

# CITY OF ONALASKA MEETING NOTICE

**COMMITTEE/BOARD:** Administrative & Judiciary Committee  
**DATE OF MEETING:** May 7, 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 6p.m.** (or immediately following public input) regarding Outdoor Venue License for Lost Island Wine, 570 Theater Road, Suite 100, Onalaska.
5. Approval of Operator's Licenses
6. Approval of Minds in Motion Run/Bicycle Race on Saturday, June 14, 2014 from 7am - 3:00pm starting at Onalaska Middle School
7. Approval of Change of Agent for:
  - a. Olive Garden, 9413 State Road 16, Onalaska to Jose M. Cisneros
  - b. Kwik Trip #643, 1276 Crossing Meadows Drive, Onalaska to Korena M. Pabst
  - c. Kwik Trip #383, 408 Sand Lake Road, Onalaska to Edmund Szewczyk
  - d. Primos Southwestern Grill, 1427 State Road 35, Onalaska to Eric Schilla
  - e. Buffalo Wild Wings, 3132 Market Place, Suite 100, Onalaska to Candis Hayes
8. Request for burial of ashes for James C. Poppe Jr with full body burial of Garold True buried in Block 87, Lot 4, Grave 5 in the Onalaska Cemetery

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  
\* Ald. Harvey Bertrand  
\*Ald. Jack Pogreba- Chair Admin.&Vice Chair Jud  
City Attorney Dept Heads Charter Com. WXOW  
La Crosse Tribune Onalaska Holmen Courier Life  
WIZM WKTY WLXR WKBH WKBT WLSU

\*Committee Members

Todd Wiedenhaft  
Bruner Hanabarger  
Eric Schilla  
Geraldine Poppe  
Brian Tonneson  
Travis Persteiner  
Antonio Angelini  
Sherry Emery

Date Notices Mailed and Posted 5/1/14

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.

9. Approval of 2013-2014 Combination Class "B" Beer and Liquor License for:
  - a. PRIMOS SOUTHWESTERN GRILL INC. d/b/a, Primos Southwestern Grill, 1427 State Road 35, Onalaska
  - b. Lost Lake Wine LLC, dba LOST ISLAND WINE LLC, 570 Theater Road, Suite 100, Onalaska -- restricted to wine only
10. Approval of Class B Picnic License for Operation Homefront by Angelini's Restaurant for Onalaska vs. Ft. McCoy softball game on May 18, 2014 from approximately noon-5pm.
11. Approval of Run/Marathon Color Dash 5K sponsored by the La Crosse Area Family YMCA on August 16, 2014 from approximately 10am-2pm starting at the Onalaska YMCA, 400 Mason Street, Onalaska.
12. Approval of burial of ashes for Michael A. Bakke with full burial of David M. Bakke in Block 112, Lot 1 Grave 2 in the Onalaska Cemetery.
13. Miscellaneous licensing reporting

### **Judiciary**

1. **Ordinance No. 1472-2014** to amend Title 3 Chapter 4 of the City of Onalaska Code of Ordinances related to disposal of unclaimed funds. (First and Second Reading)
2. **Ordinance No. 1473-2014** to amend Title 11 Chapter 2 of the City of Onalaska Code of Ordinances related to firearms. (First and Second Reading)
3. **Ordinance No. 1474-2014** to amend Title 11 Chapter 2 of the City of Onalaska Code of Ordinances related to hunting with bow and arrows, cross bow. (First and Second Reading)
4. **Ordinance No. 1475-2014** to amend Title 11 Chapter 2 of the City of Onalaska Code of Ordinances related to prohibition of smoking indoors (First and Second Reading)
5. **Ordinance No. 1476-2014** to amend Title 11 Chapter 5 Section 9 of the City of Onalaska Code of Ordinances related to purchase or possession of tobacco products (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:

**LOST ISLAND WINE  
570 THEATER ROAD, SUITE 100  
ONALASKA, WI 54650**

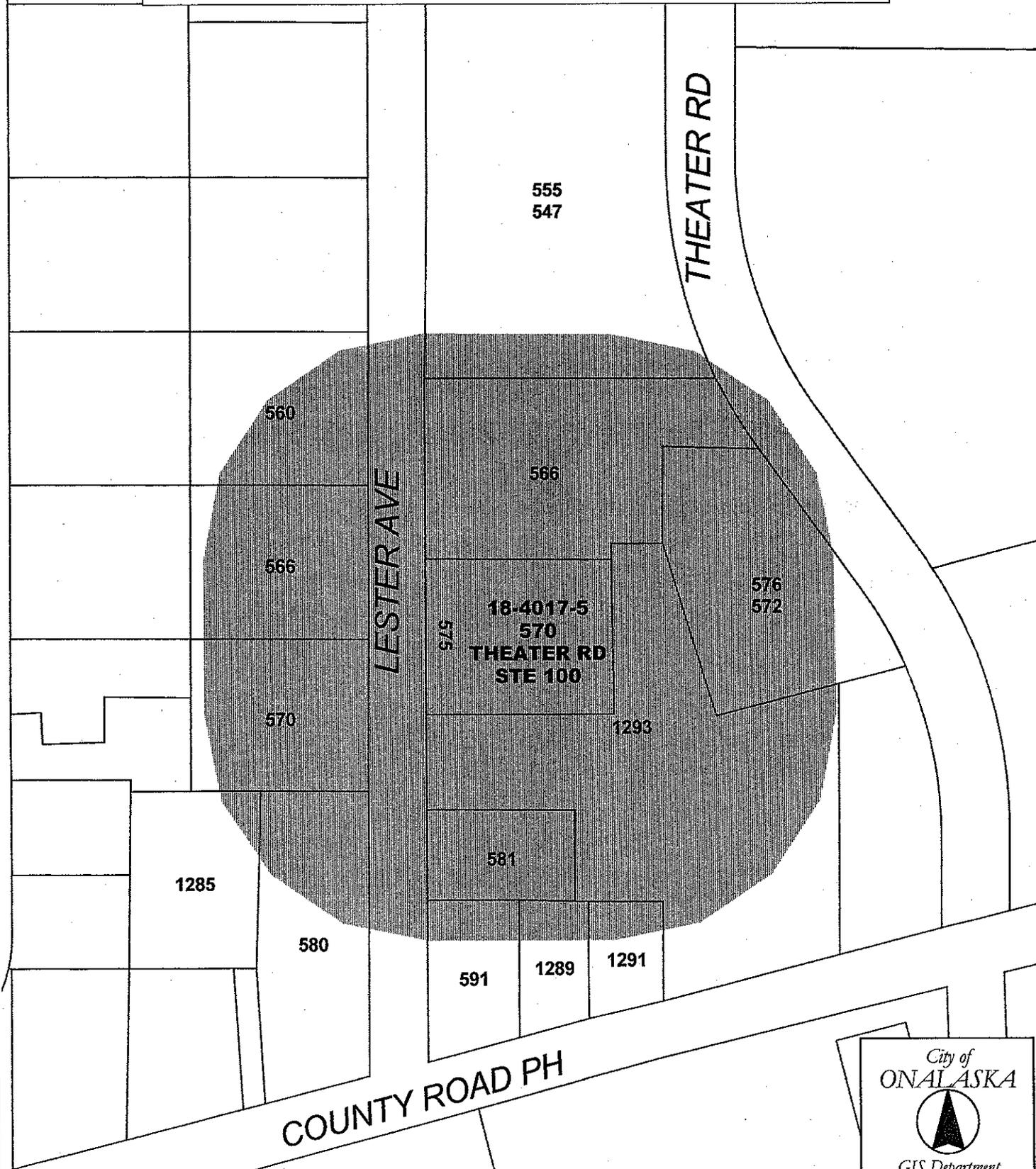
**on  
WEDNESDAY, MAY 7, 2014**

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

Dated this 18th day of April, 2014.

Cari Burmaster  
City Clerk

# Properties Within 250' of Parcel: 18-4017-5



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

City of  
**ONALASKA**



GIS Department

Map Designer: Joe Barstow  
Print Date: 2014  
Last Updated: Jan 2014  
Scale: 1" = 150'

**APPLICATION FOR OUTDOOR VENUE LICENSE**

License No. 03837

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: ~~LOST ISLAND WINE~~ TODD WIEDENHAFT  
Address of Above: ~~570 THEATER RD~~ JENNIFER WIEDENHAFT  
1919 MARKET ST LA CROSSE WI  
54601

Trade name of business: LOST ISLAND WINE

Address of premises to be licensed: 570 THEATER RD SUITE 100 ONALASKA 54650

Description of proposed beer garden: (Must be specific: square feet, physical location, material made out of, etc) COURTYARD CONTAINED WITHIN THE BUILDING, AREA HAS EXISTING LANDSCAPING AND IS APPX 1600 SQ FT, GROUND IS CONCRETE MINUS LANDSCAPED AREAS WALLS OF SURROUNDING BUILDING ARE ALSO CONCRETE EXCEPT NEAR ENTRANCE - HAS WOOD A PLAN MUST ACCOMPANY THIS APPLICATION FOR FIRST-TIME APPLICANTS SCOURING OVER CONCRETE

Name of manager (First, Middle & Last) TODD ALAN WIEDENHAFT

Home address: 1919 MARKET ST LA CROSSE WI 54601

Home phone number: 715-~~480~~ 489-5900

Daytime phone number: 715-459-5900

Date of Birth: 10/19/68

License Period: 7/1/14 - 6/30/15

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.

