

CITY OF ONALASKA MEETING NOTICE

COMMITTEE/BOARD: Administrative & Judiciary Committee
DATE OF MEETING: December 3, 2014 (Wednesday)
PLACE OF MEETING: City Hall – 415 Main Street (Room 112)
TIME OF MEETING: 6:00 P.M.

PURPOSE OF MEETING

1. Call to Order and roll call.
2. Approval of minutes from the previous meeting.
3. Public Input: (limited to 3 minutes/individual)

Consideration and possible action on the following items:

Administrative

4. **Public Hearing - approximately 6pm (or immediately following public input)**
for Class B Liquor Outdoor Venue License for T&J Hospitality of Onalaska, LLC d/b/a Ground Round Grill & Bar, 9348 State Road 16, Onalaska.
5. **Public Hearing - approximately 6:10pm (or immediately following the 6 pm public hearing)**
for Class B Liquor Outdoor Venue License for Shogun Onalaska, INC d/b/a Shogun Onalaska, Inc., 1227 Crossing Meadows Drive, Onalaska.
6. Approval of Operator's Licenses as listed on report dated December 3, 2014
7. Approval of Class B Combination Beer/Liquor License for T&J Hospitality of Onalaska, LLC d/b/a Ground Round Grill & Bar, 9348 State Road 16, Onalaska.
8. Approval of Class B Combination Beer/Liquor License for Shogun Onalaska, Inc., d/b/a Shogun Onalaska, Inc., 1227 Crossing Meadows Drive, Onalaska.
9. Approval of Class B Beer License for Rohan Enterprises LLC d/b/a Royal Thai and Indian Cuisine, 235 Sandlake Road, Onalaska.

PLEASE TAKE FURTHER NOTICE that members of the Common Council of the City of Onalaska who do not serve on the Board may attend this meeting to gather information about a subject over which they have decision making responsibility.

Therefore, further notice is hereby given that the above meeting may constitute a meeting of the Common Council and is hereby noticed as such, even though it is not contemplated that the Common Council will take any formal action at this meeting.

NOTICES MAILED TO:

Mayor Joe Chilsen	
* Ald. Erik Sjolander - Vice Chair Admin & Chair Jud	
Ald. Jim Olson	
Ald. Bob Muth.	
Ald. Jim Bialecki	Tyson Koput – Ground Round
* Ald. Harvey Bertrand	Xinjian Li – Shogunl
*Ald. Jack Pogreba- Chair Admin.&Vice Chair Jud	Om Parkash – Roayl Thai & Indian Cuisine
City Attorney Dept Heads Charter Com. WXOW	
La Crosse Tribune Onalaska Holmen Courier Life	
WIZM WKTY WLXR WKBH WKBT WLSU	
*Committee Members	

Date Notices Mailed and Posted: 11-25-14

In compliance with the Americans with Disabilities Act of 1990, the City of Onalaska will provide reasonable accommodations to qualified individuals with a disability to ensure equal access to public meetings provided notification is given to the City Clerk within seventy-two (72) hours prior to the public meeting and that the requested accommodation does not create an undue hardship for the City.

10. Review and consideration of improvements at City cemetery along Main street including possible closure of driveway and receiving donations for project
11. Miscellaneous licensing reporting

Judiciary

1. **Ordinance No. 1488-2014** to rezone property located in Section 4 Township 16 North, Range 7 West in the City of Onalaska, La Crosse County Wisconsin From R-2 Single Family and or Residential Duplex to Transitional Commercial (Bronston Property) (Third and Final Reading)
2. **Ordinance No. 1489-2014** to rezone property located in Section 5 Township 16 North, Range 7 West in the City of Onalaska, La Crosse County Wisconsin From R-2 Single Family and or Residential Duplex to B-1 Neighborhood Business (Campbell Property) (Third and Final Reading)
3. **Ordinance No. 1490-2014** to rezone properties located in Section 8 Township 16, Range 7 in the City of Onalaska, La Crosse County Wisconsin from B-2 Community Business to M-2 Industrial (Evenson Property) (First and Second Reading)
4. **Ordinance No. 1491-2014** to amend Chapter 4 of Title 2, Section 8 of the Code of Ordinances of the City of Onalaska relating to Library Commission (First and Second Reading)

Adjournment

**NOTICE OF ACTION
BEFORE THE CITY OF ONALASKA
ADMINISTRATIVE AND JUDICIARY COMMITTEE**

Please take notice that the City Administrative and Judiciary Committee for the City of Onalaska will be taking action on an Outdoor Venue License to allow serving liquor in an outdoor area for:

**GROUND ROUND GRILL AND BAR
9348 STATE ROAD 16
ONALASKA, WI 54650**

on

WEDNESDAY, DECEMBER 3, 2014

Meeting starts at 6pm at Onalaska City Hall, 415 Main Street, Onalaska, WI 54650,

Dated this 14th day of November, 2014.

