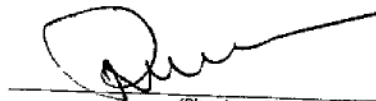
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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.

Subscribed and sworn to before me

this 1 day of May, 20 15


(Clerk/Notary Public)

My commission expires 8-24-18


(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
VANDENHOUTEN		PETER		G	
Home Address (street/route)		Post Office	City	State	Zip Code
121 ROSELAWN BLVD			GREEN BAY	WI	54301
Home Phone Number		Age	Date of Birth	Place of Birth	
920.338.8104				GREEN BAY, 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.
- SVP - GEN COUNSEL, SECRETAR** of **SHOPKO STORES OPERATING CO., LLC**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 20+ YRS
- 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.)
Convicted of OWI, 8/2011 in Allouez, WI Municipal Court
- 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.
- 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. SEE ATTACHED EXHIBIT
(Name, Location and Type of License/Permit)
- 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)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SHOPKO STORES	GREEN BAY, WI	07/01/1999	

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 1 day of May, 20 15

Jessie Weber
(Clerk/Notary Public)

My commission expires 8-24-18

[Signature]
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STEINHORST		RUSSELL		L	
Home Address (street/route)		Post Office	City	State	Zip Code
408 E SONGBIRD LANE			APPLETON	WI	54913
Home Phone Number		Age	Date of Birth	Place of Birth	
920.257.4231				BEAVER DAM, 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.
- SVP-CHIEF FINANCIAL OFFICER** of **SHOPKO STORES OPERATING CO., LLC**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 5+ YRS
- 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.)
- 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.
- 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. SEE ATTACHED EXHIBIT
(Name, Location and Type of License/Permit)
- 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
SHOPKO STORES	GREEN BAY, WI	2009	Current
Employer's Name	Employer's Address	Employed From	To
HUDSON-SHARP	GREEN BAY, WI	2006	2009

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 5th day of March, 20 14

Jessica M. Walden
(Clerk/Notary Public)

My commission expires 8-24-2014

[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DE PAUL		JAMES		M	
Home Address (street/route)		Post Office	City	State	Zip Code
501 KADINGER WAY			LITTLE CHUTE	WI	54140
Home Phone Number		Age	Date of Birth	Place of Birth	
920.788.3852				MIAMI, FL	

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.
- SVP - STORE OPERATIONS** of **SHOPKO STORES OPERATING CO., LLC**
(Officer/Director/Member/Manager/Agent) (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:

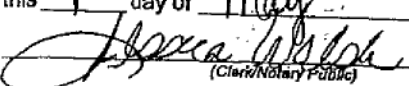
1. How long have you continuously resided in Wisconsin prior to this date? 11+ YRS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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. SEE ATTACHED EXHIBIT
(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)

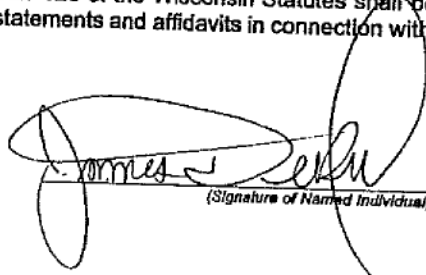
6. Named individual must list in chronological order last two employers.

(Address By City and County)

Employer's Name	Employer's Address	Employed From	To
SHOPKO STORES	GREEN BAY, WI		
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me
 this 1 day of May, 20 15

(Clerk/Notary Public)
 My commission expires 8-24-18


(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GIBSON		GARY		LEE	
Home Address (street/route)	Post Office	City	State	Zip Code	
1721 W CRUSADE LANE		GREEN BAY	WI	54313	
Home Phone Number	Age	Date of Birth	Place of Birth		
920.497.4947			BLUFFTON, IN		

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.
- VP - TREASURER** of **SHOPKO STORES OPERATING CO., LLC**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 10+ YRS
- 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.)
- 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.
- 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. SEE ATTACHED EXHIBIT
(Name, Location and Type of License/Permit)
- 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)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SHOPKO STORES	GREEN BAY, WI	5-Sept 2002	present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 9th day of April, 2014

Lois M. Walker
(Clark/Notary Public)
 My commission expires 8-24-14

[Signature]
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BRESNEHAN		WILLIAM		SCOTT	
Home Address (street/route)		Post Office	City	State	Zip Code
2240 ONTARIO ROAD			GREEN BAY	WI	54311
Home Phone Number			Age	Date of Birth	Place of Birth
920-465-6020					FOND DU LAC, 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.
- SVP - SHOPKO STORES** of **SHOPKO STORES OPERATING CO., LLC**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 20+ YRS
- 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.)
- 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.
- 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. SEE ATTACHED EXHIBIT
(Name, Location and Type of License/Permit)
- 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
SHOPKO STORES	GREEN BAY, WI	1994	Current
Employer's Name	Employer's Address	Employed From	To
Kohl's	Menomonee Falls, WI	1992	1994

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 19 day of May, 2015

Jessie M. Weber
(Clerk/Notary Public)

William Scott Bura

(Signature of Named Individual)

My commission expires 8-24-18



Printed on
Recycled Paper

**RESOLUTION APPROVING A CLASS “B” BEER
AND “CLASS C” WINE LICENSE FOR
VICTORIA ROSE LLC, D/B/A VICTORIA ROSE**

WHEREAS, an application has been received for a Class “B” Beer and “Class C” Wine License from Victoria Rose LLC, d/b/a Victoria Rose, Francisco Amador, Agent for property located at 946 Wisconsin Avenue, Beloit, Wisconsin; and

WHEREAS, the Alcohol Beverage License Control Committee recommended approval of this Class “B” Beer and “Class C” Wine License for the remainder of the 2016-2017 license year.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Beloit does hereby approve a Class “B” Beer and “Class C” Wine License for Victoria Rose LLC, d/b/a Victoria Rose, Francisco Amador, Agent for the property located at 946 Wisconsin Avenue, Beloit, Wisconsin.

Dated this 18th day of July 2016.

David F. Luebke, City Council President

ATTEST:

Lorena Rae Stottler, City Clerk



CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Application of a new Class “B” Beer and “Class C” Wine license for Victoria Rose LLC (d/b/a Victoria Rose) located at 946 Wisconsin Avenue, Francisco Amador, Agent, for the license period July 1, 2016 to June 30, 2017.

Date: July 5, 2016 Council Referral; July 12, 2016 ABLCC Review & Recommendation; July 18, 2016 Council Decision

Presenter(s): Lorena Rae Stottler

Department: City Clerk

Overview/Background Information:

Francisco Amador, the President and agent for Victoria Rose, LLC is applying for the license year July 1, 2016 through June 30, 2016.

Key Issues (maximum of 5):

1. This business was formerly operated by individual Jesus Garcia as Restaurant La Fuente, located at 946 Wisconsin Avenue, in the City of Beloit. Mr. Garcia did not reapply for a liquor license by the deadline and has since transferred the business to Mr. Amador.
2. Due to the change of ownership and fact that Mr. Garcia did NOT apply to renew his license, this is considered a new application of a Class “B” Beer and “Class C” Wine license and Mr. Amador has been provided the DOR Pub 302 and other documentation on applying for a liquor license and understanding the responsibility that comes with the application.
3. Mr. Amador has completed the necessary paperwork with the WI DOR and has supplied my office with a complete application for the referral and consideration by the ABLCC and the City Council.
4. The ABLCC reviewed this application at their July 12th meeting and recommended approval 7-0.
5. The City Council will take action on the recommendation of the ABLCC at their July 18, 2016 for regular meeting.
6. Should the council vote in favor of the issuing of this license, the clerk will execute proper requests for inspections prior to issuing license.

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City’s mission.): Taking action regarding this license conforms to the City’s Strategic Plan by encouraging economic development in the entrepreneurial community while applying sound, sustainable practices to promote high quality development.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.): N/A

Action required/Recommendation: Staff recommends that the City Council accept the recommendation of the ABLCC.

Fiscal Note/Budget Impact: Action on this item does not have a significant impact on the City’s budget.

Attachments: Renewal Alcohol Beverage License Application

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

81-2965535

Submit to municipal clerk.

For the license period beginning July 1 20 16 ;
ending June 30 20 17

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

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

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

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

2. Name (Individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Victoria Rose LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Francisco Amador</u>	<u>2002 McKinley ave</u>	<u>53511</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Francisco Amador</u>	<u>2002 McKinley ave</u>	<u>(608)371-3187</u>
Directors/Managers			

3. Trade Name Victoria Rose Business Phone Number _____
4. Address of Premises 946 Wisconsin ave Beloit Post Office & Zip Code 53511

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

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) main floor, kitchen, basement storage
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Jesus Garcia
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23 day of June, 20 16
Margaret A. Hatt
(Clerk/Notary Public)

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

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

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

My commission expires 8-23-2016

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-23-16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Beloit County of Rock

The undersigned duly authorized officer(s)/members/managers of Victoria Rose 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 Victoria Rose
(trade name)

located at 946 Wisconsin ave Beloit WI 53511

appoints Francisco Amador
(name of appointed agent)

2002 McKinley ave Beloit WI 53511
(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? 12 years

Place of residence last year 2002 McKinley ave Beloit WI 53511

For: Victoria Rose LLC
(name of corporation/organization/limited liability company)

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

And: N/A
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

Francisco Amador, 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]
(signature of agent)

6-23-16
(date)

Agent's age _____

2002 McKinley ave Beloit WI 53511
(home address of agent)

Date of birth _____

**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)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Amador		Francisco			
Home Address (street/route)		Post Office	City	State	Zip Code
2002 Mckinley ave			Beloit	WI	53511
Home Phone Number		Age	Date of Birth	Place of Birth	
(608) 371-3187				Mexico	

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.
- Francisca Amador of Victoria Rose LLC
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 12 years
- 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.)
- 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.
- 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)
- 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
<u>El Durango Transport</u>	<u>12436 Beloit-Newark Rd</u>	<u>2004</u>	<u>2008</u>
Employer's Name	Employer's Address	Employed From	To
<u>Andrews Enterprises</u>	<u>Arlington Heights IL</u>	<u>1995</u>	<u>2003</u>

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me
 this 23 day of June, 20 16
[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 8-23-2019



SUPPLEMENTAL QUESTIONNAIRE
FOR AGENTS

You are required to provide the following information to the City of Beloit to assist determining whether you meet the qualifications necessary to act as agent for the corporation or limited liability company that has submitted your appointment as agent. (Wis. Stats. 125.04(5) and (6)).

Please attach as many sheets as necessary to provide your answers to the questions below. Your notarized signature is required on the next page and constitutes your sworn statement that the information provided by you is truthful and accurate. It is also necessary that you have a corporate officer sign the second page and have that signature notarized also. The signing and notarization by the corporate officer constitutes a representation to the city that the corporation is requesting that the city rely on the information provided by the agent, which you attach.

QUESTIONS

1. The law requires that the entity appointing you as agent vest in you, by properly authorized and executed written delegation, full authority and control of the premises described in the license or permit of the entity, and of the conduct of all business on the premises relative to alcohol beverages, that the licensee or permittee could have and exercise if it were a natural person. Please state in your own words how you intend to fulfill those duties and exercise your authority. *see attached*

2. Please describe any previous experience you have had in retail alcohol sales. *Im new to this area but will do my best to study + understand law.*

3. Please state how many other people will be under your supervision and engaged in alcohol beverage business. *514*

4. Please describe what type of training you will offer to those under your supervision, describe whether the training will be ongoing and attach any written training materials or policy manuals you intend to rely on. *see attached*

5. Please describe in detail what training, policy and procedures you intend to implement to ensure against underage sales. *all employees will take the responsible server course in order to serve beer/wine*

6. Please describe what other employees will hold licenses to directly dispense alcohol. *my wife margarita Amador + I will hold responsibility for oversight of all servers*

7. Please describe whether you are going to be a full time employee and further state whether you either act as an alcohol agent for any other business or hold any other employment. *see attached*

*store hours now:
9am-8pm*

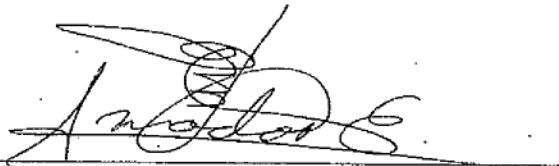
*future
6am-8pm Sun-Thurs
6am-2am Fri-Sat*

8. Please state your intended hours or schedule of being physically present at the licensed premises. Your intended hours should be set out on a daily, weekly or monthly basis as appropriate. *See attached*

9. Please state whether you understand that you can be personally given citations by the police department for such things as underage sales, open after hours or other alcohol related violations even when you are not on the premises. *see attached*

10. Please describe any alcohol related violations you have been charged with in the last five (5) years. Provide the date of the offense, the nature of the charge and the disposition of the matter. If there are none, so state. *None*

11. Please provide any other information you believe that the City of Beloit should be aware of in deciding whether you satisfactorily qualify to be an alcohol beverage agent. *See attached*



Agent Signature

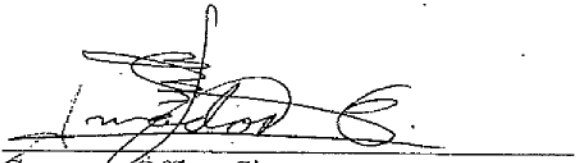
Francisco Amador
(Print Agent Name)

Subscribed and sworn to before me this 23 day of June, 2016.



Notary Public

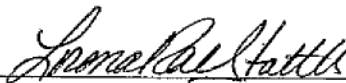
My commission: 8-23-2016



Corporate Officer Signature
(Designate Office)

(Print Corporate Officer Name)

Subscribed and sworn to before me this 23 day of June, 2016.



Notary Public

My commission: 8-23-2016

6-23-16

From: Victoria Rose LLC
To: city of Beloit.

#2 I'm Francisco Amador Owner/manager member of Victoria Rose LLC mexican restaurant. feel real excited to have the opportunity to bring to the public in what I think real ~~mexico~~ authentic mexican food. And one of the complements to this delicious dishes its the company of a real cold beer, wine cooler or table wine wich for some people will enrich its ~~taste~~ enjoyable taste. of course we will enforce under wisconsin law ~~that~~ and our responsibility that no one under ~~age~~ legal age will be served alcoholic beverage, for that we will require to see identification showing age and also we will have posted signs showing legal age to be served alcoholic beverage.