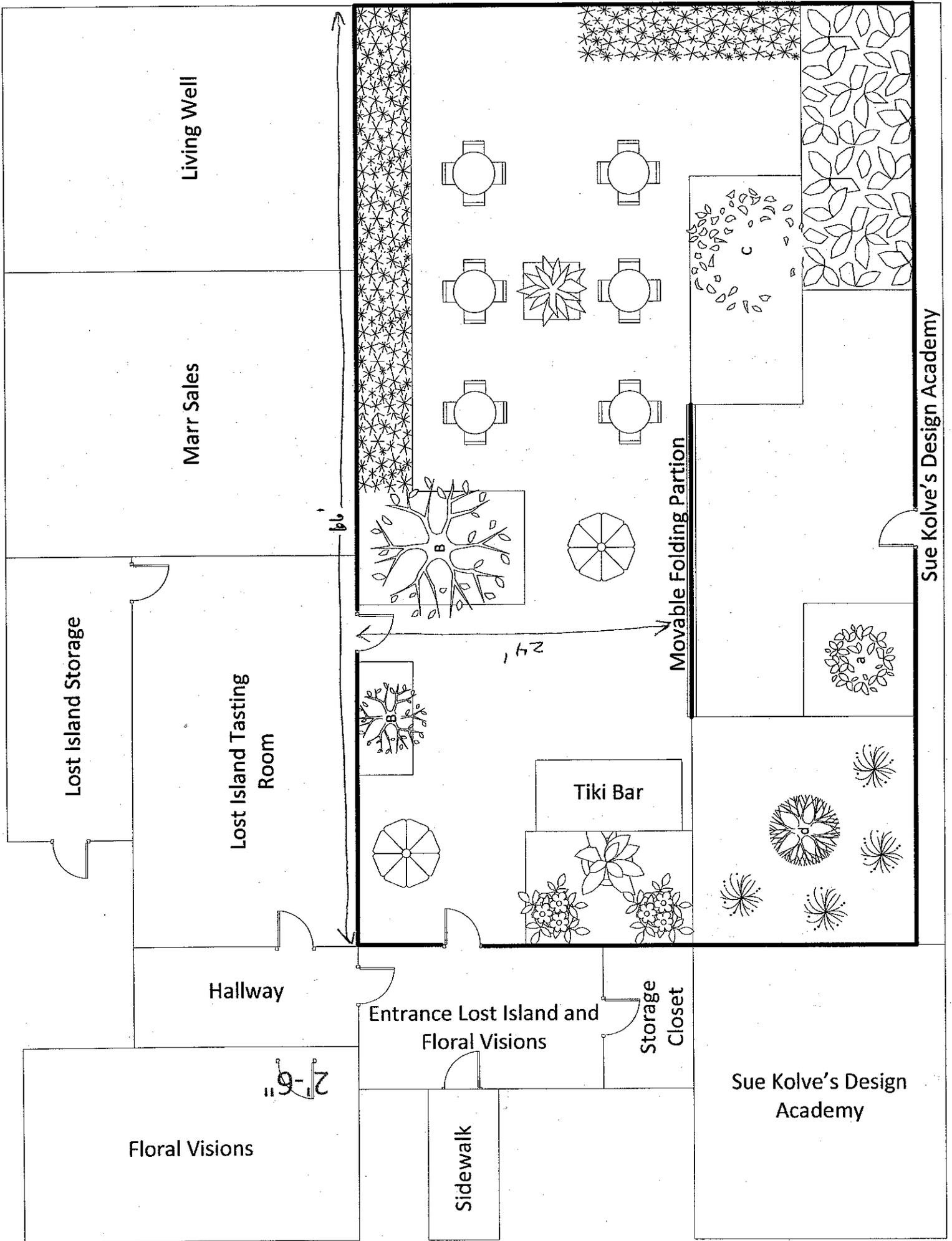
Todd Wiedenhaft  
(Signature of Applicant)

4/10/14  
(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: \_\_\_\_\_ License #: \_\_\_\_\_  
OC # 428

CITY OF ONALASKA  
REC#: 00087775 4/10/2014 2:28 PM  
TRAM: 30.0000 LICENSES  
OPER: CASH TERM: 001  
REF#: SN - 1129  
PAID BY: LOST ISLAND WINE, LLC  
100.0000



Living Well

Marr Sales

Lost Island Storage

Lost Island Tasting Room

Hallway

Floral Visions

Sidewalk

Entrance Lost Island and Floral Visions

Storage Closet

Tiki Bar

Movable Folding Partition

Sue Kolve's Design Academy

Sue Kolve's Design Academy

66'

24'

2'-6"

PACKET: 00795 License Packet May Operator

SEQUENCE: License #

ID	PERIOD	NAME		LICENSE CODE
00088	7/01/14- 6/30/16	MADER	AMY	OPRATOR OPERATORS - 2 YEAR
00089	7/01/14- 6/30/16	BLEGEN	ANGIE	OPRATOR OPERATORS - 2 YEAR
00224	7/01/14- 6/30/16	BENRUD	ARLENE	OPRATOR OPERATORS - 2 YEAR
00276	7/01/14- 6/30/16	BURCH	KATHY	OPRATOR OPERATORS - 2 YEAR
00372	7/01/14- 6/30/16	SJOLANDER	GERALD	OPRATOR OPERATORS - 2 YEAR
03799	4/02/14- 6/30/15	WETMORE, JR	RICHARD	OPRATOR OPERATORS - 2 YEAR
03804	4/02/14- 6/30/15	FUCHS	CODY	OPRATOR OPERATORS - 2 YEAR
03814	4/07/14- 6/30/15	DELAIN	KAYLA	OPRATOR OPERATORS - 2 YEAR
03828	4/09/14- 6/30/15	ECKERT	JOSEPH	OPRATOR OPERATORS - 2 YEAR
03857	4/11/14- 6/30/15	BENSON	SARAH	OPRATOR OPERATORS - 2 YEAR
03858	4/11/14- 6/30/15	RAGNER	ANDREW	OPRATOR OPERATORS - 2 YEAR
03860	4/14/14- 6/30/15	HILES	VALERIE	OPRATOR OPERATORS - 2 YEAR
03863	4/15/14- 6/30/15	BRANDT	NICKOLAS	OPRATOR OPERATORS - 2 YEAR
03866	4/16/14- 6/30/15	WRIGHT	RYAN	OPRATOR OPERATORS - 2 YEAR
03875	4/18/14- 6/30/15	RUETTEN	LYDIA*	OPRATOR OPERATORS - 2 YEAR
03881	4/21/14- 6/30/15	ARGALL	KELSEY JO	OPRATOR OPERATORS - 2 YEAR
03901	4/25/14- 6/30/15	LISKA	NICHOLAS	OPRATOR OPERATORS - 2 YEAR
03904	4/28/14- 6/30/15	CAMPBELL	SHANNON	OPRATOR OPERATORS - 2 YEAR
03905	4/28/14- 6/30/15	KUSS	KODY	OPRATOR OPERATORS - 2 YEAR
03907	4/28/14- 6/30/15	HENRY	JONATHAN	OPRATOR OPERATORS - 2 YEAR



# CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 • [www.cityofonalaska.com](http://www.cityofonalaska.com)

## SPECIAL EVENTS PERMIT APPLICATION

N/C  
Cost: \$ ~~100.00~~

Date: 4.1.2014

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party<sup>1</sup>
- Other:

Requestor Information			
Organization/Requestor Name: <u>MINDS IN MOTION / BRUNER HANABARGER</u>		Phone: <u>(608) 386-5612</u>	
Officer of Corporation or Director of Event: <u>COLLEEN DIXON / BRUNER HANABARGER</u>			
Address of Organization: <u>626 Westwood DR.</u>			
City: <u>ONALASKA</u>	State: <u>WI</u>	Zip: <u>54650</u>	
Contact Person: <u>BRUNER HANABARGER</u>		Phone: <u>(608) 386-5612</u>	
Address: <u>1271 County RD PH</u>			
City: <u>ONALASKA</u>	State: <u>WI</u>	Zip: <u>54650</u>	
Purpose/Description of Event: <u>MINDS IN MOTION BIKE TOUR / 5K FAMILY FUN RUN</u>			

EVENT INFORMATION			
Name of Event: <u>MINDS IN MOTION BIKE TOUR</u>	Date of Event: <u>6.14.2014</u>	Time (beginning) <u>0700 am/pm</u>	Time (ending) <u>1500 am/pm</u>
Starting Point or Block to Be Closed: <u>ONALASKA MIDDLE School</u>			
Route or Specific Location (List Abutting Streets): <u>See Attached Routes.</u>			
Termination Point: <u>ONALASKA MIDDLE School</u>			
Estimated Maximum Number of Units/Persons Attending Event: <u>250</u>			

<sup>1</sup>Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

=====

**\* \* NOTE \* \* CERTIFICATE OF INSURANCE REQUIRED,**  
 With the City of Onalaska listed as additional Insured.  
Original Certificate of Insurance must accompany this application

## SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

### TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event?  YES  NO

If yes, please explain in detail what food service you will provide: am snacks, and Lunch will be served.

(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold?  YES  NO

If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music?  YES  NO

If yes, a Variance Permit may be needed. Onalaska High School Band will perform at sendoff at 8am.

(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)

4. Do you require any special parking restrictions?  YES  NO

If yes, please indicate what type, when and where: \_\_\_\_\_

5. Will you require the use of any City Services and/or equipment?

Barricades  YES  NO If yes, approximately how many: \_\_\_\_\_

Cones  YES  NO If yes, approximately how many: \_\_\_\_\_

Street Sweeper  YES  NO If yes, approximate time needed: \_\_\_\_\_ a.m./p.m.

(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used?  YES  NO

If yes, please indicate what type and where: ARROWS marking routes, sandwich boards marking routes

(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display?  YES  NO

If yes, please indicate what type and where: \_\_\_\_\_

(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event?  YES  NO

If yes, please explain: Quinceisen / TRS STATE AMBULANCE

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested: Traffic Control at Main & Hwy 35.

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.