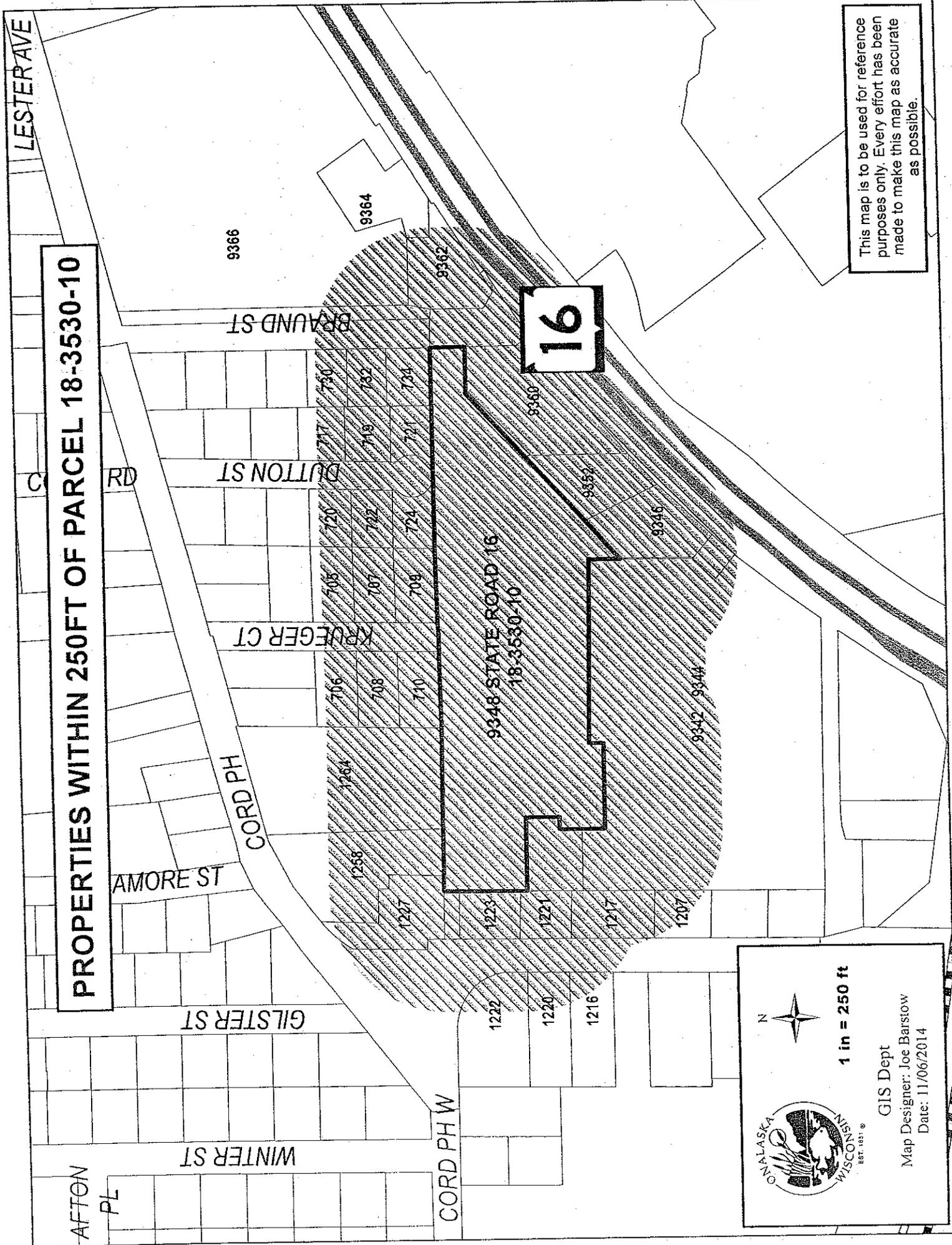
Cari Burmaster
City Clerk

LESTER AVE

PROPERTIES WITHIN 250FT OF PARCEL 18-3530-10

16

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.





1 in = 250 ft



 GIS Dept

 Map Designer: Joe Barstow

 Date: 11/06/2014

APPLICATION FOR OUTDOOR VENUE LICENSE

License No. 04320

Pre-requisite: Must currently have a Class A or Class B Fermented Malt Beverage or Liquor Retailer's License

Original Application Fee \$100.00

Annual Renewal Fee \$15.00

To the Common Council of the City of Onalaska:

Legal/Real Name: T&J Hospitality of Onalaska, LLC

Address of Above: 9348 US Hwy 16 Suite 232

Trade name of business: Ground Round Grill & Bar

Address of premises to be licensed: Same.

Description of proposed beer garden: (Must be specific: square feet, physical location, material made out of, etc) East side of building, vinyl canopy over patio. Currently Ciati's

A PLAN MUST ACCOMPANY THIS APPLICATION FOR FIRST-TIME APPLICANTS

Name of manager (First, Middle & Last) ~~Kenn J. Stuber~~ Tyson Kent

Home address: 26229 Highland Ave Tomahawk WI 54660

Home phone number: 608-343-1805

Daytime phone number: 608-372-4000

Date of Birth: 1/20/74

License Period: 2014-2015

The above hereby makes application for a license to operate a Outdoor Venue at the above address within the City of Onalaska pursuant to provision of Title 7 of the Code of Ordinances for the City of Onalaska.

Tyson Kent
(Signature of Applicant)

10/27/14
(Date)

OFFICE USE ONLY:

Copies to Police, Fire, Inspection, Health Dept.

For original applications: Attach a list of all property owners within 150 feet of the proposed licenses premises.

Signature and date: _____

Granted: _____
OC # 428

License #: _____

CITY OF ONALASKA
REC'D: 09/09/2014 11/05/2014 11:32 AM
TRANS: 30.0000 LICENSES
OPER: Cash TERM: 001
REF: 31-6796
PAID BY:
100.0000