3#4 As of now 6 persons are and will be on constant ~~training~~ supervising and training having in mind that.

we ~~will~~ the right to ~~serve~~ refuse to serve alcoholic beverages to persons under age, already under the influence, ~~to~~ have to many, and/or inappropriate behavior, this training will be constant all the time for current employees and for new employees. And will gather important information up to date information from different sources like city of Beloit, Blackhawk college, and other entities.

7+8 Victoria Rose Mc its the only place I have for bussiness at the moment, My wife Margarita Amador will help in supervising and training personal as well, As of now my hours of work ~~exceed~~ excede 40 hrs per week and I intent to be present on the hours of mayor selling of beer specially weekends

9 I understand I'm responsible for all situations issued by the city of Beloit when selling beer on a

responsible manner.

11 I'm asking the city of Beloit the opportunity to run a full food service restaurant according to the rules and regulations that the city of Beloit have stipulated, and we will do all possible to have the proper ~~proper~~ knowledge to manage and served alcohol ~~in a~~ ~~safe~~ ~~and~~ ~~responsible~~ ~~manner~~

Thank you

Francisco Amador
Victoria Rose Ue

**RESOLUTION APPROVING A CLASS “B” BEER
AND “CLASS C” WINE LICENSE FOR
ROYAL ENTERPRIZES LLC, D/B/A OLE LOUISIANA CAJUN
CAFÉ & CATERING CO.**

WHEREAS, an application has been received for a Class “B” Beer and “Class C” Wine License from Royal Enterprizes LLC, d/b/a Ole Louisiana Cajun Café & Catering Co., James Bennett, Jr., Agent for the property located at 315 State Street, Beloit, Wisconsin; and

WHEREAS, the Alcohol Beverage License Control Committee recommended approval of this Class “B” Beer and “Class C” Wine License for the remainder of the 2016-2017 license year.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Beloit does hereby approve a Class “B” Beer and “Class C” Wine License for Royal Enterprizes LLC, d/b/a Ole Louisiana Cajun Café & Catering Co., James Bennett, Jr. Agent for the property located at 315 State Street, Beloit, Wisconsin.

Dated this 18th day of July 2016.

David F. Luebke, City Council President

ATTEST:

Lorena Rae Stottler, City Clerk



CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Application of a Class "B" Beer and "Class C" Wine license for Royal Enterprizes LLC (d/b/a Ole Louisiana Cajun Café & Catering Co.) located at 315 State Street, James Bennett, Jr., Agent, for the license period July 1, 2016 to June 30, 2017.

Date: July 5, 2016 Council Referral; July 12, 2016 ABLCC Review & Recommendation; July 18, 2016 Council Decision

Presenter(s): Lorena Rae Stottler

Department: City Clerk

Overview/Background Information:

James Bennett, Jr. the President and agent for Royal Enterprizes, LLC (d/b/a Ole Louisiana Cajun Café & Catering Co) is applying for a license for the license year July 1, 2016 through June 30, 2016.

Key Issues (maximum of 5):

1. Mr. Bennett has formerly applied and operated his business under the d/b/a Mama Lou's Shrimp & BBQ Smokehouse located at 315 State Street, in the City of Beloit, James Bennett, Jr., Agent.
2. Mr. Bennett applied on June 1 to renew his liquor license but did not attend the June 14th ABLCC meeting due to medical issues and in his absence, no action was taken on his application.
3. Mr. Bennett has decided to change his business structure so Mama Lou's Shrimp & BBQ Smokehouse will be his food truck business and he is bringing on Fredrick and Deborah Hobson as officers of the LLC and they will run the d/b/a Ole Louisiana Cajun Café & Catering Co. at the 315 State Street location. He has completed the necessary paperwork with the WI DOR and has supplied my office with a complete application for the referral and consideration by the ABLCC and the City Council.
4. The ABLCC reviewed this application at their July 12th meeting and recommended approval 7-0.
5. The City Council will take action on the recommendation of the ABLCC at their July 18, 2016 for regular meeting.
6. Should the council vote in favor of the issuing of this license, the clerk will execute proper requests for inspections prior to issuing license.

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.): Taking action regarding this license conforms to the City's Strategic Plan by encouraging economic development in the entrepreneurial community while applying sound, sustainable practices to promote high quality development.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.): N/A

Action required/Recommendation: Staff recommends that the City Council accept the recommendation of the ABLCC.

Fiscal Note/Budget Impact: Action on this item does not have a significant impact on the City's budget.

Attachments: Renewal Alcohol Beverage License Application

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 2016 20 June 30, 2017
 ending JUNE 30 20 17

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

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

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

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

2. Name (individuals/partners give last name, first middle; corporations/limited liability companies give registered name):

Royal Enterprises LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>JAMES BENNETT JR</u>	<u>410 PORTLAND AVE</u>	<u>53511</u>
Vice President/Member	<u>FREDERICK HOBSON</u>	<u>1111 BURTON ST NAPT</u>	<u>53511</u>
Secretary/Member	<u>DEBORAH A HOBSON</u>	<u>1111 BURTON ST NAPT</u>	<u>53511</u>
Treasurer/Member			
Agent	<u>JAMES BENNETT JR</u>	<u>410 PORTLAND AVE</u>	<u>53511</u>
Directors/Managers			

3. Trade Name OLE LOUISIANA CIGAR BAR & CAFE CO Business Phone Number 608 247 9421
 4. Address of Premises 315 State St Beloit WI 53511 Post Office & Zip Code 53511

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 6/2016 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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

10. Legal description (omit if street address is given above): SEE # 334 ABOVE

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? ROYAL ENTERPRISES DBA MAMA LARA SPRINGS BEER SMOKEHOUSE
 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of JUNE, 20 16

Jelen J Ahrens
 Clerk/Notary Public

My commission expires 10/12/19

James H Bennett Jr
 Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

Frederick Hobson
 Officer of Corporation/Member/Manager of Limited Liability Company/Partner

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-24-16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Paid 6/24/16

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Beloit County of Rock

The undersigned duly authorized officer(s)/members/managers of Royal Enterprises 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 OLE LOUISIANA Cajun Cafe & Catering Company
(trade name)

located at 315 State St - Beloit WI 53511-6236

appoints JAMES BENNETT JR
(name of appointed agent)
410 Portland Ave - Beloit, WI 53511
(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? 4 yrs

Place of residence last year 410 Portland Ave - Beloit, WI 53511

For: Royal Enterprises LLC
(name of corporation/organization/limited liability company)

By: James H Bennett Jr
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

James H Bennett Jr
(print/type agent's name), hereby accept this appointment as agent for the

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.

James H Bennett Jr 6-24-2016 Agent's age _____
(signature of agent) (date)
410 Portland Ave - Beloit, WI 53511 Date of birth _____
(home address of agent) DR LIC # _____

**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)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bennett Jr		James I		Henry	
Home Address (street/route)		Post Office	City	State	Zip Code
410 Foshard Ave			Beloit	WI	53511
Home Phone Number		Age	Date of Birth	Place of Birth	
608 473-9428				Louisville, Ky	

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.
 - President of ROYAL ENTERPRISES, LLC (dba) OLE LOUISIANA SAJUN CAFE & CATERING COMPANY
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 4 1/2 yrs
- 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.)
GREASE TRAP TICKET 2016
- 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.
- 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)
- 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
Universal Mortgages	Shamburg	87'	91'
Pharma Lea's Shamburg, WI	315 State St. Beloit	1997	2016

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 24th day of June, 20 16
Jalen J. Adams
(Clerk/Judary Public)

James H. Bennett Jr
(Signature of Named Individual)

My commission expires 10/12/19



SUPPLEMENTAL QUESTIONNAIRE
FOR AGENTS

You are required to provide the following information to the City of Beloit to assist determining whether you meet the qualifications necessary to act as agent for the corporation or limited liability company that has submitted your appointment as agent. (Wis. Stats. 125.04(5) and (6)).

Please attach as many sheets as necessary to provide your answers to the questions below. Your notarized signature is required on the next page and constitutes your sworn statement that the information provided by you is truthful and accurate. It is also necessary that you have a corporate officer sign the second page and have that signature notarized also. The signing and notarization by the corporate officer constitutes a representation to the city that the corporation is requesting that the city rely on the information provided by the agent, which you attach.

QUESTIONS

1. The law requires that the entity appointing you as agent vest in you, by properly authorized and executed written delegation, full authority and control of the premises described in the license or permit of the entity, and of the conduct of all business on the premises relative to alcohol beverages, that the licensee or permittee could have and exercise if it were a natural person. Please state in your own words how you intend to fulfill those duties and exercise your authority.

2. Please describe any previous experience you have had in retail alcohol sales. *Head waiter @ Napauckets Lobster TRAP DENVER, COLO*

3. Please state how many other people will be under your supervision and engaged in alcohol beverage business. *2-3 people*

4. Please describe what type of training you will offer to those under your supervision, describe whether the training will be ongoing and attach any written training materials or policy manuals you intend to rely on. *TABLE PRESENTATION OF WINE FOR DINING w/MEALS!*

5. Please describe in detail what training, policy and procedures you intend to implement to ensure against underage sales. *ALL CONSUMERS SHALL BE ASK TO SHOW VALID IDs. VALID IDS REQUIREMENT SHALL BE POSTED!*

6. Please describe what other employees will hold licenses to directly dispense alcohol. *CASHIER / HEAD WAITER / CHEF!*

7. Please describe whether you are going to be a full time employee and further state whether you either act as an alcohol agent for any other business or hold any other employment. *I, SHALL BE Full time on site Rep/employ OF FIRM! NO other position will be held.*

8. Please state your intended hours or schedule of being physically present at the licensed premises. Your intended hours should be set out on a daily, weekly or monthly basis as appropriate. *MON - THUR 10:30 AM - 10:30 PM*
FRI - SAT 10:30 AM - 1 AM SUND - 11 AM - 6 PM

9. Please state whether you understand that you can be personally given citations by the police department for such things as underage sales, open after hours or other alcohol related violations even when you are not on the premises.

yes, I Fully understand these rules/regulation!

10. Please describe any alcohol related violations you have been charged with in the last five (5) years. Provide the date of the offense, the nature of the charge and the disposition of the matter. If there are none, so state. *N/A*

11. Please provide any other information you believe that the City of Beloit should be aware of in deciding whether you satisfactorily qualify to be an alcohol beverage agent.

I'm seeking a beer & wine license only for the purposes of pairing & enhancing the food product! MAMA LOU'S IS NOT A BAR!
James H Bennett Jr
Agent Signature

James H Bennett Jr
(Print Agent Name)

Subscribed and sworn to before me this *24th* day of *June*, 20 *16*

Jelene J Ahrens
Notary Public *Rock Co WI*
My commission: *10/12/19*

James H Bennett Jr
Corporate Officer Signature
(Designate Office)

James H Bennett Jr
(Print Corporate Officer Name)

Subscribed and sworn to before me this *24* day of *Jun*, 20 *16*

Jelene J Ahrens
Notary Public *State of WI*
My commission: *10/12/19*

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hobson		Frederick			
Home Address (street/route)		Post Office	City	State	Zip Code
1111 Boston St. Apt. 10			Beloit	WI	53511
Home Phone Number		Age	Date of Birth	Place of Birth	
608-718-3585				Memphis, Tenn.	

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.
- Vice President of Royal Enterprises LLC
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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.)
- 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. _____
- 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)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name Gazette	Employer's Address 15 Parker Dr.	Employed From 5-7-15	To 5-24-16
Employer's Name Ill. Job Sec.	Employer's Address Janesville WI	Employed From 5-2005	To 8-2015

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me
 this 24th day of June, 2016
Jelena J. Ahrens
(Clerk/Notary Public)
 My commission expires 10/12/19

Frederick Hobson
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
Home Address (street/route)		Post Office	City	State Zip Code
Home Phone Number		Age	Date of Birth	Place of Birth

Hobson (last name), Deborah (first name), A. (middle name)
 1111 BURTON ST. (Home Address), Beloit (City), WI 53511 (State Zip Code)
 779-772-4765 (Home Phone Number), 21 (Age), 11/10/98 (Date of Birth), Tyler, TX (Place of Birth)

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.

Secretary of Boyal Enterprises LLC
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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.) _____
- 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. _____
- 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)
- 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 <u>Alder Besman</u>	Employer's Address <u>College Center</u>	Employed From <u>11/10/98</u>	To <u>4/10/2012</u>
Employer's Name <u>FOLEY'S</u>	Employer's Address <u>Broadway Sq. Mall</u>	Employed From <u>6/98</u>	To <u>11/98</u>

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 24th day of June, 2016

Jules J. Abrams
(Clerk/Judicial Public)

My commission expires 10/12/19

[Signature]
(Signature of Named Individual)

**RESOLUTION APPROVING CHANGE OF AGENT
ALCOHOL BEVERAGE LICENSE**

WHEREAS, the Agent of record for Fiesta Cancun Authentic Mexican Restaurant of Beloit WI, d/b/a Fiesta Cancun Mexican Restaurant, located at 2648 Prairie Avenue is Jose Cortes; and

WHEREAS, Fiesta Cancun Authentic Mexican Restaurant of Beloit WI, d/b/a Fiesta Cancun Mexican Restaurant, has requested and the Alcohol Beverage License Control Committee has recommended that the Agent be changed to Jennifer Lynn Dominguez.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Beloit that the Agent for the alcohol beverage license for Fiesta Cancun Authentic Mexican Restaurant of Beloit WI, d/b/a Fiesta Cancun Mexican Restaurant, located at 2648 Prairie Avenue, is hereby changed to Jennifer Lynn Dominguez.

Dated this 18th day of July 2016.