The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

[Signature]  
Signature of Applicant

4/1/2014  
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office  
415 Main Street  
Onalaska, WI 54650

FOR OFFICE USE ONLY

Name & Date of Event: Minds in Motion 6-14-14

City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>4-1-14</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>4/1/14</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>with reservations</u>	Date: <u>4/8/14</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>NOTES ON POLICE SHEET</u>	Date: <u>4-8-14 gk</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Signs advertising event to be permitted. event signage to be removed immediately after event</u>	Date: <u>BS 4/9/14</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>4/8/14 pm</u>

Site Diagram Sketch Attached:  YES  NO

GIS Dept. Map Prepared: 04/09/2014 \* Note 5 mile calls out riding bikes on sidewalk

Insurance Required:  YES  NO Certificate of Insurance on File:  YES  NO COI Expires: 6/15/14

Special Class B License Required:  YES  NO Date of Special Class B Application: \_\_\_/\_\_\_/\_\_\_

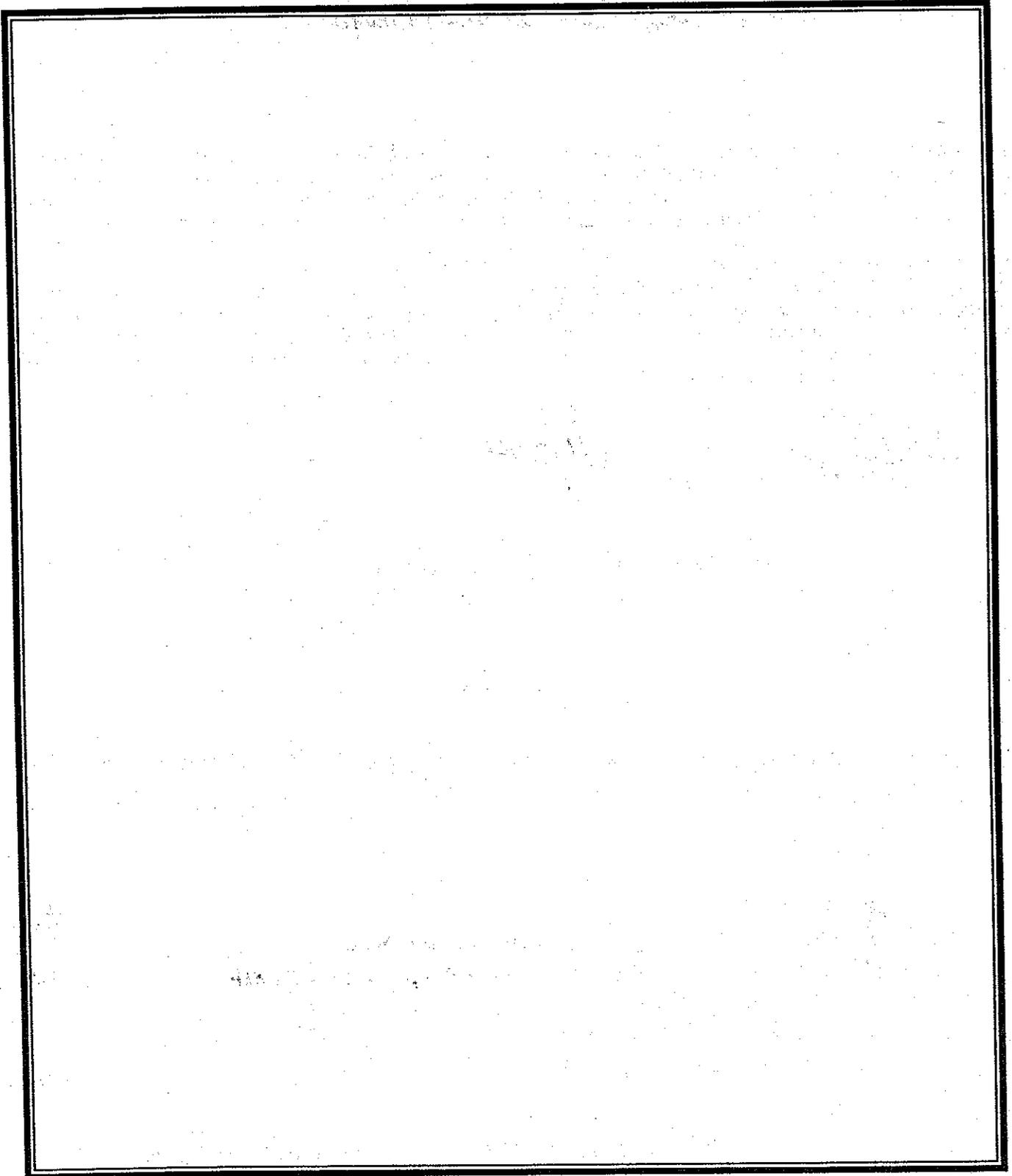
Approved By A&J: \_\_\_/\_\_\_/\_\_\_ Date License Issued: \_\_\_/\_\_\_/\_\_\_ License No: \_\_\_\_\_



## CITY OF ONALASKA

PLANNING DEPARTMENT, 415 MAIN STREET, ONALASKA, WI 54650  
PHONE: (608) 781-9590 FAX: (608) 781-9506  
[www.cityofonalaska.com](http://www.cityofonalaska.com)

### **SITE DIAGRAM SKETCH**



Please sketch the proposed location of the event above or attach a site diagram. Note all buildings, parcel lines, right-of-ways, streets and alleys. Include on this map or attach a sketch of the proposed event barricades, concession stands, portable restrooms, bleachers and other structures that will be brought in for the event.