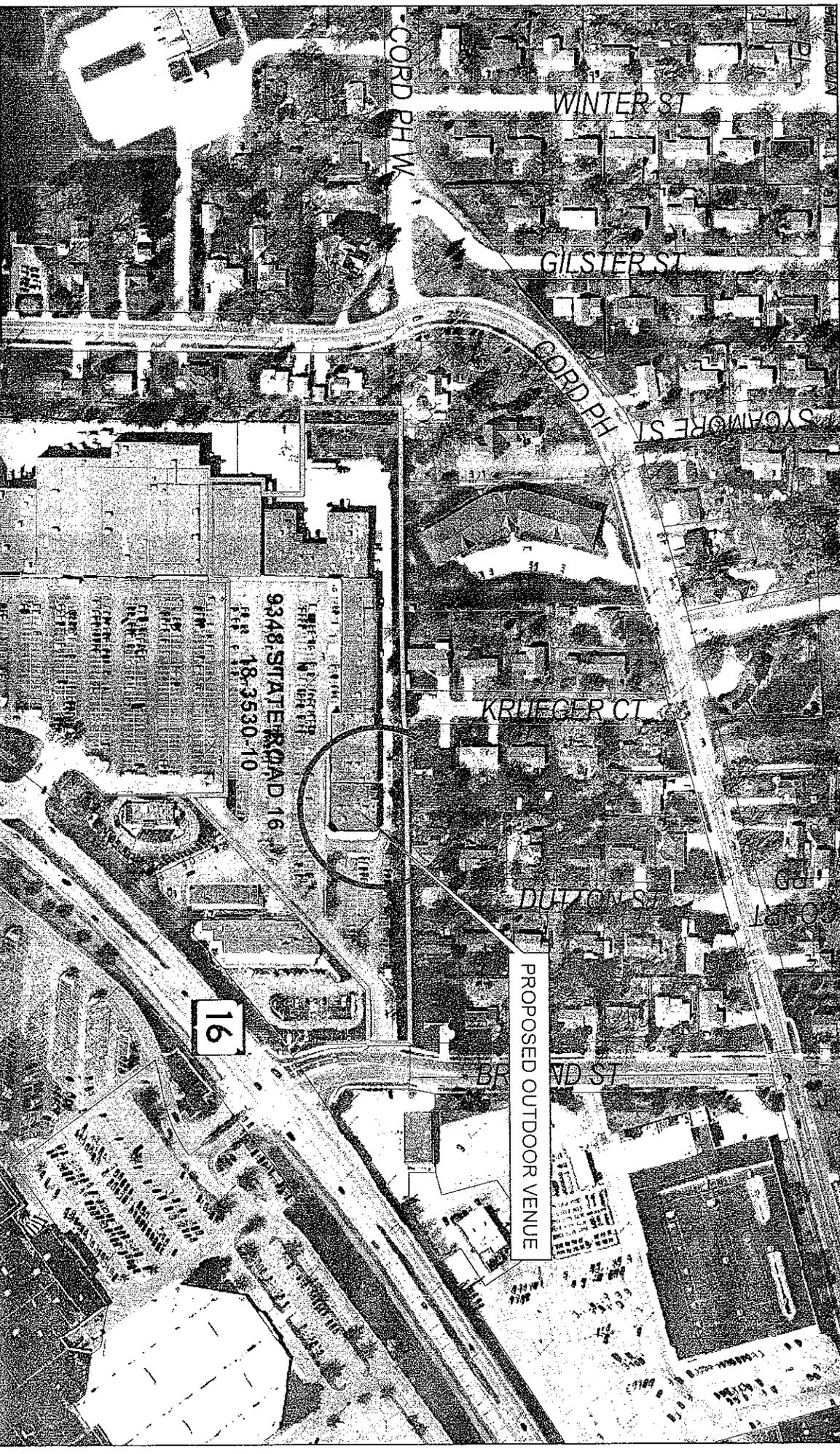
1 in = 250 ft



GIS Dept

Map Designer: Joe Barslow

Date: 11/06/2014



16

9348 STATE ROAD 16
PHONE: 48-3530-10
FAX: 48-3530-10

PROPOSED OUTDOOR VENUE

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

**NOTICE OF PUBLIC HEARING
BEFORE THE CITY OF ONALASKA
ADMINISTRATIVE AND JUDICIARY COMMITTEE**

Please take notice that the City Administrative and Judiciary Committee for the City of Onalaska will hold a public hearing on an Outdoor Venue License to allow serving liquor in an outdoor area for:

**SHOGUN ONALASKA, INC
1227 CROSSING MEADOWS DRIVE
ONALASKA, WI 54650**

ON

WEDNESDAY, DECEMBER 3, 2014

Approx. 6:10 P.M.

(or immediately following the preceding hearing at 6:00 PM)

YOU ARE FURTHER NOTIFIED that the City of Onalaska Administrative and Judiciary Committee will hear all persons interested, their agent or attorney concerning this matter.

Dated this 14th day of November, 2014.

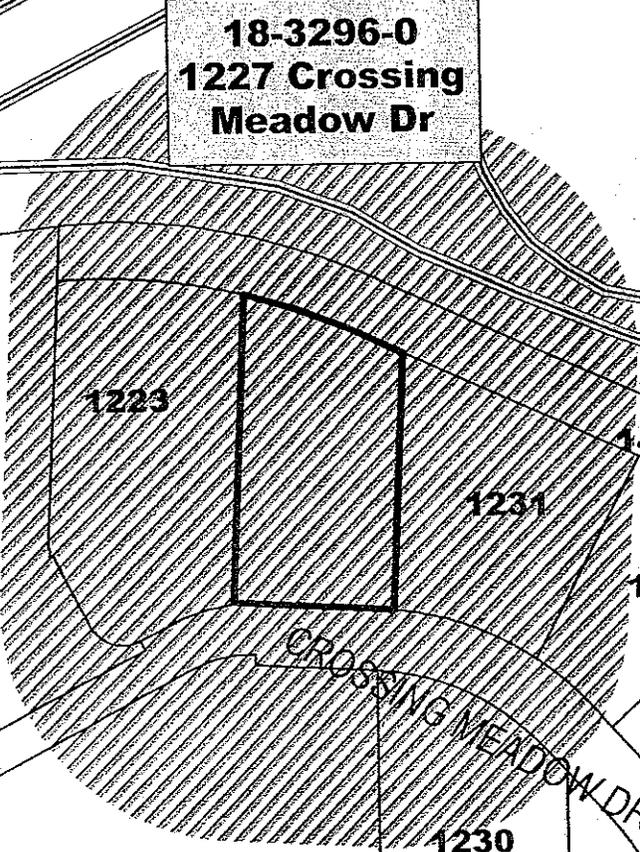
Cari Burmaster
City Clerk

PROPERTIES WITHIN 250FT OF PARCEL 18-3296-0

OAK F...



18-3296-0
1227 Crossing
Meadow Dr



1211

1235

1226

1228

1230

1220

1260

SCHROEDER RD

ONALASKA
WISCONSIN
EST. 1854

N

1 in = 200 ft

GIS Dept
Map Designer: Joe Barstow
Date: 11/13/2014

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

APPLICATION FOR OUTDOOR VENUE LICENSE

License No. 04336

Pre-requisite: Must currently have a Class A or Class B Fermented Malt Beverage or Liquor Retailer's License

Original Application Fee \$100.00

Annual Renewal Fee \$15.00

To the Common Council of the City of Onalaska:

Legal/Real Name: Shogun Onalaska INC

Address of Above: 1227 Crossing meadows Dr Onalaska WI 54650

Trade name of business: Shogun

Address of premises to be licensed: 1227 Crossing meadows

Description of proposed beer garden: (Must be specific: square feet, physical location, material

made out of, etc) 35'x15' on Right side of Bldg.

(map on back) Concrete w/ fence

A PLAN MUST ACCOMPANY THIS APPLICATION FOR FIRST-TIME APPLICANTS

Name of manager (First, Middle & Last) Zimo Zou

Home address: 416 Quincy St Apt #12 Onalaska WI

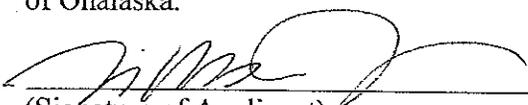
Home phone number: _____

Daytime phone number: 205 568 8823

Date of Birth: 05-13-71

License Period: 12-2014 - 6-2015

The above hereby makes application for a license to operate a Outdoor Venue at the above address within the City of Onalaska pursuant to provision of Title 7 of the Code of Ordinances for the City of Onalaska.