BELOIT CITY COUNCIL

David F. Luebke, City Council President

Attest:

Lorena Rae Stottler, City Clerk

CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Resolution approving **Appointment of Agent** on the Class “B” Beer and Reserve “Class B” Liquor License for Fiesta Cancun Authentic Mexican Restaurant of Beloit, Inc., located at 2648 Prairie Avenue, Beloit, Jennifer Lynn Dominguez, Agent

Date: June 20, 2016

Presenter(s): Lorena Rae Stottler

Department: City Clerk

Overview/Background Information:

Fiesta Cancun Authentic Mexican Restaurant of Beloit, Inc., located at 2648 Prairie Avenue, in the City of Beloit has been denied the past two agent applications due to non-disclosure of background history and conflicting answers on their application. They have assured me that they have provided me a complete and accurate application for consideration of Jennifer Lynn Dominguez.

Key Issues (maximum of 5):

1. Fiesta Cancun Authentic Mexican Restaurant of Beloit, Inc., located at 2648 Prairie Avenue, Beloit requested change of agent two prior months and was denied for reasons listed above. Their current liquor license expired June 30th and although the liquor license was approved for renewal, they do not have an agent currently and have had to subsequently stop serving alcohol until and agent is approved.
2. A complete application with fees has been submitted to the Clerk’s office and is being placed on the July 12th ABLCC agenda for consideration. The Committee reviewed this item and voted 7-0 to recommend approval of Change of Agent.
3. Captain Risse certified that he checked municipal and state criminal records and to the best of his knowledge, with the available information, the character, record and reputation are satisfactory and therefore, has no objection to the agent appointment.

Conformance to Strategic Plan: N/A

Sustainability:

- **Reduce dependence upon fossil fuels** – N/A
- **Reduce dependence on chemicals and other manufacturing substances that accumulate in nature** – N/A
- **Reduce dependence on activities that harm life sustaining eco-systems** – N/A
- **Meet the hierarchy of present and future human needs fairly and efficiently** – N/A

Action required/Recommendation:

Staff recommends that City Council approve of the Change of Agent.

Fiscal Note/Budget Impact: N/A

Attachments:

Resolution, Schedule of Appointment and Auxiliary Questionnaire

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Beloit County of Rock County

The undersigned duly authorized officer(s)/members/managers of Fiesta Cancun Authentic Mexican Restaurant (registered name of corporation/organization or limited liability company) of Beloit, WI

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Fiesta Cancun Authentic Mexican Restaurant at Beloit, Inc. (trade name)

located at 2648 Prairie AVE

appoints Jennifer Lynn Dominguez (name of appointed agent)
100 Berkley Rd #8 Verona WI 53593 (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? 15 yrs.

Place of residence last year 100 Berkley Rd #8 Verona WI 53593

For: Fiesta Cancun Authentic Mexican Restaurant of Beloit Inc. (name of corporation/organization/limited liability company)

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

And: N/A (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

Jennifer Dominguez (print type agent's name), hereby accept this appointment as agent for the

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.

Jennifer Dominguez (signature of agent) 6-22-16 (date) Agent's age _____
100 Berkley Road #8 Verona WI 53593 (home address of agent) Date of birth _____

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 06/30/16 (date) by [Signature] (signature of proper local official) Title Captain (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
Dominguez		Jennifer	Lynn	
Home Address (street/route)	Post Office	City	State	Zip Code
100 Barkley Road #8	—	Verona	Wi	53593
Home Phone Number	Age	Date of Birth	Place of Birth	
608-294-7751			Muscatine, Iowa	

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.

Jennifer Lynn Dominguez Fiesta Cancun
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 15 years
- 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.)
- 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.
- 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)
- 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
Millers & Sons		May-16	June-16
Verona Schools	300 Richard St	2005 11-	1-2016

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 22nd day of June, 20 06
John J. Ahrens
(Clerk/Notary Public)
My commission expires 10/12/19

Jennifer Lynn Dominguez
(Signature of Named Individual)





SUPPLEMENTAL QUESTIONNAIRE FOR AGENTS

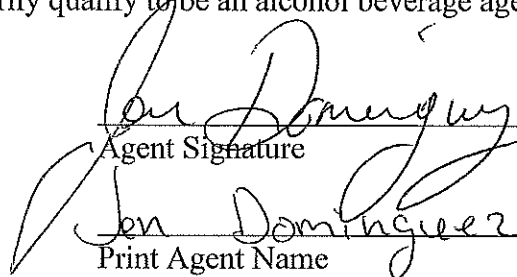
You are required to provide the following information to the City of Beloit to assist in determining whether you meet the qualifications necessary to act as agent for the corporation or limited liability company that has submitted your appointment as agent. (Wis. Stats. 125.04(5) and (6)).

Please attach as many sheets as necessary to provide your answers to the questions below. Your notarized signature is required on the next page and constitutes your sworn statement that the information provided by you is truthful and accurate. It is also necessary that you have a corporate officer sign the second page and have that signature notarized also. The signing and notarization by the corporate officer constitutes a representation to the city that the corporation is requesting that the city rely on the information provided by the agent, which you attach.

QUESTIONS

1. The law requires that the entity appointing you as agent vest in you, by properly authorized and executed written delegation, full authority and control of the premises described in the license or permit of the entity, and of the conduct of all business on the premises relative to alcohol beverages, that the license or permittee could have and exercise if it were a natural person. Please state in your own words how you intend to fulfill those duties and exercise your authority.
2. Please describe any previous experience you have had in retail alcohol sales.
3. Please state how many other people will be under your supervision and engaged in alcohol beverage business.
4. Please describe what type of training you will offer to those under your supervision, describe whether the training will be ongoing, and attach any written training materials or policy manuals you intend to rely on.
5. Please describe in detail what training, policy, and procedures you intend to implement to ensure against underage sales.
6. Please describe what other employees will hold licenses to directly dispense alcohol.
7. Please describe whether you are going to be a full time employee and further state whether you either act as an alcohol agent for any other business or hold any other employment.

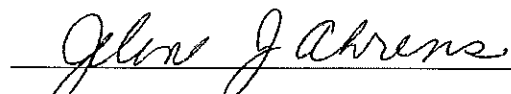
8. Please state your intended hours or schedule of being physically present at the licensed premises. Your intended hours should be set on a daily, weekly, or monthly basis as appropriate.
9. Please state whether you understand that you can be personally given citations by the police department for such things as underage sales, open after hours, or other alcohol related violations even when you are not on the premises.
10. Please describe any alcohol related violations you have been charged with in the last five (5) years. Provide the date of the offense, the nature of the charge, and the disposition of the matter. If there are none, so state.
11. Please provide any other information you believe that the City of Beloit should be aware of in deciding whether you satisfactorily qualify to be an alcohol beverage agent.




 Agent Signature
 Jon Dominguez

 Print Agent Name

Subscribed and sworn to be this 22 day of June, 2016.




 Notary Public
 My Commission Expires: 10/12/19



 Corporate Officer Signature
 (Designate Office)
 Lazaro de Vicente

 Print Corporate Officer Name

Subscribed and sworn to be this 23 day of June, 2016.



 Notary Public
 My Commission Expires: 8-23-2019

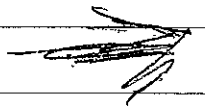
Car Dominguez 6-22-16

1. To follow the Rules and laws of the permit and laws of Selling liquor. I will Assure Staff to follow Rules by training.

2. I use to work at a Country Club where we served alcohol as I would bartend. I use to work in Settings such as Super markets where Alcohol is Sold and I would Verify license.

3. Manger/Bartenders currently 3 but all servers over 18 will apply ^{for OPLC} + complete the responsible server education online

4. I go over different license to make Sure Staff can Verify Correct license. I have used the Wisconsin bartender license site learn² Serve. I will/have used this with Staff.



5. As In 4th I use the Wisconsin bartender license site & learn² Serve.

- Will go over different license. Example license that maybe underage so staff can see the difference.

6. Manger / Bartender

7. At this time I will not be a full time employee. I will not hold as an agent elsewhere

8. My schedule changes day to day, minute to minute as I am a full time mom, &

9. I understand try to make it here when I can as much as I can.

10. None

(currently 4 days/week for 3-4 hours)

11. I am an honest person with no record, making a future for my daughter.

CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Application to request the City's acquisition of 106 sq. ft. of land located at 605 Eclipse Blvd and authorizing execution of same – Council Referral to Plan Commission

Date: July 18, 2016

Presenter(s): Julie Christensen

Department(s): Community Development

Overview/Background Information:

Previously, the City acquired the land at 605 Eclipse Blvd that the Beloit Public Library is located on from Hendricks Commercial Properties (HCP). During the previous acquisition, a small sliver of land on the north edge of the Eclipse Blvd ROW was inadvertently not included in the survey and therefore still is owned by HCP. HCP has agreed to transfer the land, approximately 106 sq. ft., to the City at no cost. Acquisition of this land ensures that the City has full ownership over the library parcel.

Key Issues (maximum of 5):

- The City will obtain outright ownership of the 106 sq. ft. section of land.
- HCP will transfer for the land to the City at no cost.
- The Plat of Survey and original CSM for 605 Eclipse Blvd (library parcel) are attached.

Conformance to Strategic Plan:

- Consideration of this request supports Strategic Goal #5.

Sustainability:

- **Reduce dependence upon fossil fuels** N/A
- **Reduce dependence on chemicals and other manufacturing substances that accumulate in nature** N/A
- **Reduce dependence on activities that harm life sustaining eco-systems** N/A
- **Meet the hierarchy of present and future human needs fairly and efficiently** N/A

Action required/Recommendation:

- Referral to Plan Commission for the July 20, 2016 meeting.
- This item will most likely return to City Council for review and possible action on August 1, 2016.

Fiscal Note/Budget Impact

The City will not have any costs for the acquisition.

Attachments:

Plat of Survey, CSM for Library Parcel



2046663

RANDAL LEYES
REGISTER OF DEEDS
ROCK COUNTY, WI
RECORDED ON
03/01/2016 02:45:40PM

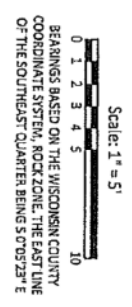
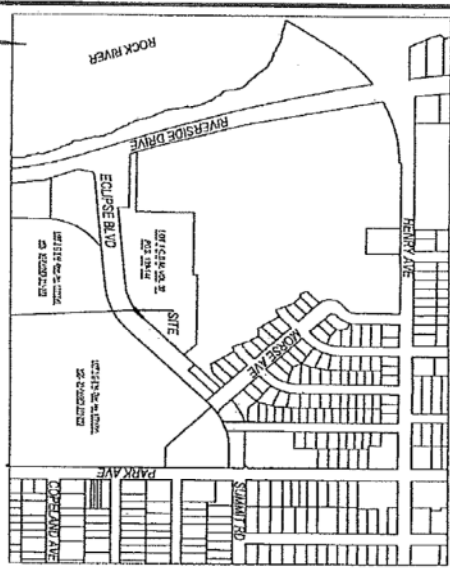
REC FEE: 30.00
EXEMPT #:
EXCLUSION CODE:
PAGES: 2

PLAT OF SURVEY OF

PART OF THE S.W. 1/4 OF THE N.W. 1/4 OF SECTION
25, T. 1 N., R. 12 E. OF THE 4TH P.M., CITY OF БЕЛОИТ,
ROCK COUNTY, WISCONSIN.

Prepared by and return to:
Robert Leuenberger
R.H. Batterman & Co., Inc.
2857 Bartells Drive
Beloit, WI 53511

VICINITY MAP
-NOT TO SCALE-



- MONUMENT KEY
- Iron Rebar Set
 - 3/4" x 24"(1.5 lbs./ft.)
 - ⊙ 3/4" Iron Rebar found
 - (XXX) Recorded as Information

Robert Leuenberger
 Robert Leuenberger PLS
 Wisconsin Land Surveyor-S-1244
 State of Wisconsin } ss
 County of Rock

I hereby certify that I have supervised the survey of the property described above and to the best of my knowledge and belief, the plat drawn hereon correctly represents said survey and its location. Given under my hand and seal this 20th day of February, 2015 at Beloit, Wisconsin.



THE PLAT OF SURVEY SHOWN HEREON IS FOR THE SALE OR EXCHANGE OF LAND, SPECIFICALLY, THE INTENT IS FOR PARCEL A) TO BE COMBINED WITH LOT 1 OF C.S.M. VOLUME 32 PAGES 139-144.

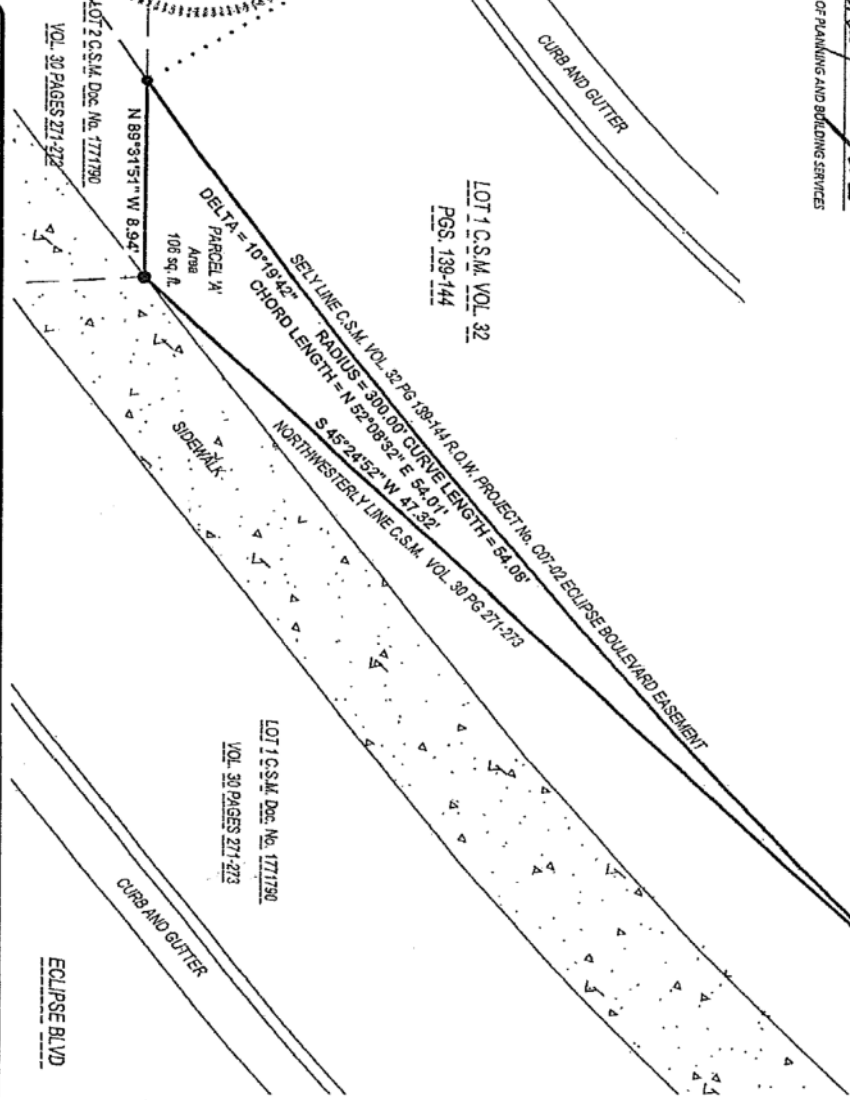
IT IS NOT THE INTENT OF THIS SURVEY TO CREATE ANY SEPARATE BUILDABLE LOT; PARCEL "A" CANNOT BE SOLD AS A SEPARATE BUILDING SITE.