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

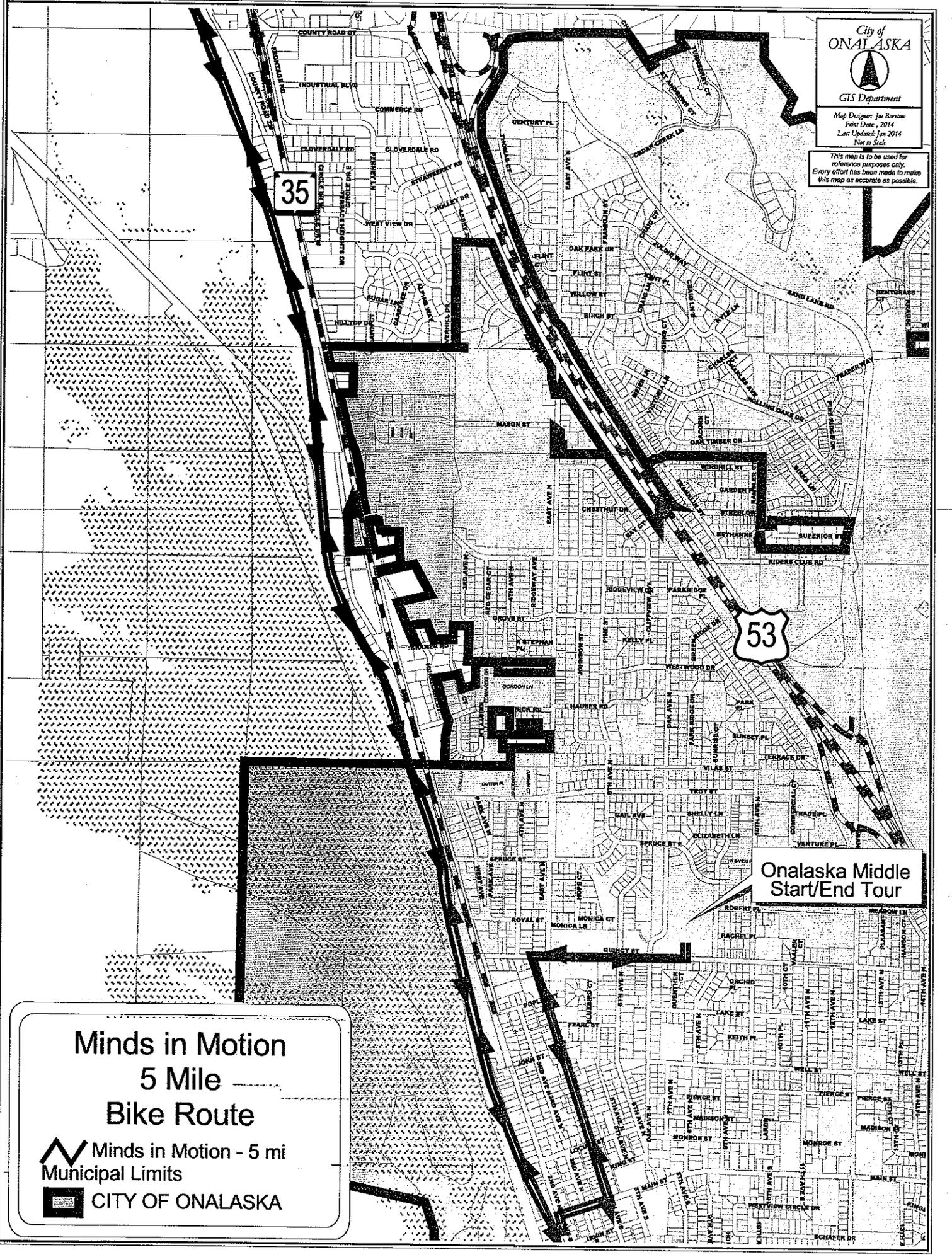
35

53

Onalaska Middle  
Start/End Tour

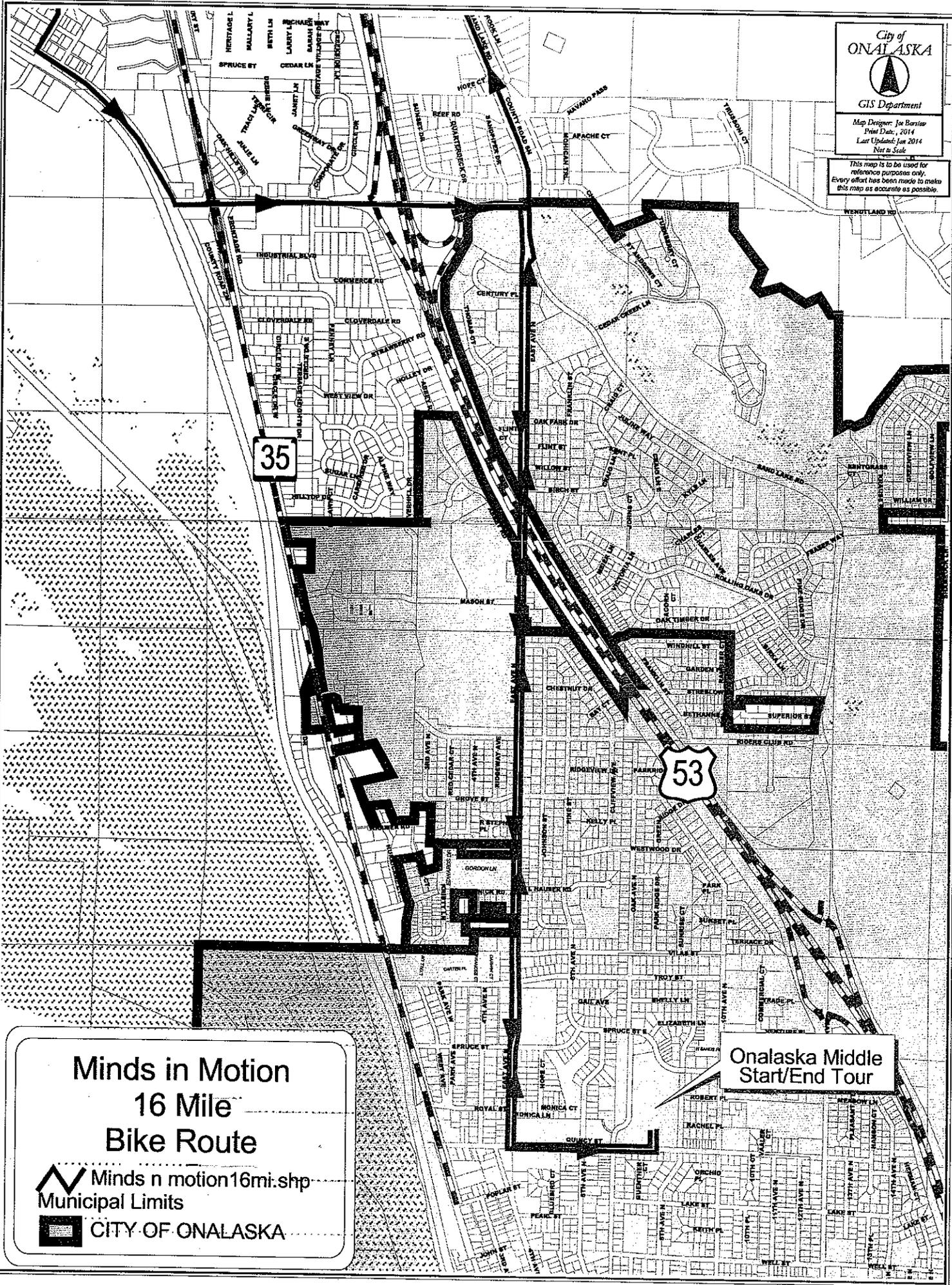
# Minds in Motion 5 Mile Bike Route

-  Minds in Motion - 5 mi
-  Municipal Limits
-  CITY OF ONALASKA





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reference purposes only.  
Every effort has been made to make  
this map as accurate as possible.



**Minds in Motion**  
**16 Mile**  
**Bike Route**

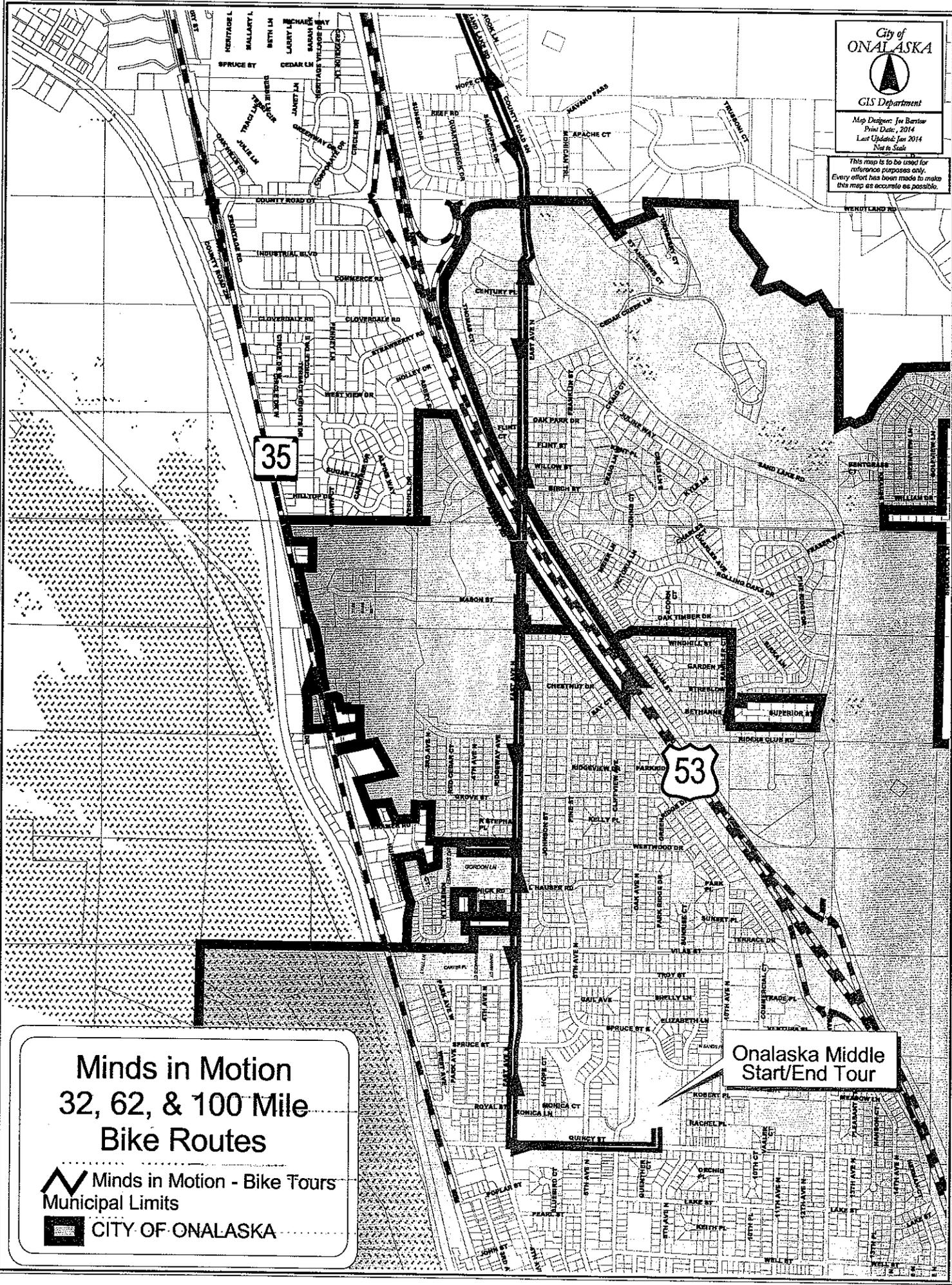
Minds n motion16mi.shp  
Municipal Limits

 **CITY OF ONALASKA**

**Onalaska Middle**  
**Start/End Tour**



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**Minds in Motion**  
32, 62, & 100 Mile  
Bike Routes

 Minds in Motion - Bike Tours  
 Municipal Limits  
 CITY OF ONALASKA

Onalaska Middle  
Start/End Tour





MIM Century (2014)

0.0	0.0	▶	Start of route
0.4	0.4	→	R onto East Ave N
2.5	2.1	←	L onto Thomas Rd
2.6	0.1	↑	Continue onto Sand Lake Road
5.1	2.5	↑	Continue onto E Gaarder Rd
5.4	0.4	→	R onto S Main St
5.9	0.5	□	1st Rest Stop
6.0	0.0	→	R onto State St
8.4	2.5	↑	Continue onto Co Hwy W
10.2	1.8	→	R onto Jostad Coulee Rd
15.7	5.5	←	L onto Asmus Rd
15.9	0.2	⤵	
17.1	1.2	←	L onto WI-108 N
25.2	8.1	⤵	

25.2 miles. +1580/-1515 feet

58.2	2.5	→	R onto WI-54 E/WI-54 Trunk E
65.4	7.2	←	L onto N Washington St
66.6	1.2	←	L onto Co Hwy D
74.7	8.1	←	L onto Co Hwy V
77.5	2.7	←	L onto WI-54 E/WI-54 Trunk E
78.1	0.6	→	R onto Co Hwy Vv
80.8	2.7	→	R onto Co Hwy Q
83.6	2.8	←	L onto Co Hwy V
85.5	1.8	→	R onto Co Hwy T/Co Hwy V
86.0	0.5	⤵	
89.1	3.1	←	Sharp L onto Co Hwy Tt
90.8	1.8	→	R onto Co Hwy V
94.7	3.9	↑	Continue onto Long Coulee Rd

39.1 miles. +2266/-2258 feet

30.5	5.4	←	L onto Co Rd E
34.3	3.7	←	L onto WI-162 N
35.8	1.5	←	L onto Co Rd Ee
35.9	0.1	→	R to stay on Co Rd Ee
40.6	4.8	←	Slight L onto Co Hwy T
42.9	2.3	→	R onto Co Hwy C
46.0	3.0	→	R onto WI-108 N
48.3	2.3	←	L onto Oxbow Rd
48.9	0.6	←	Sharp L onto Stetzer Rd
51.5	2.6	↑	Continue onto McIntosh Rd
52.4	1.0	→	R onto WI-108 S
52.8	0.4	→	R onto Co Hwy Q
55.4	2.6	→	R onto Co Rd Vv
55.7	0.2	⤵	

30.5 miles. +1644/-1783 feet

95.2	0.4	←	Slight L onto N Main St
95.8	0.6	←	L onto E Gaarder Rd
96.2	0.4	→	E Gaarder Rd turns slightly R and becomes Sand Lake Road
98.6	2.5	↑	Continue onto Thomas Rd
98.8	0.1	→	R onto East Ave N
100.8	2.1	←	L onto Quincy St
101.2	0.4	▶	End of route