(Signature of Applicant)

11-12-14

(Date)

OFFICE USE ONLY:

Copies to Police, Fire, Inspection, Health Dept.

For original applications: Attach a list of all property owners within 150 feet of the proposed licenses premises.

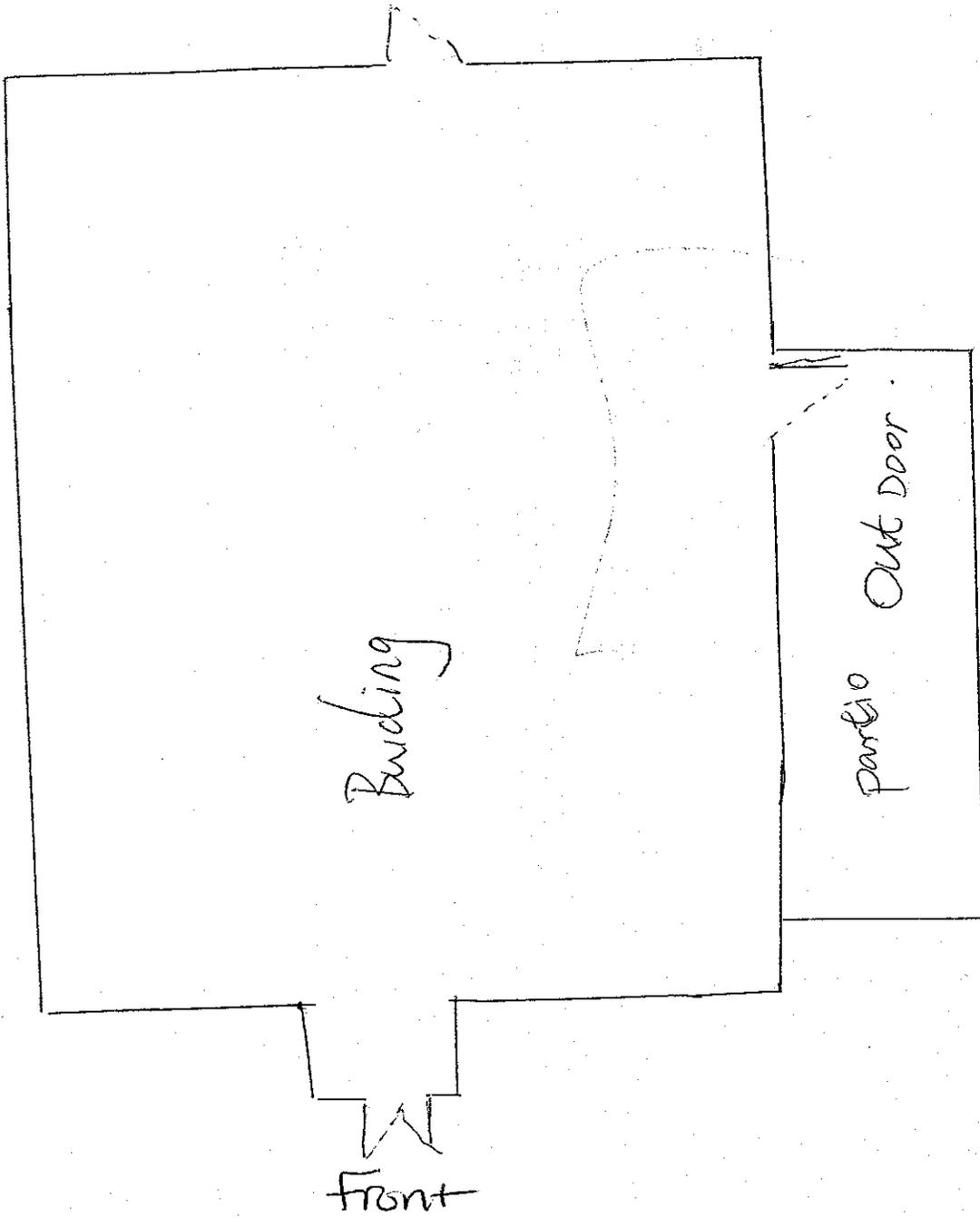
Signature and date: _____

Granted: 12-9-14

License #: 04336

OC # 428

CITY OF ONALASKA
REC# 0010776 11/13/2014 10:09 AM
TRAN 198.0000 REVENUE ACCOUNT
OPER: CASH TERM: 001
REF# EE 1007
PAID BY:
100.0000



PACKET: 01006 License Packet DEC OPERATORS

SEQUENCE: License #

ID	PERIOD	-----NAME-----		LICENSE CODE
00288	7/01/14- 6/30/16	BARNEY	TREVOR	OPRATOR OPERATORS - 2 YEAR
04321	11/03/14- 6/30/16	STANTON	KEVIN	OPRATOR OPERATORS - 2 YEAR
04324	11/03/14- 6/30/16	KUEHL	KRISTIE	OPRATOR OPERATORS - 2 YEAR
04326	11/05/14- 6/30/16	KIKTA	STEPHEN	OPRATOR OPERATORS - 2 YEAR
04328	11/11/14- 6/30/16	BUCK	ANGELA	OPRATOR OPERATORS - 2 YEAR
04343	11/19/14- 6/30/16	BRODY	CARA	OPRATOR OPERATORS - 2 YEAR



04323

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 30 20 15 ending June 30 20 15

TO THE GOVERNING BODY of the: Town of Village of City of Onalaska, WI

County of La Crosse 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): T&J Hospitality of Onalaska, 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>Owner</u>	<u>Tyler Richard Koput</u>	<u>26229 Highland Ave</u>	<u>Tomah, WI 54660</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Tyler Richard Koput</u>		
Directors/Managers			

- 3. Trade Name Grand Round Grill & Bar Business Phone Number 608-783-9300
- 4. Address of Premises 9348 US Hwy 16, Suite 232 Post Office & Zip Code Onalaska, WI 54650

- 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 Sept. 11, 2014 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, patio
- 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? Ciatti's Italian Restaurant
- 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 3rd day of November, 20 14
Caroline L. Barmas
(Clerk/Notary Public)