NOTE: THE PLAT OF SURVEY SHOWN HEREON IS FOR THE SALE OR EXCHANGE OF LAND BETWEEN ADJOINING OWNERS, CITY OF BELLOIT, SUBDIVISION ORDINANCE 1201 (4) (f).

APPROVED THIS 26th DAY OF Feb. 2015 BY THE CITY OF BELLOIT,

Dee Dwyer
 DIRECTOR OF PLANNING AND BUILDING SERVICES

MORE PARTICULARLY DESCRIBED AS FOLLOWS:
 Beginning at the Northeast corner of Lot 2 of Certified Survey Maps recorded in a Volume 30 on pages 271-273; thence North 89°31'51" West along the northerly lot line of lot 2, of record 8.94 feet to a non-tangent curve on the easterly line of Lot 1 of Certified Survey Maps recorded in Volume 32 on pages 139-144, thence 54.05 feet along a curve to the left, said curve having a radius of 300.00 feet and a chord that bears North 52°08'32" East 54.01 feet; thence South 45°24'52" West 47.32 feet to the point of beginning. Containing 105 square feet more or less.

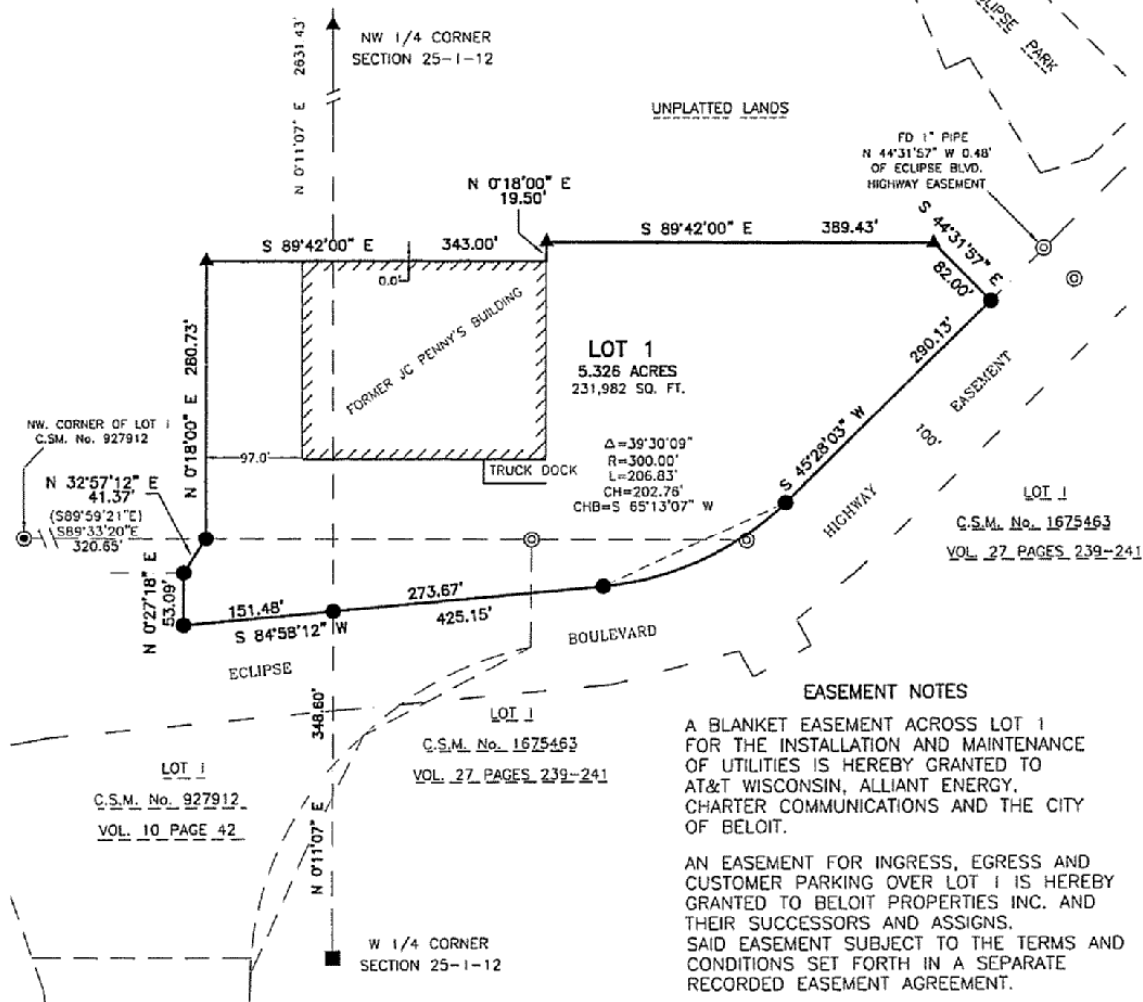


ORDER NO.: 32010	FOR THE EXCLUSIVE USE OF:	PLAT OF SURVEY
BOOK/SET FILE	HENRICKS COMMERCIAL PROPERTIES LLC	
TITLE SHEET/BOOK		
DRAWN BY/BOOK		
	OF PART OF THE SW 1/4 OF THE NW 1/4 OF SECTION 25 T. 1 N., R. 32 E. OF THE 4TH E.M., CITY OF BELLOIT, ROCK COUNTY, WISCONSIN	
		Batterman Engineers & Surveyors 1207 Bartlett Drive Beloit, Wisconsin 53511 608.353.4444 www.batterman.com

Original CSM for Library Parcel (605 Eclipse Blvd)

CERTIFIED SURVEY MAP OF

PART OF LOT 1 OF CERTIFIED SURVEY MAP DOCUMENT NO. 927912 AS RECORDED IN VOLUME 10 ON PAGES 42-43 AND PART OF LOT 1 OF CERTIFIED SURVEY MAP DOCUMENT NO. 1675463 AS RECORDED IN VOLUME 27 ON PAGES 239-241 OF ROCK COUNTY CERTIFIED SURVEY MAPS, BEING ALSO A PART OF THE S.E. 1/4 OF THE N.E. 1/4 OF SECTION 26 AND PART OF THE S.W. 1/4 OF THE N.W. 1/4 OF SECTION 25, T. 1 N., R. 12 E. OF THE FOURTH P.M., CITY OF БЕЛОIT, ROCK COUNTY, WISCONSIN.



UNPLATTED LANDS

LOT 1
5.326 ACRES
231,982 SQ. FT.

NW 1/4 CORNER
SECTION 25-1-12
N 0°11'07" E 2631.43'

NW CORNER OF LOT 1
C.S.M. No. 927912
N 32°57'12" E 41.37'
(S89°59'21"E)
(S89°33'20"E)
320.65'

FD 1" PIPE
N 44°31'57" W 0.48'
OF ECLIPSE BLVD.
HIGHWAY EASEMENT

LOT J
C.S.M. No. 1675463
VOL. 27 PAGES 239-241

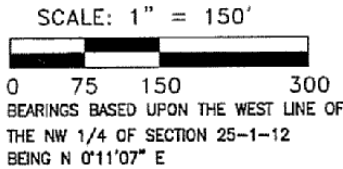
EASEMENT NOTES

A BLANKET EASEMENT ACROSS LOT 1 FOR THE INSTALLATION AND MAINTENANCE OF UTILITIES IS HEREBY GRANTED TO AT&T WISCONSIN, ALLIANT ENERGY, CHARTER COMMUNICATIONS AND THE CITY OF БЕЛОIT.

AN EASEMENT FOR INGRESS, EGRESS AND CUSTOMER PARKING OVER LOT 1 IS HEREBY GRANTED TO БЕЛОIT PROPERTIES INC. AND THEIR SUCCESSORS AND ASSIGNS. SAID EASEMENT SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN A SEPARATE RECORDED EASEMENT AGREEMENT.

MONUMENT KEY

- Iron Rebar Set
3/4" x 24"(1.5 Lbs./Ft.)
- ⊙ Iron Pipes Found
- ⊙ Iron Rebar Found
- ▲ R.R. Spike Found
- Conc. Mon. Found
- (XXXXXXXX) Record Data



ORDER NO. 30112
BOOK 511 PAGE 23
DATE August 16, 2007
FOR THE CITY OF БЕЛОIT
SHEET 1 OF

File Name: J:\30100-30149\30112\FINALCSM.dwg

R.H. BATTERMAN & CO. INC.
LAND SURVEYORS - ENGINEERS - PLANNERS
2857 BARTELLS DR, БЕЛОIT, WISCONSIN 53511
(608) 365-4464 FAX (608) 365-1850
E-MAIL: RHB@RHBATTERMAN.COM

CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL



Topic: Zoning Map Amendment Application for the easternmost 2 acres of the property located at 1601 Gateway Blvd – Council Referral to the Plan Commission

Date: July 18, 2016

Presenter(s): Julie Christensen

Department: Community Development

Overview/Background Information:

New Leaf Homes has submitted an application for a Zoning Map Amendment to change the zoning district classification from PLI, Public Lands & Institutions District to R-1A, Single-Family Residential District, for the easternmost 2 acres of the property located at 1601 Gateway Blvd (adjacent to Raven Drive).

Key Issues (maximum of 5):

- The applicant has made an accepted offer to purchase the subject property from the City of Beloit. If approved, the 2 acres subject to this request will be subdivided into five new home sites and Raven Drive will be completed as a cul-de-sac.
- The remaining 6.7-acre portion of the property located at 1601 Gateway Blvd behind the existing homes on Eagles Ridge Drive will remain as City-owned open space, and will remain zoned PLI.
- The applicant has also submitted an application to amend the Future Land Use Map for the subject property from Parks & Open Spaces to Single-Family Residential – Urban.

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.):

- Consideration of this request supports Strategic Goal #5.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- **Reduce dependence upon fossil fuels** – N/A
- **Reduce dependence on chemicals and other manufacturing substances that accumulate in nature** – N/A
- **Reduce dependence on activities that harm life sustaining eco-systems** – N/A
- **Meet the hierarchy of present and future human needs fairly and efficiently** – N/A

Action required/Recommendation:

- Referral to the Plan Commission for the July 20, 2016 meeting
- This item will most likely return to the City Council for a public hearing and possible action on September 6, 2016

Fiscal Note/Budget Impact: The accepted Offer to Purchase includes a purchase price of \$20,000, and if the applicant's land use applications are approved, the subject property will become taxable residential land.

Attachments: Application

CITY of BELOIT

PLANNING & BUILDING SERVICES DIVISION

100 State Street, Beloit, WI 53511

Phone: (608) 364-6700

Fax: (608) 364-6609

Zoning Map Amendment Application Form

(Please Type or Print)

File No.: ZMA-2016-03

1. Address of subject property: 1601 GATEWAY BLVD (a portion of)

2. Legal description: Lot: 5 Block: PART OF Subdivision: CSMV36 P.100-103
(If property has not been subdivided, attach a copy of the complete legal description from deed.)

Property dimensions are: 355± feet by 230± feet = 81,312 square feet.

If more than two acres, give area in acres: _____ acres.

3. Tax Parcel Number(s): 22810010

4. Owner of record: CITY OF BELOIT Phone: 364.6711

100 STATE ST BELOIT WI 53511
(Address) (City) (State) (Zip)

5. Applicant's Name: NEW LEAF HOMES C/O JOHN KNABE

6551 E. RIVERSIDE ROCKFORD IL 61114
(Address) (City) (State) (Zip)

815.904.6006 | 815.978.4132 | JOHN@NEWLEAFREMODELING.COM
(Office Phone #) (Cell Phone #) (E-mail Address)

6. **THE FOLLOWING ACTION IS REQUESTED:**

Change zoning district classification from: PLI to: R-1A

All existing uses on this property are: VALENT LAND

7. All the proposed uses for this property are:

Principal use(s): SINGLE FAMILY RESIDENCE

Secondary use(s): N/A

Accessory use(s): _____

8. I/we represent that I/we have a vested interest in this property in the following manner:

- () Owner
- () Leasehold, Length of lease: _____
- (X) Contractual, Nature of contract: OFFER TO PURCHASE
- () Other, explain: _____

9. Individual(s) responsible for compliance with conditions (if any), if request is granted:

Name(s): JOHN KNABE Phone: 815.904.6006
6551 E. RIVERSIDE ROCKFORD IL 61114
 (Address) (City) (State) (Zip)

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct.

I/we, the undersigned, do hereby respectfully make application for and petition the City Plan Commission and City Council to grant the requested action for the purpose stated herein. I/we represent that the granting of the proposed request will not violate any of the required standards of the Zoning Ordinance of the City of Beloit. I/we also agree to abide by all applicable federal, state and local laws, ordinances, rules, and regulations.

(Signature of Owner) / (Print name) / (Date)
[Signature] / JOHN KNABE / 6/28/16
 (Signature of Applicant, if different) / (Print name) / (Date)
[Signature] / MANAGER, NEW LEAF HOMES LLC / _____

In order for your request to be heard and considered in a timely manner, you must submit the completed application and all accompanying documents to the Division for acceptance by the filing deadline date prior to a scheduled Plan Commission meeting. This application must be submitted with the \$275.00 application fee. Applicants will also be charged a fee for mailing public notices at the rate of \$0.50 per notice. An invoice for this fee will be sent to the applicant, and it is typically between \$5.00 and \$20.00.