6.5 miles. +134/-124 feet



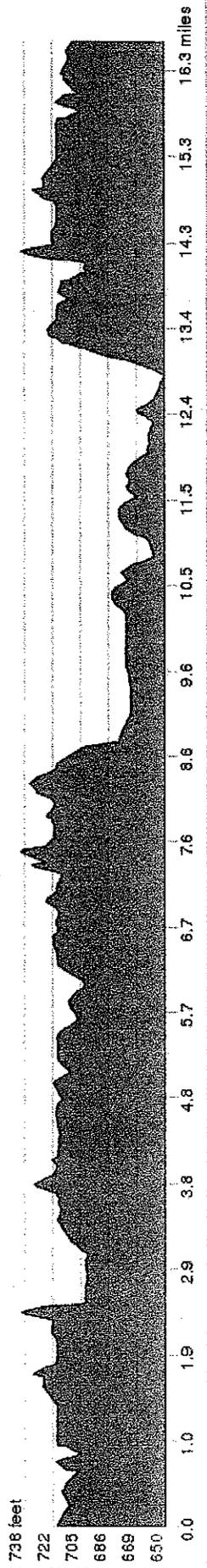
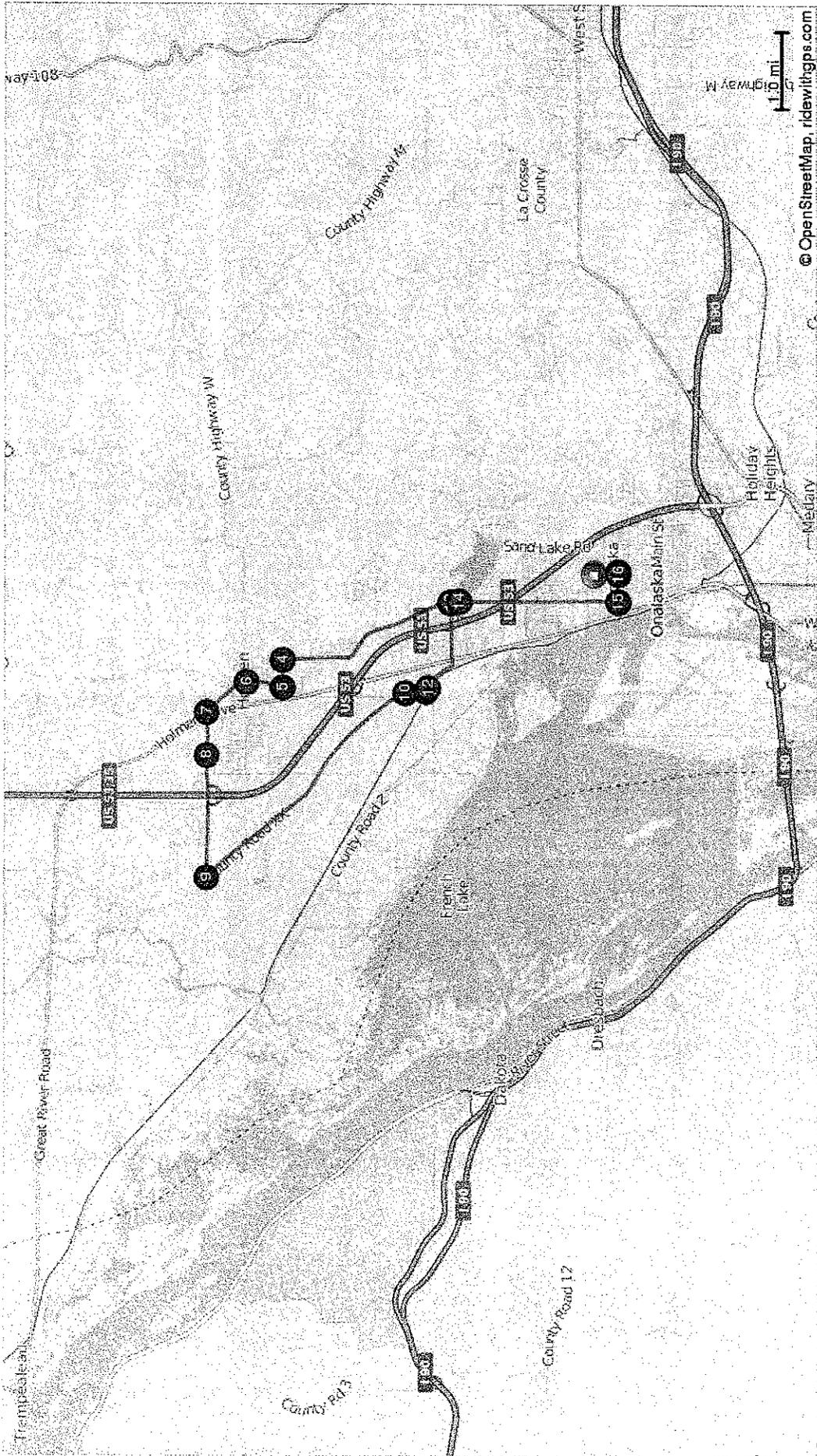
MIM TT (10 Mi) 2014

0.0	0.0	▀	Start of route
0.4	0.4	←	L onto 4th Ave N
1.0	0.6	→	R onto Main St
1.2	0.1	←	L onto 2nd Ave S
1.2	0.1	→	R onto Irvin St
1.2	0.0	→	R onto Great River State Park Trail
4.7	3.4	⚓	
8.2	3.5	←	L onto Irvin St
8.2	0.0	←	L onto 2nd Ave S
8.3	0.1	→	R onto Main St
8.4	0.1	←	L onto 4th Ave N
9.0	0.6	→	R onto Quincy St
9.4	0.4	▀	End of route

9.4 miles. +234/-241 feet

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# MIM PP (16 mi) 2014



MIM PP (16 mi) 2014

0.0	0.0	▀	Start of route
0.4	0.4	→	R onto East Ave N
2.5	2.1	←	L onto Thomas Rd
2.6	0.1	↑	Continue onto Sand Lake Road
5.1	2.5	←	Sand Lake Road turns slightly L and becomes E Gaarder Rd
5.4	0.4	→	R onto S Main St
5.9	0.5	⤵	
6.6	0.7	↑	Continue onto McHugh Rd
7.2	0.6	↑	Continue onto Co Rd Mh
8.8	1.6	←	L onto County Rd XX
12.4	3.6	↑	Continue onto County Rd OT
12.7	0.3	←	L to stay on County Rd OT

12.7 miles. +253/-315 feet

12.7	0.1	⤵	
14.0	1.3	→	R onto Thomas Rd
14.1	0.1	→	R onto East Ave N
16.2	2.1	←	L onto Quincy St
16.6	0.4	▀	End of route

3.9 miles. +151/-93 feet



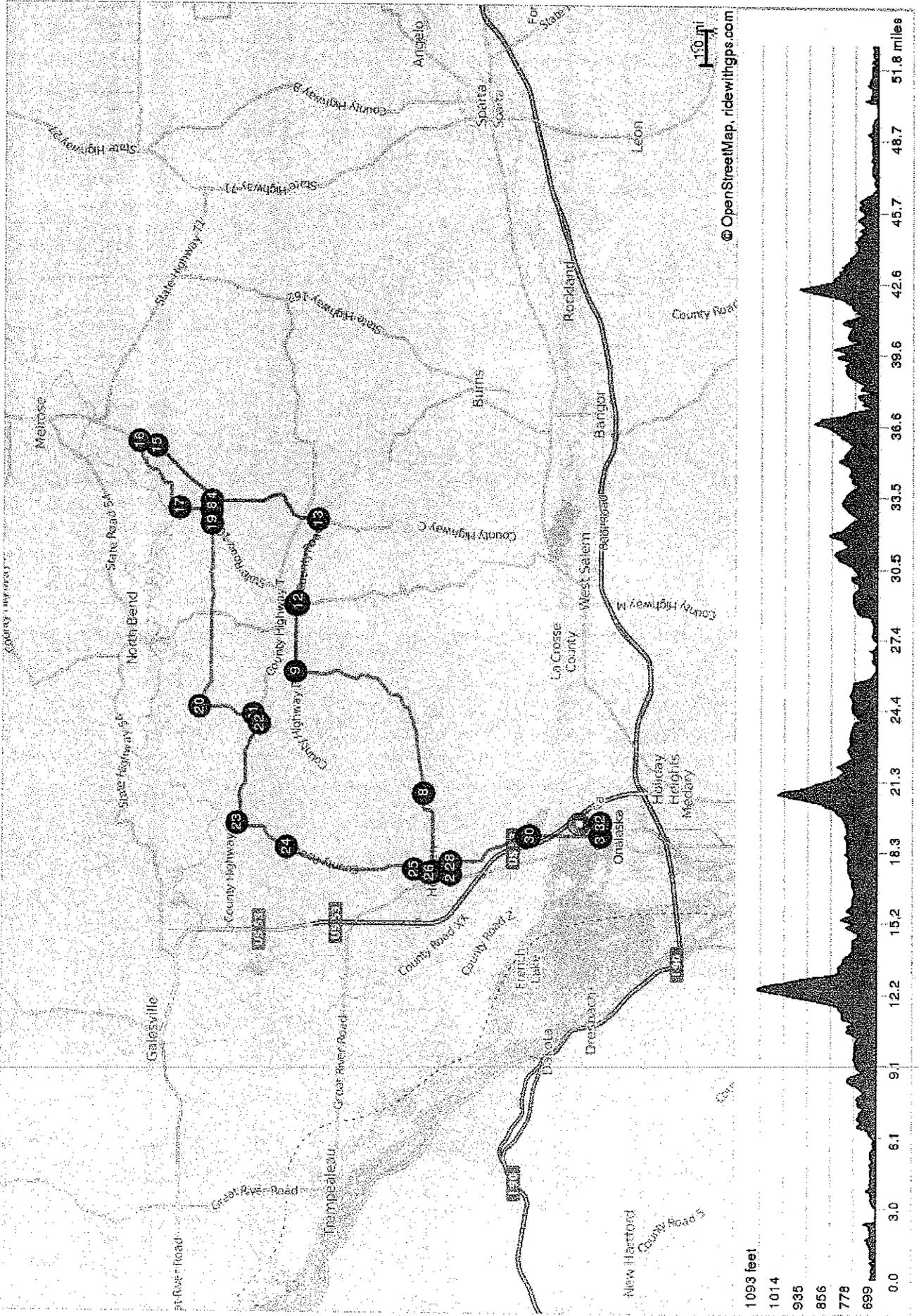
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5.1	2.5	←	Sand Lake Road turns slightly L and becomes E Gaarder Rd
5.4	0.4	→	R onto S Main St
5.9	0.5	⤵	
6.0	0.0	→	R onto State St
8.4	2.5	↑	Continue onto Co Hwy W
10.5	2.0	↑	Continue onto Co Hwy M
14.8	4.3	←	L onto Co Hwy D/Co Hwy M
14.8	0.0	→	R onto Co Hwy M

14.8 miles. +666/-622 feet

15.6	0.8	←	L onto Co Hwy T
17.5	1.9	⤵	
20.5	3.1	←	Sharp L onto Co Hwy Tt
22.3	1.8	→	R onto Co Hwy V
26.2	3.9	↑	Continue onto Long Coulee Rd
26.7	0.4	←	Slight L onto N Main St
27.3	0.6	←	L onto E Gaarder Rd
27.6	0.4	→	E Gaarder Rd turns slightly R and becomes Sand Lake Road
30.1	2.5	↑	Continue onto Thomas Rd
30.2	0.1	→	R onto East Ave N
32.3	2.1	←	L onto Quincy St
32.7	0.4	▶	End of route

17.9 miles. +891/-930 feet

# MIM HH Bypass (2014)



MIM HH Bypass (2014)