Tyler R. Koput
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 10-18-15

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

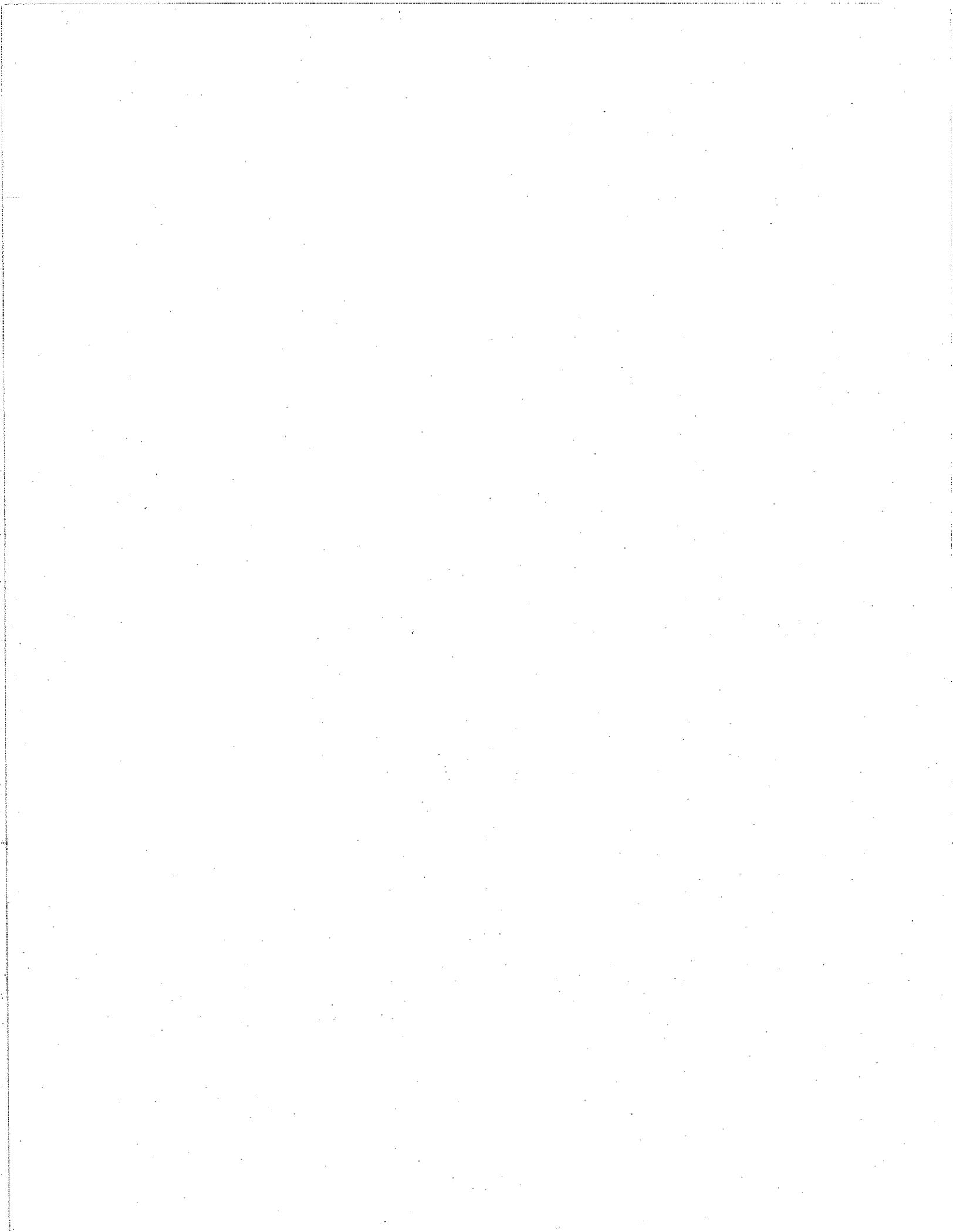
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11-3-14</u>	Date reported to council/board <u>12-9-14</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>Caroline L. Barmas</u>
Date license granted <u>12-9-14</u>	Date license issued <u>12-10-14</u>	License number issued	

CITY OF ONALASKA
11/03/2014 11:27

Applicant's Wisconsin Seller's Permit Number: <u>4561028595600-02</u>
Federal Employer Identification Number (FEIN): <u>47-2016147</u>
LICENSE REQUESTED
<input type="checkbox"/> Class A beer \$
<input checked="" type="checkbox"/> Class B beer \$ <u>75.00</u>
<input type="checkbox"/> Class C wine \$
<input type="checkbox"/> Class A liquor \$
<input checked="" type="checkbox"/> Class B liquor \$ <u>225.00</u>
<input type="checkbox"/> Reserve Class B liquor \$
Publication fee \$ <u>10.00</u>
TOTAL FEE \$ <u>310.00</u>



04335

Jan.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 14 ;
ending June 30 20 15 ;

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

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

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>47-1262797</u>	
LICENSE REQUESTED ▶	
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>75.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>225.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>10.00</u>
TOTAL FEE	\$

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): ▶ Shogun Onalaska INC

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			
Vice President/Member	<u>Assistant manager</u>	<u>Zimo Zou 416 Quincy St Onalaska WI</u>	<u>54650</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Manager</u>	<u>Xinjian Li 1801 S. Sierra Dr Eau Claire WI</u>	<u>54701</u>
Directors/Managers			

Send agenda to

3. Trade Name ▶ Shogun Onalaska INC Business Phone Number 608 779 1188
4. Address of Premises ▶ 1227 Crossing Meadows Dr Onalaska WI Post Office & Zip Code ▶ 54650

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 7/3/2014 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 4 above? [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 applicant 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 7th day of NOV, 20 14