To be completed by Planning Staff		
Filing Fee: \$275.00	Amount Paid: <u>\$275.00</u>	Meeting Date: <u>July 20, 2016</u>
Number of notices: _____	x mailing cost (\$0.50) = cost of mailing notices: \$ _____	
Application accepted by: <u>[Signature]</u>	Date: <u>6/28/16</u>	
Date Notice Published: _____	Date Notice Mailed: _____	

**RESOLUTION APPROVING CONTRACT BETWEEN THE WISCONSIN DEPARTMENT OF
AGRICULTURE, TRADE, AND CONSUMER PROTECTION AND THE CITY OF БЕЛОIT FOR
UNDERGROUND AND ABOVE GROUND STORAGE TANK INSPECTIONS**

WHEREAS, the Wisconsin Department of Agriculture, Trade and Consumer Protection deems it advisable to engage the professional services of the Contractor to carry out Departmental responsibility pursuant to sections 168.25, Wis. Stats., and ATCP 93.110, Wis. Admin. Code as an agent of the Department, it appears that such services can be performed more economically and efficiently under a Contract, to accomplish the requirements of the Department; and

WHEREAS, the City of Beloit Fire Department has advised the Department of Agriculture, Trade, and Consumer Protection of its willingness and the professional capability to provide professional services.

NOW, THEREFORE, BE IT RESOLVED that the City Manager of the City of Beloit is hereby authorized to execute the attached *Wisconsin Administrative Code Chapter ATCP 93 Local Program Operator Contract Between the Wisconsin Department of Agriculture, Trade, and Consumer Protection and the City of Beloit, Wisconsin* and is further authorized to execute such contracts in the future, provided they remain substantially unchanged, except for technical modifications and clarifications.

Adopted this 18th day of July, 2016.

City Council of the City of Beloit

By:

David F. Luebke, President

Attest:

Lorena Rea Stottler, City Clerk

CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: RESOLUTION APPROVING CONTRACT BETWEEN THE WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE, AND CONSUMER PROTECTION AND THE CITY OF BELOIT FOR UNDERGROUND AND ABOVE GROUND STORAGE TANK INSPECTIONS

Date: July 18, 2016

Presenter: Chief Brad Liggett

Department: Fire Department

Overview/Background Information: The City of Beloit has been a Local Program Operator since its inception. The Fire Department acts as an authorized deputy of the Department to perform above ground and below ground storage tank inspections for installation, maintenance, removal and closing. This is an incredibly important program for the protection of our natural and built environment. The program was formerly administered by the Department of Commerce. Governor Walker eliminated the department of Commerce and the program is now administered by the Department of Agriculture, Trade, and Consumer Protection. This resolution would allow the City Manager to sign successor agreements if there are no substantial changes.

Key Issues:

1. This contract allows the City to continue to act as a local program operator, insuring local control, regulation and monitoring of this environmental program.
 2. The City receives compensation from the State of Wisconsin to conduct this work on its behalf.
 3. The City has trained staff in the Fire Inspection and Prevention Bureau of the Fire Department to perform this work.
 4. This program can be critical to economic development. The City is able to rapidly respond to Phase One environmental study requests as an agent of the State of Wisconsin, thus creating efficiency for prospective development leads.
-

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.):

Approval of this Agreement would conform with Goal #1's stated purpose of developing a high quality community through the responsible stewardship and enhancement of City resources and with Goal #3's stated purpose of proactively partnering with individuals and businesses to promote a safe and healthy community, minimize personal injury, prevent loss of life and protect property and natural resources.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- Reduce dependence upon fossil fuels N/A
- Reduce dependence on chemicals and other manufacturing substances that accumulate in nature N/A
- Reduce dependence on activities that harm life sustaining eco-systems N/A
- Meet the hierarchy of present and future human needs fairly and efficiently N/A

If any of the four criteria are not applicable to your specific policy or program, an N/A should be entered in that space

Action required/Recommendation:

Recommendation to Council to approve resolution.

Fiscal Note/Budget Impact:

Attachments:

Resolution and Proposed Contract

**Wisconsin Administrative Code Chapter ATCP 93
Local Program Operator Contract
Between the Wisconsin Department of Agriculture, Trade, and Consumer Protection
and the City of Beloit, Wisconsin**

THIS CONTRACT is made and entered into by and between the Wisconsin Department of Agriculture, Trade and Consumer Protection, hereinafter "the Department," and the City of Beloit, hereinafter "the Contractor."

WHEREAS, the Department deems it advisable to engage the professional services of the Contractor to carry out Departmental responsibility pursuant to Wis. Stat. s. 168.25 and Wis. Admin. Code s. ATCP 93.110 as an agent of the Department and, it appears that such services can be performed more economically and efficiently under a Contract, to accomplish the requirements of the Department;

WHEREAS, the Contractor has advised the Department of its willingness and professional capability to provide professional service to the Department;

NOW, THEREFORE, in consideration of their mutual and dependent promises, the parties hereto, agree as set forth in the following pages 3 through 15.

This Contract is effective on the date signed by the Assistant Deputy Secretary of the Department.

AUTHORITY TO SIGN DOCUMENT. If this Contract is being entered into by a legal entity, such as a corporation, limited liability company, or municipality, the person(s) signing this Contract for the Contractor certify and attest that the Contractor's respective Articles of Incorporation, Articles of Organization, Charter, Corporate By Laws, Corporate or other Resolutions and/or other related documents give full and complete authority to bind the Contractor, on whose behalf they are executing this document.

**WISCONSIN DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION**

Date: _____

By: _____
Sandy Chalmers, Assistant Deputy Secretary

CITY OF БЕЛОIT, WISCONSIN

Date: _____

By: _____
Lori S. Curtis Luther, City Manager

Attest:

Lorena Rae Stottler, City Clerk

APPROVED AS TO FORM:

Elizabeth A. Krueger, City Attorney

I hereby certify that there are sufficient funds available to pay any liability that may be incurred by the City of Beloit pursuant to this Agreement.

By: _____
Eric R. Miller, City Comptroller

Address for Payments Under Contract

Name: _____

Street: _____

City/ZIP: _____

Tax ID Number: (FEIN#) _____

I. GENERAL

- A. Services Standards. The Contractor will provide the services hereinafter set forth in accordance with the best professional standards. During the term of this Contract the Contractor (including individual officers, directors or employees) shall not engage in any business regulated by the Wis. Admin. Code ch. ATCP 93 including, but not limited to: installation, closure, tightness testing, cathodic protection testing, or repair of Underground Storage Tank (UST) or Above Ground Storage Tank (AST) systems.
- B. Subletting or Assignment of Contract. The Contractor may not sublet, sub-contract or assign to others any part of the work under this Contract. The Department may authorize in writing a temporary sub-contract or assignment at the request of the Contractor.
- C. Employment. The Contractor may assign duties to be performed under this Contract to any employees employed by the Contractor, provided the employee is certified by the Department and has experience and knowledge of the subject and capability to adequately perform the services required under this Contract.
- D. Term of the Contract. The contract period will be from July 1, 2016 through June 30, 2020.

NOTE: Performance of Service – although the contract may be awarded after the beginning of the state fiscal year (FY), the Contractor is obligated and agrees to conduct all UST and AST inspections required within the fiscal year period.

- E. Nondiscrimination in Employment. Chapter 16.765 of the Wisconsin Statutes requires the following provision to be included in every Contract executed by agencies of the State. The Contractor agrees to the provisions as stated below:

In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities. The contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause

- F. Certification of Affirmative Action Contract Compliance. The State of Wisconsin requires that successful Contractors, who are awarded Contracts of \$25,000 or more and have an annual work force of 25 or more employees, include the following clause in their Contract:

Within 15 days of the commencement of the Contract, an affirmative action plan will be submitted to the State Office of Contract Compliance, Department of Administration, P.O. Box 7867, Madison, Wisconsin 53707-7867.

Contractors are encouraged to contact the Office of Contract Assistance for technical assistance in complying with this contract requirement. An affirmative action plan is a written document that details an affirmative action program. Key parts of an affirmative

action plan are: 1) a policy statement pledging nondiscrimination and affirmative action employment, 2) internal and external equal opportunity officer, 3) a work force analysis that identifies disabled employees, 4) goals and timetables that are specific and measurable and that are set to correct deficiencies and to reach a balance of work force, 5) revision of all employment practices to ensure that they do not have discriminatory effects, and 6) establishment of internal monitoring and reporting systems to measure progress regularly.

G. Disclosure. If a state public official (Section 19.42, Stats.) or an organization in which a state public official holds at least a 10% interest is a party to this Contract, this Contract is voidable by the Department unless appropriate disclosure is made to the State of Wisconsin Ethics Board, 125 South Webster Street, Madison, Wisconsin 53702, (Telephone: (608) 266-8123) or successor entity.

H. Legal Relations.

(1) The Contractor will at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this Contract and which in any manner affect the work or its conduct.

(2) The Department will be responsible for the enforcement of compliance orders beyond the administrative stage. The Contractor shall conduct inspections, issue correction notices and compliance orders, affix red tags, and take any other appropriate administrative steps to obtain compliance within time frames acceptable to the Department. When compliance has not occurred at the conclusion of these administrative steps, the Contractor shall immediately notify the Department and furnish any documents requested by the Department to enable it to pursue enforcement. The Contractor agrees to make its employees and records available to the Department, a district attorney or the Attorney General's Office in connection with any actions to enforce a Department order.

(3) The Contractor shall immediately notify the Department of any claim or lawsuit filed against the Contractor that relates to its activities under this Contract. In performing this Contract, the Contractor shall be regarded as an agent of the state under Wis. Stat. ss. 893.82 and 895.46, and a deputy of the Department under Wis. Admin. Code s. ATPC 93.050(13). The Contractor is not an employee of the Department and no employee – employer relationship exists in any form whatsoever.

(4) If the Contractor is not a unit of government, a fire department organized under Ch. 181, Stats., or a fire department organized under Ch. 213, Stats., the Contractor must obtain errors and omissions insurance for the term of this Contract, in the amount of at least \$250,000, and furnish a certificate of insurance to the Department within thirty (30) days of the effective date of this contract.

I. Contract Administration. Liaison with the Department will be through the Chief of the Storage Tank Regulation Section.

J. Liaison. The Contractor will supply the name of one person to act as liaison to the Department. This person shall have sole authority for the Contractor in regards to the program. All correspondence and coordination will be done through the liaison.

K. Termination of Contract. The Department or the Contractor may terminate this Contract at any time at its sole discretion with or without cause by delivering written notice to the other

party. The Contract will be terminated 30 days after written notice of intent to terminate the Contract is sent to the other party.

- L. Department's Rights if Contractor Fails to Perform. If the Department determines that the Contractor is not meeting performance obligations, or has used funds for purposes other than the activities specifically authorized in the Contract, the Contractor shall repay any unearned or misused funds, as determined by the Department, to the Department within thirty (30) calendar days after notice of such determination, and request for repayment, together with related administrative costs, interest at the annual rate of current prime, court costs and attorneys' fees required by the Department to retrieve said funds.

This Contract is subject to the availability of funds to the Department and may be terminated upon written notice that funds are not available. Termination will occur 30 days after notification is sent. Termination will require written notice to be sent to the Contractor by the Department.

If the Contractor fails to perform any of its obligations hereunder, the Department may intervene and protect its rights and interests. Upon the Department's request, the Contractor shall execute and deliver an assignment and any other legal documents that may be required by the Department to facilitate its pursuit or intervention in such negotiations or litigation.

The Contractor may terminate the Contract by refusal to accept proposed modifications to the Contract (see paragraph S) or an election not to continue to perform the services, with 30 days written notice. The Contractor must deliver all records to the Department within 60 days of notification or termination.

- M. Liability upon Termination. Upon the termination of this Contract, the Department's liability to the Contractor shall be limited to the total of: (1) the percentage of the total funds allocated for federally registered tanks which corresponds to the ratio between the actual time period of the Contract and the original term of the Contract; (2) payments due for tanks other than federally registered tanks; and (3) payments due for installation inspections performed for tank systems other than tanks registered to the federal government; (4) less any unearned or misused funds or consequential damages caused by the contractor's errors or omissions for which the Department is or may become liable.
- N. Proprietorship. The materials and information developed under this Contract shall be the property of the Department. All information, files, records and documents in the possession of the contractor necessary to carryout obligations of this contract (included but not limited to: inspection checklists, plan review applications and approval letters, non-compliance orders, etc.) are the property of the Department.
- O. Examination of Records. The Contractor agrees that the Department of Agriculture, Trade, and Consumer Protection will have access to and the right to examine, audit, excerpt and transcribe any directly pertinent books, documents, papers and records of the Contractor, involving transactions relating to this Contract. Such material will be retained for three years by the Contractor following completion of the Contract.
- P. Continuance of Contract. Continuance of this Contract beyond the limits of funds available shall be contingent upon appropriation of the necessary funds, and the termination of the Contract for lack of appropriations shall be without penalty.

- Q. Confidentiality. The Contractor warrants that it will retain all information belonging to the Department in strictest confidence and will neither use it nor disclose it to anyone without the express written consent of the Department or as otherwise provided by law or court order. The Contractor also agrees to hold the Department harmless for the Contractor's disclosure of confidential information.
- R. Disclaimer of Liability and Hold Harmless Provision. Neither the Department, nor any of its officers or employees shall be held liable for any improper or illegal intentional, negligent incorrect performance of the Contract by the Contractor. The Contractor further AGREES TO INDEMNIFY AND HOLD HARMLESS the Department and all of its employees from any loss, liability, costs (including court costs) and attorneys' fees, for any direct, indirect, incidental, special, exemplary, or consequential damages (including, but not limited to, procurement of services, loss of profits or business interruption) however caused and on any theory of liability, whether in contract, strict liability, or tort (including negligence or otherwise) arising in any way out of the performance and/or non-performance of the Contract by the Contractor.
- S. Contract Modifications. This Contract may be modified in whole or in part by the Department at any time upon not less than 15 working days written notice to the Contractor. In the event of such modification by the Department, the Contractor must accept or reject the modifications during the thirty- (30) day following the date of the written notice. In the event of rejection of modifications, either party may exercise its rights to terminate the Contract.
- T. Inspection Contracts with Other Fire Districts. If a Contractor wishes to provide new LPO inspection services for another fire district municipality, a copy of an agreement signed by the chief elected municipal officer for that fire district as required by ATCP 93.110 shall be provided to the department.