0.0	0.0	▶	Start of route
0.4	0.4	→	R onto East Ave N
2.5	2.1	←	L onto Thomas Rd
2.6	0.1	↑	Continue onto Sand Lake Road
5.1	2.5	←	Sand Lake Road turns slightly L and becomes E Gaarder Rd
5.4	0.4	→	R onto S Main St
5.9	0.5	⤵	
6.0	0.0	→	R onto State St
8.4	2.5	↑	Continue onto Co Hwy W
14.8	6.4	→	R onto Co Hwy D
16.7	2.0	→	R onto WI-108 S
16.8	0.1	←	L onto Co Rd De
16.9	0.1	⤵	
19.4	2.5	←	L onto Co Hwy C

19.4 miles. +823/-739 feet

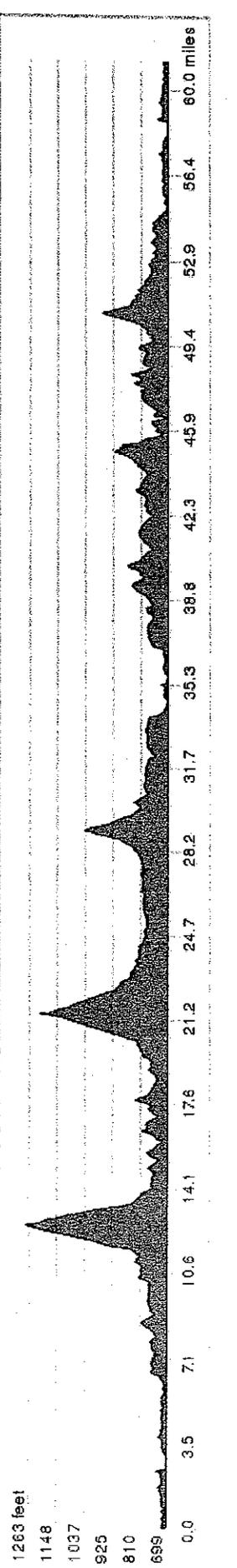
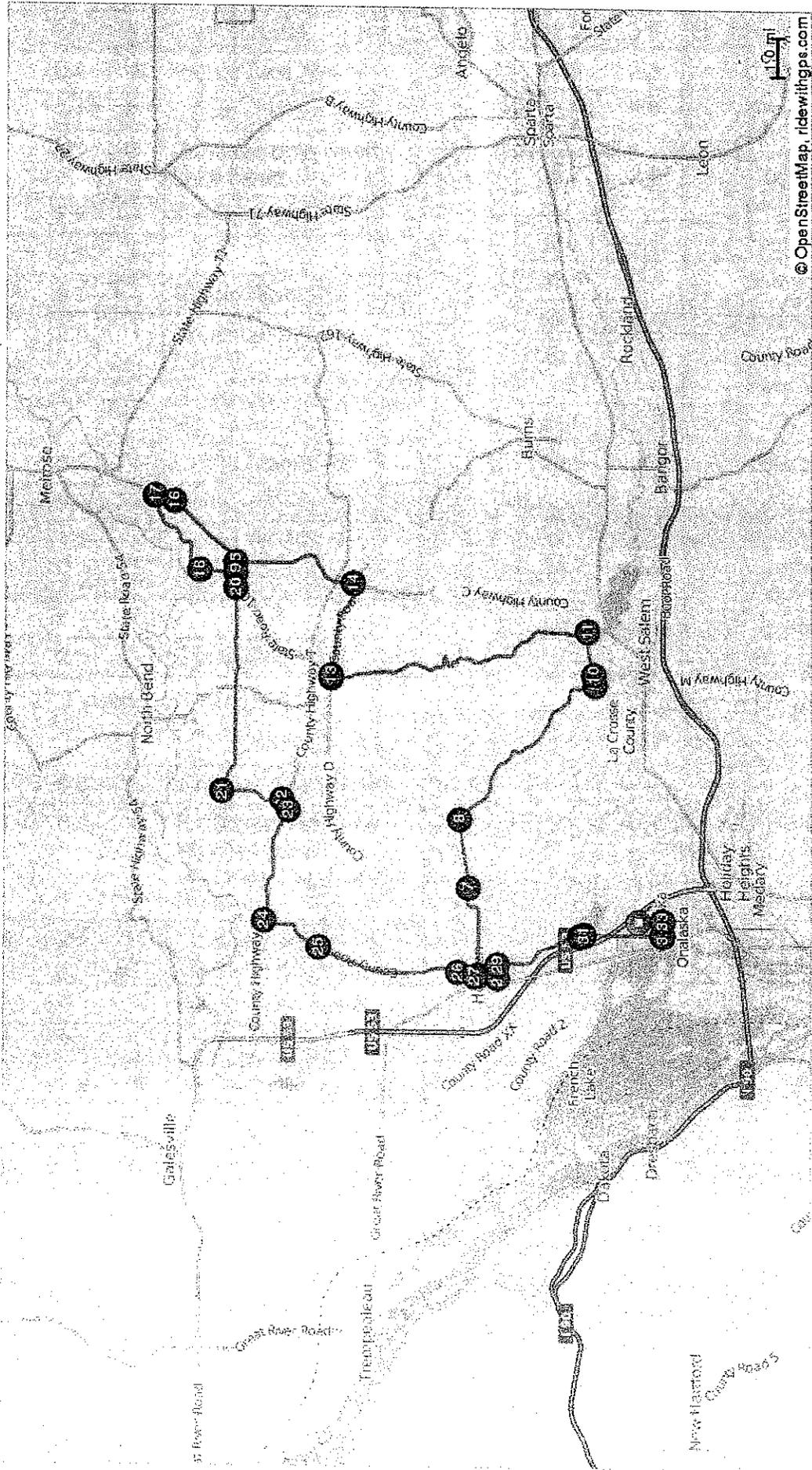
47.4	0.6	←	L onto E Gaarder Rd
47.7	0.4	→	E Gaarder Rd turns slightly R and becomes Sand Lake Road
50.2	2.5	↑	Continue onto Thomas Rd
50.3	0.1	→	R onto East Ave N
52.4	2.1	←	L onto Quincy St
52.8	0.4	▶	End of route

6.0 miles. +112/-119 feet

22.9	3.5	→	R onto WI-108 N
25.3	2.3	←	L onto Oxbow Rd
25.8	0.6	←	Sharp L onto Stetzer Rd
28.4	2.6	↑	Continue onto McIntosh Rd
29.4	1.0	→	R onto WI-108 S
29.8	0.4	→	R onto Co Hwy Q
35.2	5.4	←	L onto Co Hwy V
37.0	1.8	→	R onto Co Hwy T/Co Hwy V
37.6	0.5	⤵	
40.6	3.1	←	Sharp L onto Co Hwy Tt
42.4	1.8	→	R onto Co Hwy V
46.3	3.9	↑	Continue onto Long Coulee Rd
46.8	0.4	←	Slight L onto N Main St

27.4 miles. +1250/-1328 feet

# MIM HH (62 mi) 2014



© OpenStreetMap, ridewithgps.com

0.0	0.0	▶	Start of route
0.4	0.4	→	R onto East Ave N
2.5	2.1	←	L onto Thomas Rd
2.6	0.1	↑	Continue onto Sand Lake Road
5.4	2.8	→	R onto S Main St
5.9	0.5	⤴	
6.0	0.0	→	R onto State St
8.4	2.5	↑	Continue onto Co Hwy W
10.2	1.8	→	R onto Jostad Coulee Rd
15.7	5.5	←	L onto Asmus Rd
16.0	0.3	⤴	
17.1	1.2	←	L onto WI-108 N
25.1	8.0	→	R onto Co Rd De
25.2	0.1	⤴	
27.7	2.5	←	L onto Co Hwy C

27.7 miles. +1624/-1540 feet

55.7	0.6	←	L onto E Gaarder Rd
56.1	0.4	→	E Gaarder Rd turns slightly R and becomes Sand Lake Road
58.6	2.5	↑	Continue onto Thomas Rd
58.7	0.1	→	R onto East Ave N
60.8	2.1	←	L onto Quincy St
61.1	0.4	▶	End of route

6.1 miles. +119/-119 feet

31.3	3.5	→	R onto WI-108 N
33.6	2.3	←	L onto Oxbow Rd
34.1	0.6	←	Sharp L onto Stelzer Rd
36.7	2.6	↑	Continue onto McIntosh Rd
37.7	1.0	→	R onto WI-108 S
38.1	0.4	→	R onto Co Hwy Q
43.5	5.4	←	L onto Co Hwy V
45.4	1.8	→	R onto Co Hwy T/Co Hwy V
45.9	0.5	←	
49.0	3.1	←	Sharp L onto Co Hwy Tt
50.7	1.8	→	R onto Co Hwy V
54.7	3.9	↑	Continue onto Long Coulee Rd
55.1	0.4	←	Slight L onto N Main St

27.4 miles. +1251/-1329 feet

**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 Onalaska County of La Crosse  
 City

The undersigned duly authorized officer(s)/members/managers of GMRI, Inc.  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
The Olive Garden Italian Restaurant #1492  
(trade name)

located at 9413 State Road 16, Onalaska, WI 54650-8539

appoints Jose M. Cisneros  
(name of appointed agent)

2027 Winnebago Street, La Crosse, WI 54601  
(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).  
N/A

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? 6 mos.

Place of residence last year 2117 Smith Lane, Farmington, NM 87401

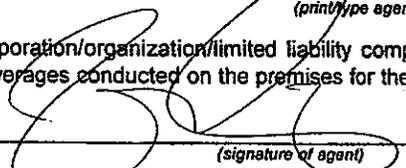
For: GMRI, Inc.  
(name of corporation/organization/limited liability company)

By: Joseph G. Kern, VP/Secretary  
(signature of Officer/Member/Manager)

And: Colleen M. Hunter, Assistant Secretary  
(signature of Officer/Member/Manager)

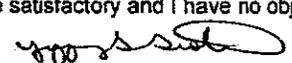
**ACCEPTANCE BY AGENT**

I, Jose M. Cisneros, 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.