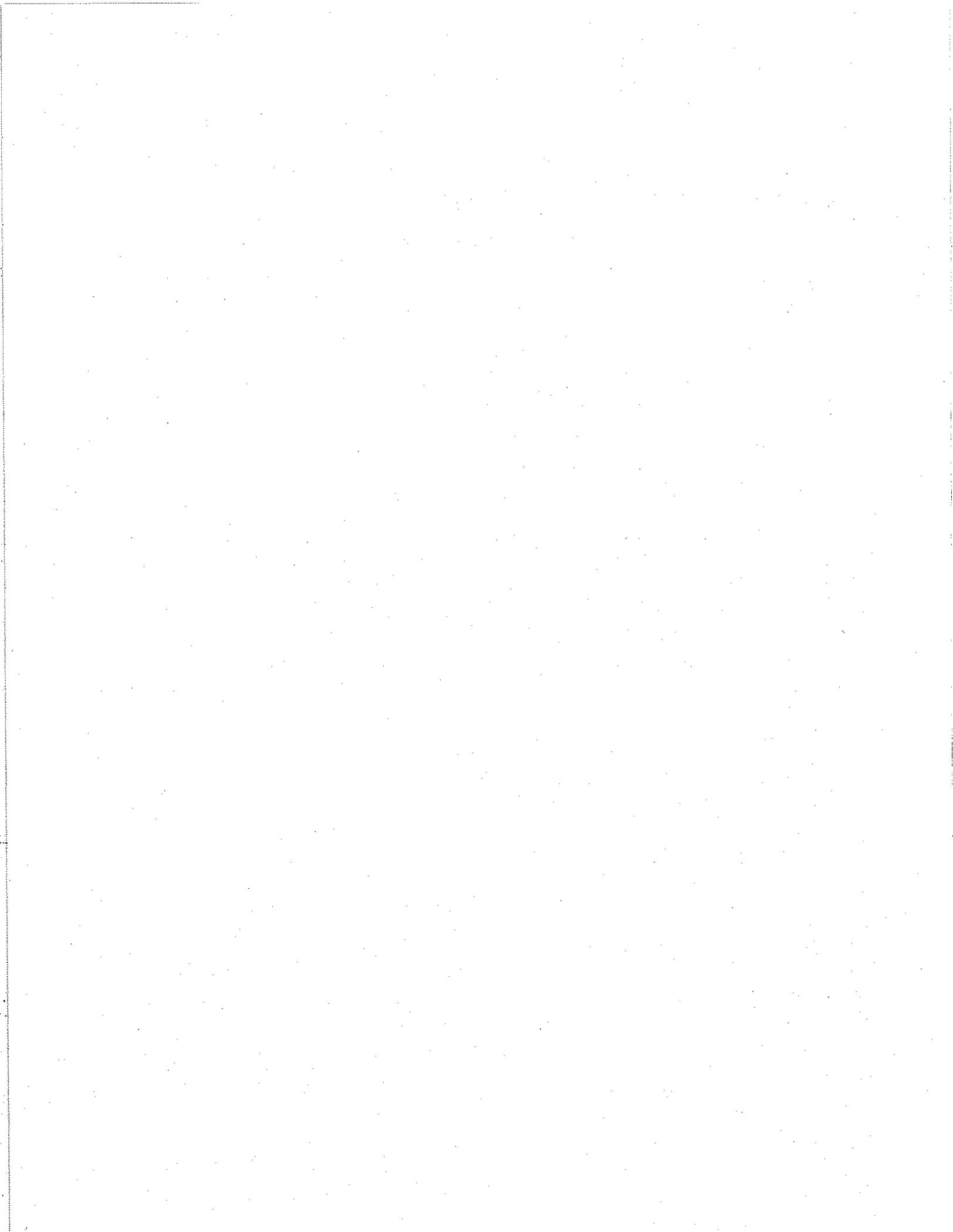
[Signature]
(Clerk/Notary Public)

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

My commission expires 7/7/2018

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>11-13-14</u>	<u>12-9-14</u>		<u>Cari Bunnas</u>
Date license granted	Date license issued	License number issued	
<u>11-13-14</u>	<u>12-9-14</u>	<u>04335</u>	

CITY OF ONALASKA



04337

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____
ending June 30 2015

Applicant's Wisconsin Seller's Permit Number: <u>0310102868</u>	
Federal Employer Identification Number (FEIN): <u>465808-4180</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>75.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>10.00</u>
TOTAL FEE	\$ <u>85.00</u>

031804

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

County of LaCrosse 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): ▶ Parkash, Maya; DBA Bohan 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>MAYA Parkash</u>	<u>1932 S. Village DR SE</u>	<u>Rochester, MN 55904</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Om Parkash</u>	<u>608-433-5626</u>	
Directors/Managers			

3. Trade Name ▶ Royal Thai & Indian Cuisine Business Phone Number 608-519-3033
 4. Address of Premises ▶ 235 Sandlake Rd Post Office & Zip Code ▶ 54650

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Royal Thai & Indian Cuisine (center 90) 235 Sandlake Rd, Onalaska

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

10. (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? _____
11. 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
12. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in section 2, above? [phone (608) 266-2776] Yes No
13. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 person. (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.

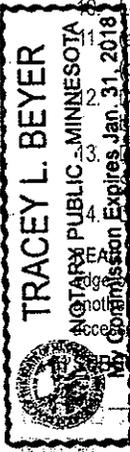
SUBSCRIBED AND SWORN TO BEFORE ME
 _____ day of November, 2014
Tracey L. Beyer
 (Clerk/Municipal Public)