II. SCOPE OF SERVICE

- A. The Contractor will perform, as specified by the Department, the environmental protection and fire/property/human safety provisions of Wis. Admin. Code Ch. ATCP 93 Flammable, Combustible, and Hazardous Liquids. As its primary duties in implementing the environmental and fire safety provisions of Wis. Admin. Code Ch. ATCP 93 the contractor shall:
1. Perform plan review and approval for tank systems under the scope of Wis. Admin. Code s. ATCP 93.100 for facilities with all tanks of less than 5,000 gallons. Approve/disapprove the plans, which are submitted, based upon the criteria established in Wis. Admin. Code Ch. ATCP 93.
 2. Perform AST and UST installation inspections for tank systems whose plans have been reviewed at the Department or LPO level, submitting the proper documentation, and providing the Department retail program notification.
 - a) Submit a copy of the installation checklist to the Department.
 - b) Notify the respective Bureau of Weights and Measures Field Operations inspector when final inspection has been conducted on installation or upgrade at retail sites.

Note: UST systems have a minimum of three on-site inspection points: 1) Pre-installation scope and planning, 2) Tank and pipe pressure test, and 3) Pre-operational installation verification.

3. Perform the annual inspection of underground tanks for compliance with leak detection, release prevention, functional operation and maintenance established in Wis. Admin. Code Ch. ATCP 93 as directed by the Department for:
 - ◆ “In Use” and “Temporarily-Out-of-Service” federally regulated tank systems,
 - ◆ “In Use” heating oil USTs with capacity greater than 4,000 gallons,

and designated registered “In Use” aboveground tank systems for compliance with leak detection, release prevention, operation and maintenance established in ATCP 93 as directed by the Department for:

 - ◆ non agricultural/non private/non retail aboveground storage tank used for vehicle fueling,
 - ◆ aboveground storage tank of occupancy types: “utility, industrial, mercantile/commercial, designated government owned fleet, and schools,
 - ◆ Contents include: Diesel, Leaded Gasoline, Unleaded Gasoline, Kerosene, Fuel Oil, Aviation Fuel, Gasohol, Premix, Unknown, Hazardous Waste, and Chemical (CERCLA List liquids in ASTs 5,000 gallon capacity and larger) registered tank systems.
4. Conduct site inspections when necessary to verify the status or existence of “Abandoned” tanks in the process to bring tank closure or to assist the Department in resolving database and permit related issues.
5. Provide technical advice and information to tank system owners and operators.
6. Conduct necessary program administration, including filing and reporting.
7. Conduct activities with local contractors and operators during hours that provide an efficient and effective program response.
8. Conduct UST closure inspections.

NOTE: For additional information regarding installation and closure inspections refer to Inspection Guidelines.

B. In carrying out the duties of the Contract, the Contractor shall:

1. Have a sufficient number of certified inspector(s) who have successfully completed the Department's required training and certification in order to carry out the assigned program duties under this Contract.
2. Maintain program records to document inspections and provide data to the Department's tank database. Providing program reports on compliance rates, outstanding orders and program performance.
 - a) Submit installation inspection checklists to the Department to record inspections and to trigger payment for installation inspection.
 - b) Maintain inspection records and data on violations identified, orders written and orders satisfied via the state inspection software program.
 - c) Ensure that tank inventory forms are submitted to the Department by the owner for new installations, closures or changes in ownership identified during inspections.
 - d) Provide program support for correction of database errors, information deficiencies, etc., by investigating and researching local records, history, etc.

3. Provide accurate program and technical information to local residents, tank system owners and other interested parties. Represent the Department with professionalism and courtesy in all communications and actions.
4. Have a combustible gas indicator for monitoring for flammable vapors during inspections and closures.
5. Consult with Department staff on questions of program interpretation. Follow Department program direction and interpretation. Any disagreement regarding program interpretation shall be resolved by the Department, whose interpretation is final and conclusive.
6. Provide the Department with performance information or statistics as deemed necessary by the Department.
7. Provide the Department with monthly site inspection and compliance performance reports by the 5th of the following month via the state inspection software program. The site reports shall include:
 - a) Identification and data entry of specific non-compliance issues.
 - b) Data entry if a Red-tag(s) is administered.
 - c) Date entry that non-compliance orders were brought into compliance or resolution.
 - d) Tank attribute data change/entry as database access and program direction is provided.

NOTE: Contractor is not required to perform annual or maintenance inspections of tank systems at facilities which are visited by staff of the Bureau of Weights and Measures Field Operations. These tank systems will be inspected as part of the petroleum inspection effort.

8. Issue initial orders and follow-up actions for tank system closures required by Wis. Admin. Code Ch. ATCP 93 unless it is mutually agreed that the order should be written by one of the Department's staff members. Maintain documentation of all inspections and orders, including, re-inspections to determine compliance with orders.
 9. Receive original contractor closure notices. Provide approvals of closures in place if warranted by specific site conditions. Perform inspections at the closure of underground tank systems or as directed by the Department or local municipal ordinance or policy.
 10. Issue enforcement orders and perform follow-up actions or investigations on violations of Wis. Admin. Code Ch. ATCP 93's groundwater protection and fire safety provisions, which are identified through: inspections, the plan review process, permit and registration processing, public inquiry or notice, etc. Maintain documentation of all inspections and orders, including, re-inspections to determine compliance with orders.
 11. Assure compliance with all applicable statutes and codes relating to workplace safety for Contractor's employees. The Department PROHIBITS CONFINED SPACE ENTRY WHEN PERFORMING ANY WORK UNDER THE REQUIREMENTS OF THIS CONTRACT.
- C. Deputy Status and Limits on Deputy Status. For the limited purposes of carrying out the inspection, enforcement and technical assistance functions in this section, the Contractor will be a deputy of the Department under the provisions of Wis. Admin. Code s. 93.050(13).

The Contractor's authority shall be strictly limited to the duties described in this section, and the Contractor is not authorized to act as an agent of the Department for any other purposes. The Contractor is an independent contractor and nothing in this Contract with the Department is intended to create an employment relationship with the Department with either the Contractor or any of its employees. The Contractor is solely responsible for its actions and those of its employees in carrying out the functions specified under this Contract. The Department has sole authority to interpret the provisions of state and federal statutes and rules relating to petroleum storage tanks and may require the Contractor to rescind and/or re-issue any action, order, or technical advice that conflicts with the Department's interpretation.

III. TIME, COST AND ADMINISTRATION

- A. The Contractor may not charge fees for services provided under this Contract, except from the sources indicated.
- B. Total cost for the Contract shall not exceed the moneys provided through:
 - 1. Calculations for the respective state fiscal year payment based upon the dollar amounts specified in Section III, E. and the Department's tank database population on June 30th of the preceding year.
 - 2. The Contractor's share of installation inspection fees.
 - 3. Contractor's locally generated plan review fees.
 - 4. Any other funds generated at the local level through local permits, ordinance, etc.
 - 5. The Department will not be responsible for any payments in excess of the source amounts referred to in subsection A. Any request for an increase in payment in excess of the source amounts referred to in subsection A shall be made pursuant to Section I General, (S) Contract Modifications.
- C. Payments to the Contractor will be made quarterly for installation and closure inspections reported to the Department and supported by a completed installation checklist. Payments to the Contractor for annual inspections will be made on approximately the 15th of the month following the month the inspection was submitted to the department.
- D. The Contractor is responsible for establishing and controlling expenditures within its budget to assure all services provided under the bid and subsequent contract are completed.
- E. The Department will pay the Contractor for the performance of services under this Contract as follows:

For State Fiscal Years 2016-2017:

- 1. Annual Inspections of Underground Tank Systems. A Contractor with a voluntary services Contract shall be paid for its service area, corresponding to one or more fire jurisdictions, based upon annual recorded inspections and installation and closure inspection documentation submitted:
 - a) \$90 for each registered "federally regulated" UST system in use (Type 1),
 - b) \$60 for each registered "federally regulated" Temporarily-Out-of-Service UST (Type 2),
 - c) \$90 for each registered "heating fuel" UST greater than 4,000 gallons (Type 3),

2. Periodic Inspections of Aboveground Tank Systems. The amount the contractor will be paid for each registered "In use" non-agriculture/non-private/non-retail above ground storage tank (AST) used for vehicle fueling, and payment for each registered "In use" above ground storage tank (AST) of occupancy type: utility, industrial, mercantile/commercial, school and government fleet:
 - a) \$90 for each Vehicle fuel ASTs (Type 6)
 - b) \$90 for each Non vehicle fuel ASTs (Type 7)
3. Installation. \$170 for the site UST Pre-installation scope and planning meeting. Plus the Contractor's share of ATCP 93 installation inspection fees. For installation inspections of plans reviewed at the state level, 100% of the ATCP 93 installation inspection fee charged.
4. Closure. \$90 for the site UST closure inspection.
5. Performance Fee. A fee equal to 7.5% of the annual inspection payment will be paid to the Contractor if the annual audit determined that the Contractor had met all contract expectations.

For State Fiscal Years 2018-2020

1. Annual Inspections of Underground Tank Systems. A Contractor with a voluntary services Contract shall be paid for its service area, corresponding to one or more fire jurisdictions, based upon annual recorded inspections and installation and closure inspection documentation submitted:
 - a) \$92 for each registered "federally regulated" UST system in use (Type 1),
 - b) \$62 for each registered "federally regulated" Temporarily-Out-of-Service UST (Type 2),
 - c) \$92 for each registered "heating fuel" UST greater than 4,000 gallons (Type 3),
 2. Periodic Inspections of Aboveground Tank Systems. The amount the contractor will be paid for each registered "In use" non-agriculture/non-private/non-retail above ground storage tank (AST) used for vehicle fueling, and payment for each registered "In use" above ground storage tank (AST) of occupancy type: utility, industrial, mercantile/commercial, school and government fleet:
 - a) \$92 for each Vehicle fuel ASTs (Type 6)
 - b) \$92 for each Non vehicle fuel ASTs (Type 7)
 3. Installation. \$175 for the site UST Pre-installation scope and planning meeting. Plus the Contractor's share of ATCP 93 installation inspection fees. For installation inspections of plans reviewed at the state level, 100% of the ATCP 93 installation inspection fee charged.
 4. Closure. \$92 for the site UST closure inspection.
 5. Performance Fee. A fee equal to 7.5% of the annual inspection payment will be paid to the Contractor if the annual audit determined that the Contractor had met all contract expectations.
- F. In addition to the funding provided by the Department, the Contractor may have available the funds generated through the local plan review process and any permit fees established by ordinance on a local level. The Contractor must charge according to the plan review and inspection fees established in Wis. Admin. Code Ch. ATCP 93.

G. The Department retains the sole authority to determine the amount of monies payable to the Contractor for services provided by the Contractor under this Contract.

Definition of Tank Classifications:

In Use – An aboveground or underground tank that is being used to store and/or dispense a product regulated under Wis. Admin. Code Ch. ATCP 93.

Abandoned – An aboveground or underground tank that is not being used and is not properly closed as required by Wis. Admin. Code Ch. ATCP 93, or is not in “Temporarily-Out-of-Service” status pending upgrade.

Closed – An aboveground or underground tank that has been taken out of service, cleaned and either removed from the site or closed in place under the requirements of Wis. Admin. Code Ch. ATCP 93 of the Flammable, Combustible, and Hazardous Liquids Code in effect at the time of closure.

Temporarily-Out-of-Service – An aboveground or underground tank that is not “In Use” pending system upgrade modification for groundwater protection.

UST/AST Installation / Closure Inspection Guidelines

The purpose of the installation inspection is to maintain regulatory oversight of systems that have a potential to pose significant risk to fire safety and environmental contamination if not properly installed. The inspector functions as a liaison for the state regulatory and enforcement program and as a monitor to protect the interests of the owner.

The concept behind the installation inspection requirements and Departmental expectation is a pre-installation visit to establish expectations in administrative and operational aspects throughout the installation process, and to monitor at least two milestones as the installation progresses. The pre-installation scope and planning meeting is intended to develop a strategy for communications between the inspection agency and the contractor. This strategy to assure that adequate notification is made to accommodate, in a timely manner, the inspection points throughout the installation process and what must be in place, operationally and administratively, for the inspector to sign-off prior to placing the system into operation. The optimum time for the pre-installation scope and planning meeting is during the air test of the tanks after they have been unloaded, prior to being placed in the excavation.

The department has established two inspection oversight milestones as the installation progresses. However, two inspections may not be adequate to maintain proper regulatory oversight during the installation process, depending upon the magnitude or scheduling of the installation. Regulatory inspection oversight may be maintained at some AST installations through one inspection just prior to placing the system in operation.

The first inspection milestone is after the major excavation work has been completed and the primary components of the system are in place. The piping will be exposed and the line pressure test will be taking place prior to connection to the dispenser and the tank.

The final inspection milestone will be conducted prior to placing the system into operation. This inspection is intended to confirm the previous work, verify the integrity of the system and the leak detection methodology in place, and bring the administrative process to closure.

The Department has taken the position that if the Contractor gives adequate notice to the LPO for a pending installation inspection, conflicts with the LPO's schedule should not hold-up the Contractor's progress. This does not mean that the inspector's inspection obligations or the regulatory oversight are diminished. The inspector may authorize the Contractor to continue, but the Contractor must allow provisions for verification of specific inspection points. Examples are burial depth, slope, flex connectors, anodes, isolation bushings, etc. The inspector has the authority to require that the Contractor provide specific accommodations to facilitate inspection. Restricting the amount of trench backfilled and/or providing photographs are just two means an inspector may use to maintain verification oversight.