 4-2-14 Agent's age 31  
(signature of agent) (date)  
2027 Winnebago Street, La Crosse, WI 54601 Date of birth 6/03/1982  
(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 4/1/14 by  Title Carol Polhe  
(date) (signature of proper local official) (town chair, village president, police chief)

*pd-110  
4-2-14*

\$ 10.00

### 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 City of Onalaska County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.  
(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 Kwik Trip 643  
(trade name)

located at 1276 Crossing Meadows Dr., Onalaska, WI 54650

appoints Korena L. Pabst  
(name of appointed agent)

642 Boundary Dr. E., West Salem, WI 54669  
(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 All my life  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 805 Angel Ct., #6, Holmen, WI 54636

For: Kwik Trip, Inc.  
(name of corporation/organization/limited liability company)

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

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

#### ACCEPTANCE BY AGENT

I, Korena M. Pabst, 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] 3/19/2014  
(signature of agent) (date)  
642 Boundary Dr. E., West Salem, WI 54669  
(home address of agent)

Agent's age 26

Date of birth 7/30/87

#### 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 4/14/14 by [Signature] Title Chief of Police  
(date) (signature of proper local official) (town clerk, village president, police chief)

CITY OF ONALASKA  
RECEIVED 4/08/2014 12:49 PM  
PERMITS & LICENSING  
CITY CLERK  
CITY OF ONALASKA  
10-0008  
CHECK(S)

10<sup>00</sup>

### 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 City of Onalaska County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.  
(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 Kwik Trip 383  
(trade name)

located at: 408 Sand Lake Rd., Onalaska, WI 54650

appoints Edmund Szewczyk  
(name of appointed agent)

W4990 Quackenbush Rd., West Salem, WI 54669  
(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).  
Agent of Kwik Trip 377, Onalaska, WI, until new agent appointed

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No Since 1973

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

Place of residence last year W4990 Quackenbush Rd., West Salem, WI 54669

For: Kwik Trip, Inc.  
(name of corporation/organization/limited liability company)

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

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

#### ACCEPTANCE BY AGENT

I, Edmund Szewczyk, 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] Agent's age 46  
(signature of agent) (date)  
W4990 Quackenbush Rd., West Salem, WI 54669  
(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 4/14/14 by [Signature] Title Chief of Police  
(date) (signature of proper local official) (town clerk, village president, police chief)

CITY OF ONALASKA  
REC'D: 00083591 4/07/2014 2:11 PM  
TRAN: 198.0000 REVENUE ADJUT  
OPEN: CASHI TRNS 001  
REF: EE 954728  
PAID BY:  
CHANGE OF PERM  
LIQUOR & MALT BEV  
TENDERED:  
APPLIED:  
CHANGE:  
10:00AM  
CHECK(S)

**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 ONALASKA County of LACROSSE  
 City

The undersigned duly authorized officer(s)/members/managers of PRIMOS SOUTH WESTERN GRILL  
(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 PRIMOS SOUTH WESTERN GRILL  
(trade name)

located at 1427 NORTH HIGHWAY 35 ONALASKA, WI 54650

appoints ERIC SCHILLA  
(name of appointed agent)

W7695 VOLLEN DAM ST HOLMEN, WI 54636  
(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? 5 yrs

Place of residence last year W7695 VOLLEN DAM ST HOLMEN, WI 54636

For: PRIMOS SOUTH WESTERN GRILL  
(name of corporation/organization/limited liability company)

By: \_\_\_\_\_  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, ERIC SCHILLA, 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] 4/8/14  
(signature of agent) (date)

W7695 VOLLEN DAM ST  
(home address of agent)

Agent's age 46

Date of birth 7/3/67

**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 4/14/14 by [Signature] Title Chief of Police  
(date) (signature of proper local official) (town chair, village president, police chief)

CITY OF ONALASKA  
 REC'D: 0087536 4/16/2014 9:26 AM  
 TRANS: 198 0000 RENEE ACHON  
 OPER: JAMIL TERM: 01  
 REF: 11  
 PART BY: JANI E SCHLEINER  
 'FRENDS SOUTH WESTERN GRILL  
 LIQUOR & MALT INV L  
 11 0008

**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 Onalaska County of LaCrosse

The undersigned duly authorized officer(s)/members/managers of Blazin Wings Inc  
(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 Buffalo Wild Wings  
(trade name)

located at 2132 Manet Pl. Onalaska WI 54650

appoints Candis Hayes  
(name of appointed agent)

335 6th Ave N. Onalaska WI 54650  
(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? \_\_\_\_\_

Place of residence last year 335 6th Avenue N., Onalaska, WI 54650

For: Blazin Wings Inc  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, Candis A. Hayes  
(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.

[Signature] 3-24-2014  
(signature of agent) (date)

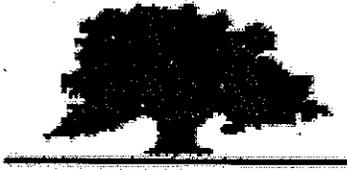
335 6th Ave. N. Onalaska  
(home address of agent)

Agent's age 44  
Date of birth 12-12-1969

**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 24th day of March [Signature] Title Chief of Police  
(date) (signature of proper local official) (town chair, village president, police chief)



Torkelson

Page-Smith Funeral Home

211 W. Oak Street

Sparta, WI, 54656

Phone: (608) 269-4444

April 8, 2014

Onalaska Administrative and Judiciary Committee  
City of Onalaska  
415 Main Street  
Onalaska, WI 54650

Dear Committee Members:

I am requesting the burial of my husband, James C. Poppe Jr.'s urn to be placed on my father, Garold V. True's, grave.

Please respond as soon as possible after your decision.

Sincerely,

Geraldine (True) Poppe

Block 87  
Lot 4  
Grave 5

03826

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 14 20 14 ;  
ending June 30 20 14 ;

Applicant's Wisconsin Seller's Permit Number: <u>46-162856420-02</u>	
Federal Employer Identification Number (FEIN): <u>46-5207363</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 checked="" type="checkbox"/> Class B liquor	\$ <u>75.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>10.00</u>
<b>TOTAL FEE</b>	\$ <u>160.00</u>

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

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): PRIMOS SOUTHWESTERN GRILL 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	<u>OWNER</u>	<u>BRIAN W TONNESON</u>	<u>315 GREEN ST, ONALASKA, WI</u>	<u>54650</u>
Vice President/Member	<u>OWNER</u>	<u>ERIC SCHELLA</u>	<u>W7695 VOLLENDAM ST</u>	<u>HOLMEN, WI 54636</u>
Secretary/Member	<u>-</u>			
Treasurer/Member	<u>-</u>			

Agent ▶ \_\_\_\_\_

Directors/Managers \_\_\_\_\_

3. Trade Name ▶ PRIMOS SOUTHWESTERN GRILL Business Phone Number \_\_\_\_\_
4. Address of Premises ▶ 1427 NORTH HIGHWAY 35 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 3/27/14 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.) STORED IN BASEMENT COOLER, SOLD IN BAR
10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? LAKELIEN RESTAURANT & LOUNGE
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 9th day of April, 20 14

Caroline A. Burmeske  
(Clerk/Notary Public)

My commission expires 10-18-15

Brian W. Tonneson  
(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

03834

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 14 20 14 ;  
ending June 30 20 14

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

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

Applicant's Wisconsin Seller's Permit Number: <u>456-0002261592-02</u>	
Federal Employer Identification Number (FEIN): <u>20-1769852</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>112.50</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>10.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>122.50</u></b>

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): ▶ LOST ISLAND WINE

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>PRESIDENT TODD WIEDENHAFT</u>	<u>1919 MARKET ST</u>	<u>LA CROSSE WI 54601</u>
Vice President/Member	<u>VICE PRESIDENT JENNIFER WIEDENHAFT</u>	<u>1919 MARKET ST</u>	<u>LA CROSSE WI 54601</u>
Secretary/Member	<u>JENNIFER WIEDENHAFT</u>		
Treasurer/Member	<u>TODD WIEDENHAFT</u>		
Agent ▶			
Directors/Managers			

3. Trade Name ▶ LOST ISLAND WINE Business Phone Number 715-570-9463  
4. Address of Premises ▶ 570 THEATER RD SUITE 100 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 \_\_\_\_\_ 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.) SUITE 100 - TASTING RM AND ATTACHED STORAGE CLOSET, COURTYARD

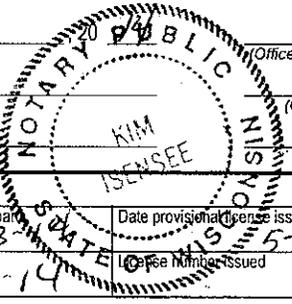
10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? LOST ISLAND WINE  
12. Does the applicant understand they must file a 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 10 day of April  
Kim Sensee (Clerk/Notary Public)  
My commission expires 12-4-16

Todd Wiedenhaft (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Kim Sensee (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk: <u>4-9-14</u>	Date reported to council/board: <u>5-13-14</u>	Date provisional license issued: <u>5-13-14</u>	Signature of Clerk / Deputy Clerk: <u>Cari Burmest</u>
Date license granted: <u>5-13-14</u>	Date license issued: <u>5-13-14</u>	Date fee money issued: _____	

CITY OF ONALASKA



# CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 • [www.cityofonalaska.com](http://www.cityofonalaska.com)

## SPECIAL EVENTS PERMIT APPLICATION

RECEIVED

Cost: \$ \_\_\_\_\_

Date: 4/16/14

APR 29 2014

(Please Print)

CITY OF ONALASKA

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party<sup>1</sup>
- Other:

Requestor Information			
Organization/Requestor Name: <u>Travis Pernsteiner</u>		Phone: <u>(608) 519-5483</u>	
Officer of Corporation or Director of Event: <u>La Crosse Area Family YMCA</u>			
Address of Organization: <u>1140 Main St</u>			
City: <u>La Crosse</u>	State: <u>WI</u>	Zip: <u>54601</u>	
Contact Person: <u>Travis Pernsteiner</u>		Phone: <u>(608) 519-5483</u>	
Address: <u>1140 Main St</u>			
City: <u>La Crosse</u>	State: <u>WI</u>	Zip: <u>54601</u>	
Purpose/Description of Event: <u>Color Dash 5K</u>			

EVENT INFORMATION			
Name of Event: <u>Color Dash 5K</u>	Date of Event: <u>8/16/14</u>	Time (beginning) <u>10am - 2pm</u> <small>am/pm</small>	Time (ending) <u>2pm</u> <small>am/pm</small>
Starting Point or Block to Be Closed: <u>Onalaska YMCA - 400 Mason St</u>			
Route or Specific Location (List Abutting Streets): <u>South past Omni Center - see map</u>			
Termination Point: <u>Onalaska YMCA</u>			
Estimated Maximum Number of Units/Persons Attending Event: <u>1,000</u>			

<sup>1</sup>Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

**\*\* NOTE \*\* CERTIFICATE OF INSURANCE REQUIRED,**  
 With the City of Onalaska listed as additional Insured.  
Original Certificate of Insurance must accompany this application

## SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

### TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event?  YES  NO  
If yes, please explain in detail what food service you will provide: \_\_\_\_\_

(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold?  YES  NO  
If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music?  YES  NO  
If yes, a Variance Permit may be needed.