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

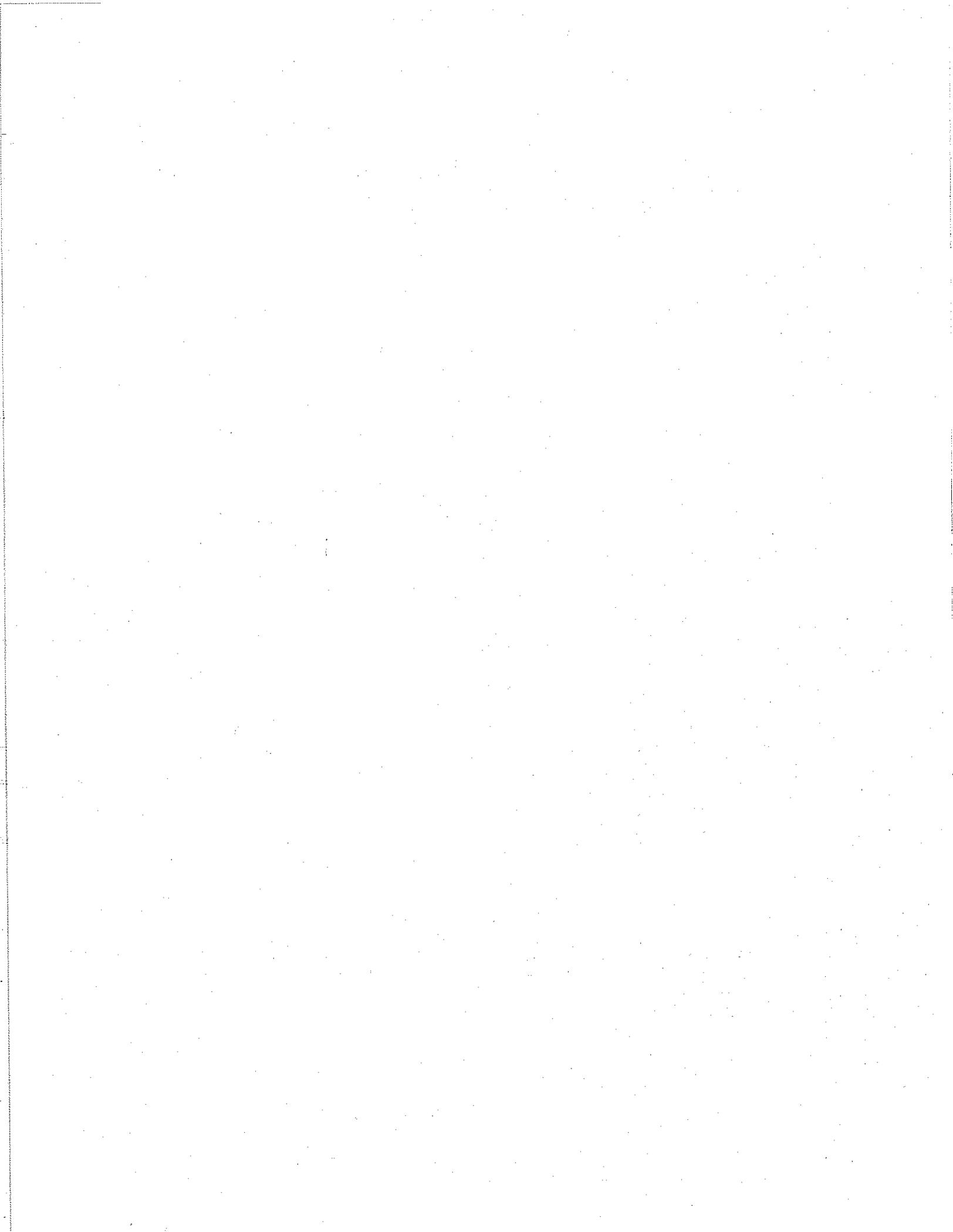
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

My commission expires Jan 31, 2018

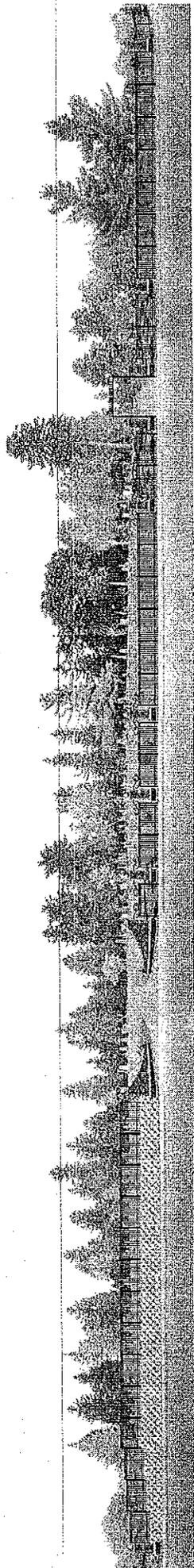


TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk: <u>11-14-14</u>	Date reported to council/board: <u>12-9-14</u>	Date provisional license issued: _____	Signature of Clerk / Deputy Clerk: <u>Carri Burman</u>
Date license granted: _____	Date license issued: <u>12-9-14</u>	License number issued: <u>04337</u>	





*****2230R (Rings)***
Industrial Grade**



ORDINANCE NO. 1488- 2014

AN ORDINANCE TO REZONE PROPERTY LOCATED IN SECTION 4 TOWNSHIP 16 NORTH, RANGE 7 WEST IN THE CITY OF ONALASKA, LA CROSSE COUNTY WISCONSIN FROM R-2 SINGLE FAMILY AND OR RESIDENTIAL DUPLEX TO TRANSITIONAL COMMERCIAL

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. The zoning map which is part of the zoning ordinance, Chapter 1 of Title 13 of the Code of Ordinances of the City of Onalaska is hereby amended to rezone the properties described below from R-2 Single Family or Duplex Residential to Transitional Commercial.

Property is more particularly described as:
Computer Number: 18-3548-0

ASSESSORS PLAT OF ONALASKA PRT OUTLOTS 9 & 10 COM SW COR OL 10
S88D33ME ALG S LN 1308.16FT N 33FT TO N R/W LN MAIN ST & POB N 150FT
S88D33ME 90FT S 150FT TO N LN MAIN ST N88D22MW ALG N LN MAIN ST 90 FT TO POB

SECTION II. The office of the City Engineer is hereby directed to make the above-described zoning changes on the official City of Onalaska zoning map.

SECTION III. This Ordinance shall take effect and be in force from and after its passage and publication.

Dated this _____ day of _____, 2014.

CITY OF ONALASKA

By: _____
Joe Chilsen, Mayor

By: _____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1488 – 2014
Bronston Rezoning – County Road PH

Please route in this order

Brea Grace, Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Brea Grace 10/24/14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Jarrold Holter, City Engineer

C. Holter 10-30-14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Jeff Trotnic, Chief of Police

Jeff Trotnic 10/24/14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Don Dominick, Fire Chief

Don Dominick 10/24/14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Dan Wick, Parks & Rec Director

Dan Wick
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Fred Buehler, Financial Services Director

Fred Buehler 10-30-14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

ORDINANCE NO. 1489-2014

**AN ORDINANCE TO REZONE PROPERTY LOCATED IN SECTION 5 TOWNSHIP 16
NORTH, RANGE 7 WEST IN THE CITY OF ONALASKA, LA CROSSE COUNTY WISCONSIN
FROM R-2 SINGLE FAMILY AND OR RESIDENTIAL DUPLEX TO B-1 NEIGHBORHOOD
BUSINESS**

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS

FOLLOWS:

SECTION I. The zoning map which is part of the zoning ordinance, Chapter 1 of Title 13 of the Code of Ordinances of the City of Onalaska is hereby amended to rezone the property described below from R-2 Single Family or Duplex Residential to B-1 Neighborhood Business.

Property is more particularly described as:
Computer Number: 18-835-0

ASSESSORS PLAT OF ONALASKA PRT OUTLOT 31 COM NE COR GL 2
S89D46MW 801.7FT S17D17ME 62.75FT W 20.9FT S17D17ME 94.55FT TO POB
S17D17ME 70FT E 110FT N17D17MW 70FT W 110FT TO E R/W HWY & POB

SECTION II. The office of the City Engineer is hereby directed to make the above-described zoning changes on the official City of Onalaska zoning map.