The final inspection is extremely important. The inspector conducting the final inspection is signing the form confirming that the final and all prior inspections have been thorough, all components are in place, and that no changes have occurred that are not documented. It is the Department's expectation that the final inspection will involve a walk-through visual inspection of the entire system from the storage tank to the dispenser. The inspector will have access covers and dispenser doors opened to accommodate a visual verification.

The following Installation Inspection Guide (pages 13 – 15) is designed to serve as an internal check for the inspector, enabling the inspector to gauge his/her thoroughness and consistency when conducting installation inspections. This guide can be used in many ways, individually or

by the agency when multiple inspectors are involved with a site through the duration of the installation.

Pre-installation Scope and Planning Meeting Expectations

- ◆ Discuss administrative aspects and how contractor will verify and document integrity and diagnostic tests, e.g., sump containment tightness, system leak detection, corrosion protection, overfill alarm, etc.
- ◆ Verify that system is being installed within the restrictions of the respective Material Approval or Petition For Variance.
- ◆ Verify tank, dispenser and emergency control locations and setbacks as reflected on the plan.
- ◆ Discuss potential plan revision items.
- ◆ Discuss areas of the installation that are not under the responsibility of the tank system equipment contractor, e.g., electrical.
- ◆ Confirm methods of leak detection, corrosion protection, and overfill prevention.
- ◆ Agree on notification / inspection time perimeters, flexibility, etc.
- ◆ Discuss other key inspection or contractor employees that may be working on this site, signing inspection forms, and serve as contact for status inquires.
- ◆ Discuss third-party contractors that may be involved, e.g., fencing contractor, tightness tester, etc.
- ◆ Discuss who will be attending final inspection and what must be accessible and available.

Installation Inspection Expectations:

Installation inspections commence when the installation, retro-fit, upgrade or remodeling is underway. The inspector is expected to assess that the installation is being conducted in accordance with the respective national standards, Petition For Variance, Material Approvals and ATCP 93 and conforms to the system installation plan or revision. The Department does not expect the LPO inspector to attend the duration of component integrity or diagnostic testing. It is the expectation of the Department that the inspector visit the site at some point in time during or immediately after a component test, such as the initial pipe tightness test or the pre-operational tank system tightness test, is conducted. The department expects that the inspector will review test procedure and component test results to confirm that the test procedure and results are documented.

UST Closure Inspections

The inspector shall visit the site preferably during the excavation activity, but prior to backfill to assess the following:

- ◆ That soil sampling was performed for federally regulated and heating fuel tanks larger than 4,000 gallon capacity and for other USTs where contamination is suspected.
- ◆ Individual performing the soil sampling is a current Comm 5 Certified Site Assessor.
- ◆ For sites with contamination, the inspector should discuss with the closure contractor the suspected source of the contamination (tank leak, pipe leak, spill and overfill source, etc.) and document that on the closure checklist.
- ◆ Confirm who is making DNR notification.

Major Site Inspection Components

These guidelines should be used in conjunction with the installation checklists (ERS-6294 and ERS 9658).

A. Administrative

Plan review verification.

- Approved plans on site.
- Installation Inspection Checklist started.
- Tank capacity and number corresponds with submittal.
- Tank setbacks within restrictions. (Property line, buildings, LP tanks, etc.)
- Dispenser setback. (Building, retail/nonretail, kerosene dispensing, etc.)
- Access manways installed corresponding with submittal.
- Overfill devices.
- Spill containment.
- If changes have been made is there a plan revision on site.
- Tank soap test documentation on site or proof of factory vacuum integrity throughout installation process.
- Material Approval (if applicable) for pipe, leak detection, tank, flex connectors, dike liners.
- Installation according to Material Approval or Petition For Variance.

B. Piping

Precision Test.

- Primary piping been completed and test information documented by technician.
- Secondary piping been completed and test information documented by technician.

Peripherals.

- Slope or configuration of piping/pipe run is code complying.
- Piping has mechanical listed flex connectors at tank and dispenser (except for flexible piping with material approval).
- Emergency shut-off valve with fusible link is positioned according to manufacturer's specifications.
- Vent pipes for class 1 products minimum 12' above grade and 5 feet from building openings.
- Vent pipes for class II products minimum 4' above grade or highest snow height.

C. Cathodic Protection Systems

- Anodes placed as approved.
- Impressed current CP - conductor buried at least 24" below finished grade.
- Test stations installed.
- Test conducted for effectiveness, if so is copy of test results on site.
- Verification of CP designer, installer, etc. NACE qualifications/certification.

D. Release Detection

- Precision test has been conducted on tank and lines prior to placing the system into operation.
- All leak detection methodology has Material Approval.
- Leak detection methodology applies to the system in place.
 - Capacity of tank and piping.
 - Manifolder tanks.

Automatic Tank Gauging.

- Diagnostic and calibration test conducted on ATG system.
- Setup print-outs submitted to DATCP with installation checklist.

Interstitial Monitoring.

- All Interstitial monitoring systems whether mechanical or electrical, require precise installation, and testing.
- Recordkeeping system established.

Statistical Inventory Reconciliation.

- Recordkeeping system established.

Electronic Line Leak Detector

- Verification that electronic line leak detector was checked to trip at 3 GPH @ 10 psi equivalent (max.) flow rate.
- If used for startup test and/or annual precision test of piping a diagnostic check and documentation of a passed tightness test (to specifications on Material Approval) of pipe.

Mechanical Flow Restrictor

- Verification that mechanical flow restrictor was checked to trip at 3 GPH@ 10 psi equivalent (max.) flow rate.

E. Site Overview Inspection

- Fill pipe caps and manhole covers color-coded appropriate for product.
- An emergency breakaway on each Class I and II liquid hose.
- Are fuel oil and kerosene dispensers at least 20 feet away from dispensing equipment for class I and II motor fuel liquids?
- Operating instructions and emergency instructions for unattended self-service stations.
- Stop motor and no smoking signs posted.
- Are dispensers mounted and bolted down properly.
- Emergency shut off installed inside building and working.
- Push-to-stop button on dispensers (if required).
- Unattended fueling - Emergency Shutdown device installed and visible.

F. Documentation and Training

- Site address, installation specifications and data on installation plans, installation inspection checklist, and inventory forms match.
- Components installed correspond with components on plan submittal.
- Copy of startup test(s) included with submittal of Installation Checklist.
- Owner/operator been trained in the use of the leak detection and monitoring system *before* the system has been place into service.
- Owner has been provided with all installation, operating instructions, and Material Approval documents for all components of the tank system.
- Owner/operator has all documents available for inspection, as required.

G. Post Inspection Notification to Bureau of Weights and Measures Field Operations

For *retail sites*, send Fax or E-mail notification to the respective Weights and Measures Field Operations office that the installation inspection has been completed.

If all the respective requirements of this guideline cannot be met, the system should not be allowed to be put into service.

End of Contract

RESOLUTION
AUTHORIZING FINAL PAYMENT OF PUBLIC WORKS CONTRACT C16-05
Cracksealing and Sealcoating

WHEREAS, work under this contract has been completed satisfactorily and in conformance with the requirements of the contract; and

WHEREAS, This project maintained pavements through the application of crackfilling and sealcoating; and

WHEREAS, the city engineer, comptroller, and attorney recommend final payment to the contractor.

NOW, THEREFORE, BE IT RESOLVED, by the City of Beloit City Council that Fahrner Asphalt Sealers, LLC be paid \$6,247.16 as the final payment for Public Works Contract C16-05 Cracksealing and Sealcoating as recommended by the City Engineer.

Dated at Beloit, Wisconsin, this 18th day of July 2016.

BELOIT CITY COUNCIL

David F. Luebke, President

ATTEST:

Lorena Rae Stottler, City Clerk

CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL



Topic: Final Payment for Contract C16-05, Cracksealing and Sealcoating

Date: July 18, 2016

Presenter(s): Gregory Boysen

Department(s): Public Works/ Engineering

Overview/Background Information:

This project maintained pavements through the application of crackfilling and sealcoating.

Key Issues (maximum of 5):

1. The requirements of the contract have been completed to the satisfaction of the City.
 2. The awarded contract amount was \$ 125,690.74
Quantity decreases and change orders \$ - 747.50
Net payment due contractor \$ 124,943.24
 3. The City Engineer, City Attorney, and Director of Accounting recommend that a final payment be made to Fahrner Asphalt Sealers, LLC in the amount of \$6,247.16.
-

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.):

1. **Develop a high quality community through the responsible stewardship and enhancement of City resources to further Beloit's resurgence as a gem of the Rock River Valley.**
 - This project enhances the quality of life in Beloit by improving the appearance and extending the service life on these streets while lowering street maintenance costs.
-

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- **Reduce dependence upon fossil fuels**
n/a
 - **Reduce dependence on chemicals and other manufacturing substances that accumulate in nature**
n/a
 - **Reduce dependence on activities that harm life sustaining eco-systems**
n/a
 - **Meet the hierarchy of present and future human needs fairly and efficiently**
The improved pavement meets the present and future human needs by extending the life of the pavement, increasing pedestrian safety, and reducing pavement maintenance.
-

If any of the four criteria are not applicable to your specific policy or program, an N/A should be entered in that space.

Action required/Recommendation:


Approval of the Resolution authorizing the Final Payment.

Fiscal Note/Budget Impact:

Adequate funding is available in the 2016 Capital Improvement Plan.

CITY OF BELOIT
DEPARTMENTAL CORRESPONDENCE

TO: Mike Flesch

FROM: Andy Hill, Project Engineer 

DATE: June 22, 2016

SUBJECT: Final Payment Contract C16-05
Cracksealing and Sealcoating


The work on this project was completed on June 3, 2016. I have inspected the work and find it to be satisfactory and in compliance with the requirements of the contract. The contractor has asked for final payment. The project was inspected by city staff. The final payment quantities have been approved by the contractor.

The original contract amount was for \$125,690.74, and the final contract amount is \$124,943.24. The decrease in cost was due to accurate measurement of as-installed weight of crackfill product. Payments to date under this contract total \$118,696.08, and there were no subcontractors. A complete list of streets which received maintenance is attached.

Therefore, I recommend a final payment in the amount of \$6,247.16 be made to Fahrner Asphalt Sealers, LLC.

CITY OF BELOIT
DEPARTMENTAL CORRESPONDENCE

TO: Andy Hill, Project Engineer

FROM: Elizabeth A. Krueger, City Attorney 

DATE: ~~June 30, 2016~~
July 8, 2016

SUBJECT: **Final Payment Public Works Contract C16-05**
Cracksealing and Sealcoating
Fahrner Asphalt Sealers, LLC

I have reviewed the materials you sent over for final payment approval on the above contract. Everything appears in order and you may process the matter in your normal fashion.

/tdh
encs.

CITY OF BELOIT

REPORTS AND PRESENTATIONS TO CITY COUNCIL



Topic: Conditional Use Permit Application for property located at 816 Roosevelt Avenue – Council Referral to the Plan Commission

Date: July 18, 2016

Presenter(s): Julie Christensen

Department: Community Development

Overview/Background Information:

Isaac Rojas has filed an application for a Conditional Use Permit to allow a change from one non-conforming use to another for the property located at 816 Roosevelt Avenue in the City of Beloit.

Key Issues:

- The applicant is seeking permission to operate a re-upholstery and decoration shop in the commercial building at 816 Roosevelt Avenue.
- A home amusement equipment shop previously occupied the commercial building and was considered a legal non-conforming use.
 - According to Section 9.2.1 of the Zoning Code (Chapter 19), a legal non-conforming may be changed to another non-conforming use in accordance with the conditional use procedures.
- The parcel contains a single-family dwelling, a detached garage, and a commercial building.
- A Location & Zoning Map and the application are attached.

Conformance to Strategic Plan:

- Consideration of this request supports Strategic Goal #5.

Sustainability:

- **Reduce dependence upon fossil fuels** – N/A
- **Reduce dependence on chemicals and other manufacturing substances that accumulate in nature** – N/A
- **Reduce dependence on activities that harm life sustaining eco-systems** – N/A
- **Meet the hierarchy of present and future human needs fairly and efficiently** – The commercial building is currently unsuitable for residential uses. The operation of a low impact business will provide a use for the building and help ensure that it does become dilapidated due to long periods of vacancy.

Action required/Recommendation:

- Referral to the Plan Commission for the July 20, 2016 meeting.
- This item will most likely return to the City Council for a public hearing and possible action on August 1, 2016.

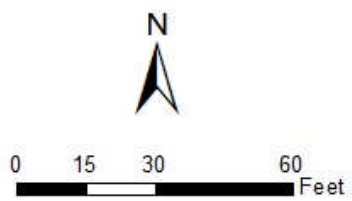
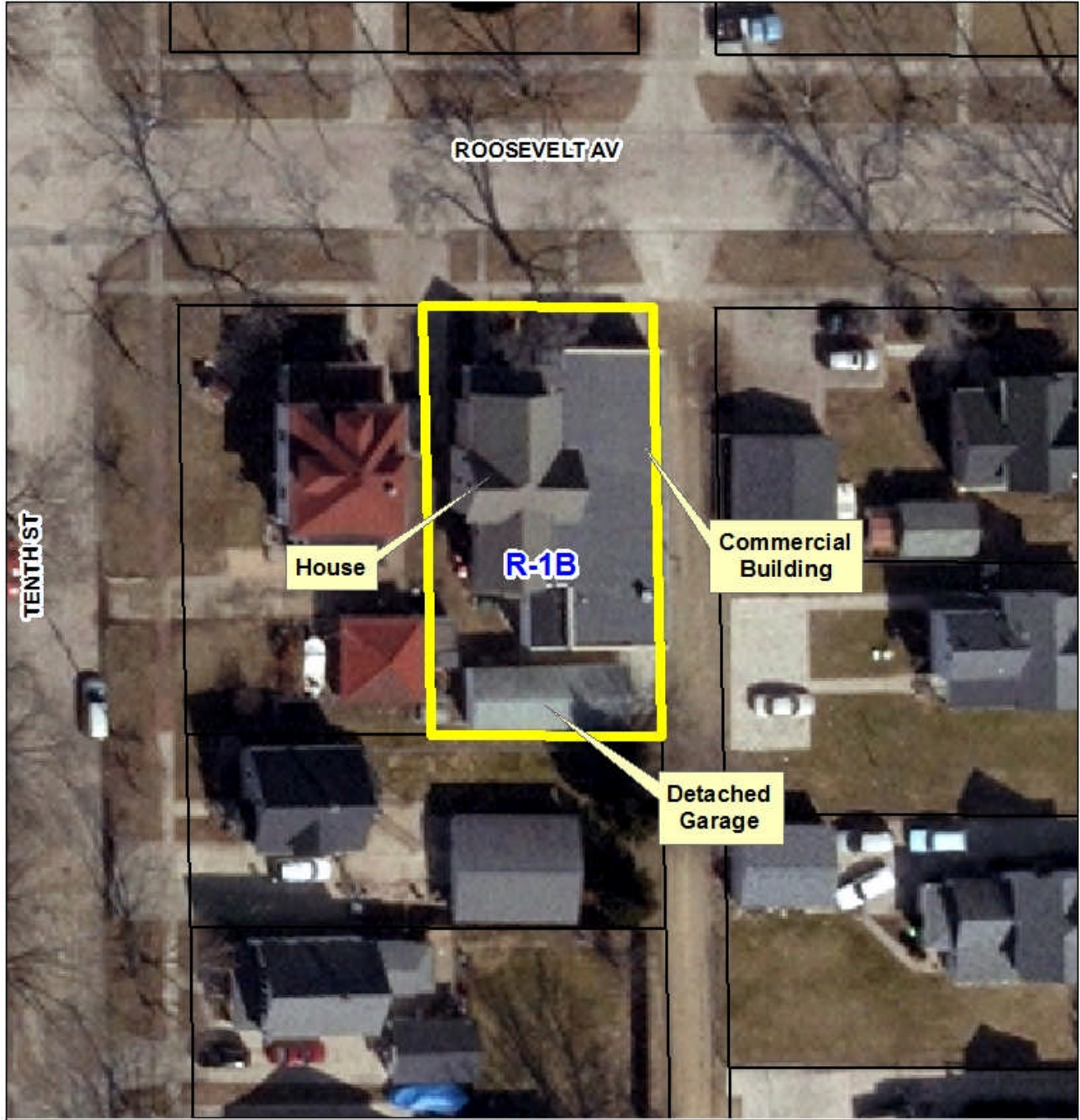
Fiscal Note/Budget Impact: N/A

Attachments: Location and Zoning Map, Application




Location Map

816 Roosevelt Ave

CU-2016-03



Legend

-  816 Roosevelt Ave
-  COB Parcels
-  Zoning District

Planning and Building Services Division

Map prepared by: Alex Morganroth
Date: June 2016
For: City of Beloit
Planning & Building Services
Date of Aerial Photography: April 2011

Document Path: \\smb01\cityofbeloit\gis\mxd\816 Roosevelt Ave\816 Roosevelt Ave.mxd

CITY of BELOIT

Planning and Building Services Division

100 State Street, Beloit, WI 53511 Phone: (608) 364-6700 Fax: (608) 364-6609

Conditional Use Permit Application

(Please Type or Print)

File Number: CG-2016-03

- Address of subject property: 816 Roosevelt Ave
- Legal description: E 60 FT Lots 10 & 11 B 2 McGavocks Sub of McGavocks add.
If property has not been subdivided, attach a copy of the complete legal description from deed.
Property dimensions are: 23 feet by 73 feet = 1679 square feet.
If more than two acres, give area in acres: NA acres.
- Tax Parcel Number(s): 13570205
- Owner of record: For Him, Inc. Phone: _____
Po Box 41 Beloit Wisconsin 53512
(Address) (City) (State) (Zip)
- Applicant's Name: Isaac Rojas
816 Roosevelt Ave Beloit Wisconsin 53511
(Address) (City) (State) (Zip)
NA 1 619-985-7159 1 Designerrojas@gmail.com
(Office Phone #) (Cell Phone #) (E-mail Address)
- All existing use(s) on this property are: Light Furniture Painting & Re-upholstering.
- THE FOLLOWING ACTION IS REQUESTED:**
A Conditional Use Permit for: 816 Roosevelt Ave, Beloit, WI 53511
in a(n) Residential R1-B Zoning District.
- All the proposed use(s) for this property will be:
Principal use: Light Re-upholstery & decoration shop.
Secondary use: _____
Accessory use: _____

9. Project timetable: Start date: June 15 Completion date: NA

10. I/We) represent that I/we have a vested interest in this property in the following manner:

- () Owner
- () Leasehold, length of lease: _____
- Contractual, nature of contract: Land Contract
- () Other, explain: _____

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct.

I/We, the undersigned, do hereby respectfully make application for and petition the City Plan Commission and City Council to grant the requested action for the purpose stated herein. I/We represent that the granting of the proposed request will not violate any of the required standards of the Zoning Ordinance of the City of Beloit. I/We also agree to abide by all applicable federal, state and local laws, ordinances, rules, and regulations.

Isaac Rojas / Isaac Rojas / June 23, 2016
 (Signature of Owner) (Print name) (Date)

_____/_____/_____
 (Signature of Applicant, if different) (Print name) (Date)

In order for your request to be heard and considered in a timely manner, you must submit the completed application, and all accompanying documents, to the Planning and Building Services Division for acceptance by the filing deadline date prior to a scheduled Plan Commission meeting.

This application must be submitted with one copy of a scaled drawing showing the layout of the proposed development in accordance with all code requirements, and the \$275.00 application fee. Applicants will also be charged a fee for mailing public notices at the rate of \$0.50 per notice. An invoice for this fee will be sent to the applicant and these costs are typically between \$5.00 and \$15.00.

To be completed by Planning Staff

Filing fee: \$275.00 Amount paid: _____ Meeting date: July 20, 2016

No. of notices: _____ x mailing cost (\$0.50) = cost of mailing notices: \$ _____

Application accepted by: AEM Date: 6/24/16

ORDINANCE NO. _____

AN ORDINANCE TO AMEND SECTION 18.02(4)(a) OF THE CODE OF GENERAL ORDINANCES OF THE CITY OF БЕЛОIT PERTAINING TO ANIMALS IN PARKS

Section 1. Section 18.02(4)(a) of the Code of General Ordinances of the City of Beloit is hereby amended to read as follows:

“(a) Presence in Park. Dogs and cats are allowed in City parks unless signs prohibiting their presence are posted. No horses, ponies or other domesticated farm animals are allowed in City parks without the written authorization of the Director.”

Section 2. This ordinance shall be in force and take effect upon passage and publication.

Adopted this 18th day of July, 2016.

CITY COUNCIL FOR THE CITY OF БЕЛОIT

By: _____
David F. Luebke, President

ATTEST:

By: _____
Lorena Rae Stottler, City Clerk

PUBLISHED: _____
EFFECTIVE DATE: _____
01-611100-5231- _____

CITY OF БЕЛОIT



REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: AN ORDINANCE TO AMEND SECTION 18.02(4)(a) OF THE CODE OF GENERAL ORDINANCES OF THE CITY OF БЕЛОIT PERTAINING TO ANIMALS IN PARKS

Date: July 18, 2016

Presenter: Chief David Zibolski

Department: Police Department

Overview/Background Information:

The ordinance amendment is requested to allow for the presence of domesticated farm animals in city parks if approved by the parks director. This would allow for ponies or similar animals to be present at special events, such as Neighborhood Night Out (NNO) at Riverside Park. The police department will work cooperatively with the parks department as needed.

Key Issues:

1. The current ordinance restricts events, such as pony rides, from our parks.
 2. Allowing certain domestic animals with appropriate review and approval will enhance special events for our citizens and families.
-

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.):

Proactively partner with individuals and businesses to promote a safe and healthy community, minimize personal injury, prevent loss of life, and protect property and natural resources.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- Reduce dependence upon fossil fuels N/A
- Reduce dependence on chemicals and other manufacturing substances that accumulate in nature N/A
- Reduce dependence on activities that harm life sustaining eco-systems N/A
- Meet the hierarchy of present and future human needs fairly and efficiently N/A

If any of the four criteria are not applicable to your specific policy or program, an N/A should be entered in that space

Action required/Recommendation:

Staff recommends approval and also suspension of the rules for 1st and 2nd reading on July 18, 2016

Fiscal Note/Budget Impact:

No fiscal budgetary impact

Attachments:

Proposed ordinance

July 18, 2016

**APPOINTMENT REVIEW COMMITTEE
REPORT TO CITY COUNCIL
APPOINTMENT RECOMMENDATION**

The undersigned David F. Luebke, duly elected President of the Beloit City Council, subject to confirmation by the Beloit City Council, does hereby appoint the following citizen members to the vacancies and terms indicated below, said appointments being pursuant to nominations made and approved by the Appointment Review Committee at the Regular meeting held July 11, 2016:

David F. Luebke, President, Beloit City Council

Appointments

Board of Appeals

Willis Zick, 1119 Milwaukee Road (replacing Gregory Gaul) to a regular term ending May 31, 2018

John Petersen, 2387 Turnberry Dr. (replacing Willis Zick) as 1st Alternate term ending May 31, 2017

PLEASE ANNOUNCE THE FOLLOWING VACANCIES

Alcohol Beverage License Control Committee (1 vacancy for Tavern League Rep.)

Appointment Review Committee

Board of Appeals (1 vacancy for 2nd Alternate)

Board of Review

Equal Opportunities Commission

Municipal Golf Committee (1 vacancy for youth representative)

RESOLUTION
APPROVING 2017 COMMUNITY DEVELOPMENT
BLOCK GRANT (CDBG) LOCAL FUNDING PRIORITIES

WHEREAS, the City of Beloit will be allocating Community Development Block Grant (CDBG) funds to eligible projects for 2017, and

WHEREAS, CDBG funds awarded to the City of Beloit are limited, and

WHEREAS, the Community Development Authority recommends that setting priorities for funding will ensure allocation to projects which will meet the greatest needs for the dollars spent; and

WHEREAS, at its June 22, 2016 meeting, the Community Development Authority recommended the following funding priorities: Public Service Programs which focus on comprehensive case management strategies, with priority given to neighborhood stabilization activities, education in budgeting and life skills, and employment training that corresponds with local employment opportunities; Code Enforcement; Housing Rehabilitation; and Economic Development activities with priority given to technical job training; Program Administration and Fair Housing.

NOW THEREFORE BE IT RESOLVED, that the 2017 CDBG local funding priorities are approved by the City Council as shown on Attachment A.

Adopted this 18th day of July, 2016.

BELOIT CITY COUNCIL

Dave F. Luebke, Council President

ATTEST:

Lorena Rae Stottler, City Clerk

Attachment A
2017 COMMUNITY DEVELOPMENT
BLOCK GRANT (CDBG) LOCAL FUNDING PRIORITIES

1. Public Service Programs which focus on comprehensive case management strategies, with priority given to neighborhood stabilization activities, education in budgeting and life skills, and employment training that corresponds with local employment opportunities.
2. Code Enforcement
3. Housing Rehabilitation
4. Economic Development Activities, with priority given to Technical Job Training
5. Program Administration
6. Fair Housing

REPORTS AND PRESENTATIONS TO CITY COUNCIL

Topic: Resolution Establishing Local Funding Priorities for the 2017 CDBG Program

Date: July 18, 2016

Presenter: Julie Christensen

Department: Community Development

Overview/Background Information:

The Department of Housing and Urban Development requires that we provide an opportunity each year for citizens to give input on public housing, community development, homeless and housing needs and to prepare an Annual Action Plan in order to qualify to receive CDBG funding.

The Community Development Authority (CDA) board is recommending that City Council approve funding priorities for inclusion in the 2017 CDBG Application. These priorities were developed based on the needs identified in the 2015-2019 Consolidated Plan, which is a 5-year strategic plan for the use of CDBG funds. In preparation of the Consolidated Plan, staff held three Steering Committee meetings with local agencies and community leaders to obtain input about the needs of the community and gaps in services.

Key Issues (maximum of 5):

1. The CDA recommended the funding priorities listed on Attachment A.
 2. If funding priorities are approved, they will be included in the CDBG application, which will be prepared and sent out in mid-late July. These funding priorities will be used to determine which agencies receive funds for the 2017 CDBG program year only. We will revisit these funding priorities next year prior to the CDBG application cycle.
 3. A public hearing was held during the July 5, 2016 City Council meeting to allow public input on the housing, homeless, and community development needs in the Community. Three people spoke during this hearing:
 - a. Ian Hedges from HealthNet spoke about the importance of wellness and assistance with costs of medication. He requested that health and dental services be a priority and explained that 40% of their clients are from Beloit.
 - b. Donna Ambrose from Caritas and also a Beloit resident spoke about the need for emergency housing assistance and said that Beloit residents need assistance and free education with landlord/tenant issues. She gave examples of Beloit tenants who had property maintenance issues with their units, and once they reported the issues, the landlords retaliated. She also said there is a need in the community for food and security deposit assistance.
 - c. Lynn Vollbrecht from Community Action, Inc. spoke about the various programming provided by Community Action and explained that they have a renewed focus on youth programming.
-

Conformance to Strategic Plan (List key goals this action would support and briefly discuss its impact on the City's mission.):

Approval of this project would conform with Goal #5's stated purpose of applying sound, sustainable practices to promote a high quality community through historic preservation, community revitalization and new development.

Sustainability (Briefly comment on the sustainable long term impact of this policy or program related to how it will impact both the built and natural environment utilizing the four following eco-municipality guidelines.):

- **Reduce dependence upon fossil fuels** N/A
- **Reduce dependence on chemicals and other manufacturing substances that accumulate in nature** N/A
- **Reduce dependence on activities that harm life sustaining eco-systems** N/A
- **Meet the hierarchy of present and future human needs fairly and efficiently** Establishing local funding priorities will allow the City to fund the City's most pressing needs with its CDBG funding.

If any of the four criteria are not applicable to your specific policy or program, an N/A should be entered in that space

Action required/Recommendation:

Recommendation to Council to approve the resolution establishing 2017 CDBG funding priorities.

Fiscal Note/Budget Impact:

Although establishing CDBG local funding priorities will not impact the amount of our CDBG dollars, it will allow the City to use these funds in the most effective manner possible.

Attachments:

Resolution

11.a Council Report and Resolution - 2017 CDBG Establishing Local Goals