SECTION III. This Ordinance shall take effect and be in force from and after its passage and publication.

Dated this _____ day of _____, 2014.

CITY OF ONALASKA

By: _____
Joe Chilsen, Mayor

By: _____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

Brea Grace, Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Brea Grace 10/24/14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Jarrold Holter, City Engineer

C. J. Holter 10-30-14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Jeff Trotnic, Chief of Police

Jeff Trotnic 10/24/14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Don Dominick, Fire Chief

Don Dominick 10/24/14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Dan Wick, Parks & Rec Director

Dan Wick
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

Fred Buehler, Financial Services Director

Fred Buehler 10-30-14
(signature)

No Fiscal Impact

Budgeted Item

Will need \$ _____ for _____ to meet the requirements of this ordinance.

ORDINANCE NO. 1490 - 2014

**AN ORDINANCE TO REZONE PROPERTIES LOCATED IN SECTION 8 TOWNSHIP 16,
RANGE 7 IN THE CITY OF ONALASKA, LA CROSSE COUNTY WISCONSIN FROM B-2
COMMUNITY BUSINESS TO M-2 INDUSTRIAL**

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS
FOLLOWS:

SECTION I. The zoning map which is part of the zoning ordinance, Chapter 1 of Title 13 of the Code of Ordinances of the City of Onalaska is hereby amended to rezone the properties described below from B-2 Community Business to M-2Industrial.

Properties are more particularly described as:

Computer Number: 18-938-2
CERTIFIED SURVEY MAP NO. 132 VOL 13 LOT 1 DOC NO. 1546159

Computer Number: 18-938-3
CERTIFIED SURVEY MAP NO. 132 VOL 13 LOT 2 DOC NO. 1546159

SECTION II. The office of the City Engineer is hereby directed to make the above-described zoning changes on the official City of Onalaska zoning map.

SECTION III. This Ordinance shall take effect and be in force from and after its passage and publication.

Dated this _____ day of _____, 2014.

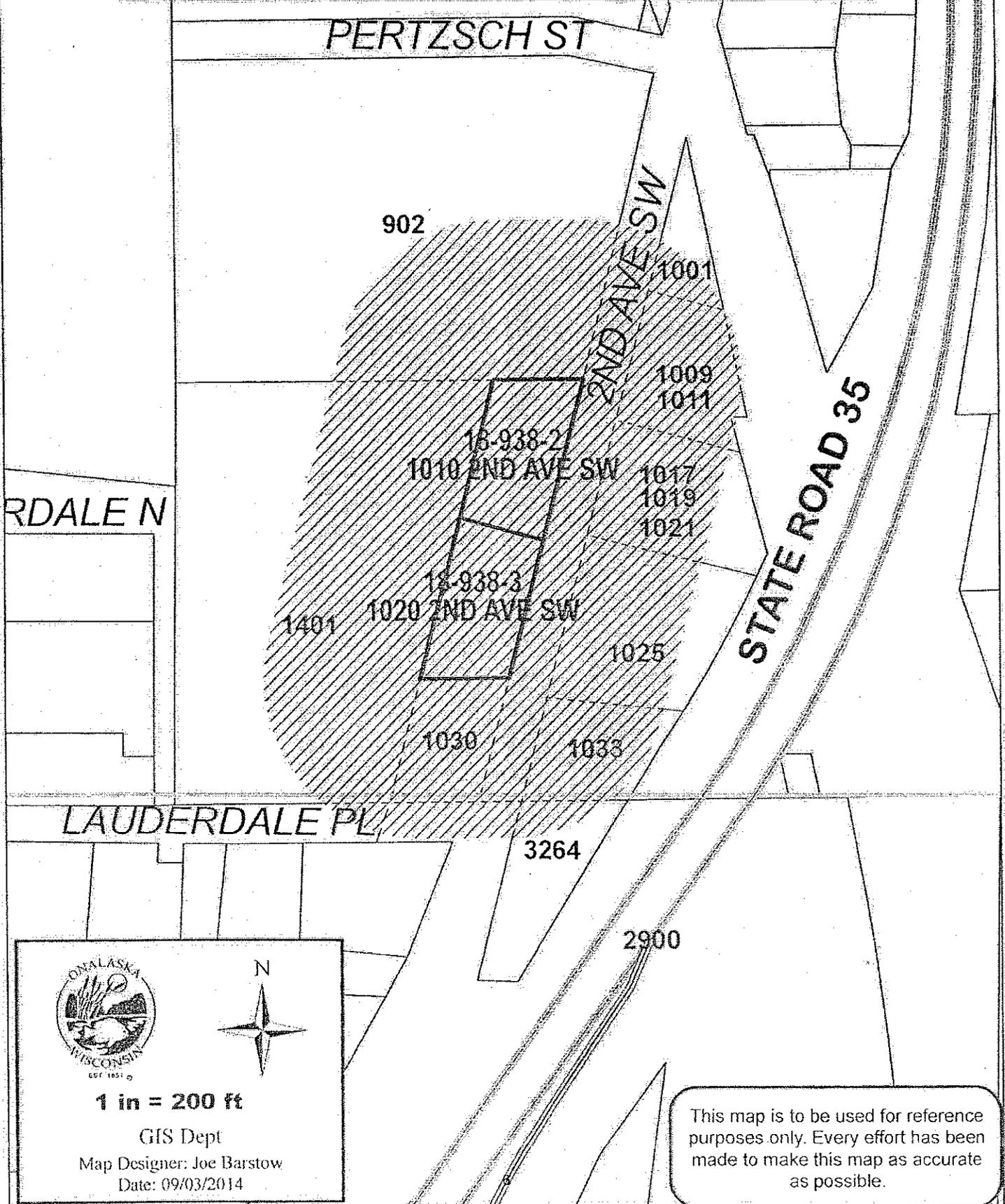
CITY OF ONALASKA

By: _____
Joe Chilsen, Mayor

By: _____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

Properties within 250ft of Parcels: 18-938-2 & 18-938-3



1 in = 200 ft

GIS Dept
Map Designer: Joe Barstow
Date: 09/03/2014

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

Transfer of duties from the Library Commission:

Finance and Personnel Committee will coordinate the lease for the Library with La Crosse County in the future.

Parks and Recreation Board will coordinate city uses of the Library with La Crosse County in the future.