(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)

4. Do you require any special parking restrictions?  YES  NO  
If yes, please indicate what type, when and where: \_\_\_\_\_

5. Will you require the use of any City Services and/or equipment?

Barricades  YES  NO If yes, approximately how many: \_\_\_\_\_

Cones  YES  NO If yes, approximately how many: \_\_\_\_\_

Street Sweeper  YES  NO If yes, approximate time needed: \_\_\_\_\_ a.m./p.m.

(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used?  YES  NO  
If yes, please indicate what type and where: \_\_\_\_\_

on/near Onalaska YMCA property

(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display?  YES  NO  
If yes, please indicate what type and where: \_\_\_\_\_

(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event?  YES  NO  
If yes, please explain: \_\_\_\_\_

Notifying To state of event.  
Keeping first-aid kits on hand  
Certified Y-Directors

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested: \_\_\_\_\_

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

**Hold Harmless Indemnification and Defense.**

The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

Tina Punt  
Signature of Applicant

4/16/14  
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office  
415 Main Street  
Onalaska, WI 54650

////////////////////////////////////  
**FOR OFFICE USE ONLY**

Name & Date of Event: Color Dash 8/16/14

City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>certificat of Ins. to include date of event</u>	Date: <u>4-29-14</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>4/29/14</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>4-29-14</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>TE</u>	Date: <u>4-29-14 3/4</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Temp signs to be permitted.</u>	Date: <u>Bg 4/29/14</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Pa</u>	Date: <u>4/29/14</u>

Site Diagram Sketch Attached:  YES  NO

GIS Dept. Map Prepared: \_\_\_/\_\_\_/\_\_\_

Insurance Required:  YES  NO Certificate of Insurance on File:  YES  NO COI Expires: new one to be filed \_\_\_/\_\_\_/\_\_\_

Special Class B License Required:  YES  NO Date of Special Class B Application: \_\_\_/\_\_\_/\_\_\_

Approved By A&J: \_\_\_/\_\_\_/\_\_\_ Date License Issued: \_\_\_/\_\_\_/\_\_\_ License No: \_\_\_\_\_

City of  
**ONALASKA**



GIS Department

Map Designer: Joe Barstow

Print Date: 2014

Last Updated: Jan 2014

Scale: 1" = 550'

**16,404 ft = 5KM**  
**15,653 ft - South Route**



5k\_ymca\_runs.shp  
South Route

Make  
file.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601	<b>CONTACT NAME:</b> Jodi Gallup	
	<b>PHONE (A/C, No, Ext):</b> (608) 784-4854	<b>FAX (A/C, No):</b> (608) 784-4774
<b>E-MAIL ADDRESS:</b> jgallup@robertsonryan.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> The Cincinnati Insurance Company		10677
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>INSURED</b>  La Crosse Family YMCA 1140 Main Street La Crosse, WI 54601
--

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Misconduct GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP 0888869	07/01/2014	07/01/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CPA 0888869	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			CPP 0888869	07/01/2014	07/01/2015	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;">             Y / N <input type="checkbox"/> N / A           </div>			WC 2119819	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: YMCA Color Dash, August 16, 2014. City of Onalaska is additionally insured on the general liability policy with respect to the insured's sponsored event.**

<b>CERTIFICATE HOLDER</b>  City of Onalaska 415 Main Street Onalaska, WI 54650	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--



Bik 112  
Lot 1  
Grave 2

4/29/14

Dear Administrative and Judiciary Committee,

I'm writing for an approval to bury my brother's, (Michael A. Bakke) dec. 4-22-14, ashes with my father's, (David M. Bakke) dec. 11-24-13, plot in the Ona. Cemetery. It is a double plot. We would like him to be on my dad's plot. They passed within 5 mths.

My brother Michael was very close to my father.

My mom's wishes were for this also. She has been through a lot in the last 5 mths and is battling cancer herself.

Please approve this for our family. This would be a nice final resting spot for my brother.

Cremation was done by Dickinson's Funeral Home

Sincerely,

Sherri Emery (sister) →

**BLOCK PARTY  
LICENSE**

NO. 5-14

\$ N/C

**STATE OF WISCONSIN  
COUNTY OF LA CROSSE**

WHEREAS, Julie Diermeier has paid the sum of 00/100 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

Now, Therefore, by order of the City of Onalaska and by virtue hereof, the said Julie Diermeier is hereby licensed and authorized to  
Conduct a block party closing Evenson Drive from Stonebridge Avenue to Stonebridge Avenue

for a period of May 24, 2014 from 4-10pm subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

Given under my hand and the corporate seal of the City of Onalaska, this 16<sup>th</sup> day of April, 2014.

(Corporate Seal)

*Caroline R. Burnaster*

CITY CLERK or DEPUTY CITY CLERK

**PARADE  
LICENSE**

NO. 6-14

\$ N/C

**STATE OF WISCONSIN  
COUNTY OF LA CROSSE**

WHEREAS, Jim Rupprecht for Luther High School has paid the sum of 00/100 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

Now, Therefore, by order of the City of Onalaska and by virtue hereof, the said Jim Rupprecht for Luther High School is hereby licensed and authorized to

Conduct band practice on Wilson St to 13<sup>th</sup> Ave S to Rosewood Trail/Pincrest Avenue and  
Returning to Wilson St and back to Luther High School

for a period of 4/28-5/23/14, 7/15-7/18/14, and 8/20-10/3/14 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

Given under my hand and the corporate seal of the City of Onalaska, this 16th day of April, 2014.

(Corporate Seal)

*Caroline R. Burnaster*

CITY CLERK or DEPUTY CITY CLERK

4/30/2014 10:09 AM

L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
03793	RECBURN-E	SCHMELING 1118 WELL ST	STEPHA ACTIVE	REC BURN REC BURN	4/01/2014	4/03/2014
03801	RECBURN-E	DE VAULT 1530 HOFFMAN PL	NICK ACTIVE	REC BURN REC BURN	4/02/2014	4/10/2014
03802	RECBURN-E	ROESLER 713 DUTTON ST.	JILL ACTIVE	REC BURN REC BURN	4/02/2014	4/10/2014
03803	RECBURN-E	STUART 423 MAYFAIR PL.	TERRY* ACTIVE	REC BURN REC BURN	4/02/2014	4/10/2014
03808	RECBURN-E	BOWMAN 614 GILSTER ST.	JUDD ACTIVE	REC BURN REC BURN	4/03/2014	4/10/2014
03811	RECBURN-E	BARNES 2024 CRAIG LN E	JIM & ACTIVE	REC BURN REC BURN	4/04/2014	4/10/2014
03812	RECBURN-E	CUCHNA 718 DUTTON ST.	KATHY ACTIVE	REC BURN REC BURN	4/07/2014	4/14/2014
03813	RECBURN-E	HAFNER 2113 GREENVIEW LN.	BRIAN ACTIVE	REC BURN REC BURN	4/07/2014	4/14/2014
03815	RECBURN-E	FISHER 418 12TH AVE. S.	JOSEPH ACTIVE	REC BURN REC BURN	4/07/2014	4/17/2014
03816	RECBURN-E	NOVY 1416 CEDAR PL.	DANIEL ACTIVE	REC BURN REC BURN	4/07/2014	4/14/2014
03817	RECBURN-E	MCCOMBS 558 COURT RD	STEVEN ACTIVE	REC BURN REC BURN	4/08/2014	4/14/2014
03818	RECBURN-E	IRONS 119 8TH AVE S	LUKE ACTIVE	REC BURN REC BURN	4/08/2014	4/14/2014

4/30/2014 10:09 AM

L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

LICENSE CODES: Include: RECBURN-E

CLASSES: All

STATUS: ACTIVE

CITY LIMITS: INSIDE, OUTSIDE

EFFECTIVE  
EXPIRATIO  
COMMENT:  
PAY STATU

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
03820	RECBURN-E	HAGENAH 1071 HICKORY ST	JOHN ACTIVE	REC BURN REC BURN	4/08/2014	4/14/2014
03821	RECBURN-E	ROHDE 836 PARK AVE.	BENJAM ACTIVE	REC BURN REC BURN	4/08/2014	4/14/2014
03822	RECBURN-E	BEST 836 6TH AVE N	DEBRA ACTIVE	REC BURN REC BURN	4/08/2014	4/14/2014
03823	RECBURN-E	JOHNS 210 9TH AVE N	SCOTT ACTIVE	REC BURN REC BURN	4/09/2014	4/14/2014
03824	RECBURN-E	VANG 607 11TH AVE N	YER ACTIVE	REC BURN REC BURN	4/09/2014	4/14/2014
03825	RECBURN-E	MICHEL 425 9TH AVE N	ROBERT ACTIVE	REC BURN REC BURN	4/09/2014	4/14/2014
03829	RECBURN-E	FEHR 617 HANSON CT	LEE J ACTIVE	REC BURN REC BURN	4/09/2014	4/14/2014
03830	RECBURN-E	WITT 1550 MAIN ST	DEREK ACTIVE	REC BURN REC BURN	4/09/2014	4/14/2014
03831	RECBURN-E	MYHRE 1309 JOHNSON ST	THOMAS ACTIVE	REC BURN REC BURN	4/09/2014	4/14/2014
03835	RECBURN-E	YOUNG 705 KRUEGER CT	DEBORA ACTIVE	REC BURN REC BURN	4/10/2014	4/14/2014
03838	RECBURN-E	PRALLE 4026 BEVERLY DR	JEFFER ACTIVE	REC BURN REC BURN	4/10/2014	4/14/2014
03845	RECBURN-E	ENGBER 931 GREEN BAY ST.	STEVEN ACTIVE	REC BURN REC BURN	4/10/2014	4/14/2014

4/30/2014 10:09 AM

## L I C E N S E   M A S T E R   R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
03846	RECBURN-E	JOHNSON 416 HICKORY ST	W PEYT ACTIVE	REC BURN REC BURN	4/11/2014	4/17/2014
03855	RECBURN-E	CRONK 1217 ROSEWOOD TRL.	JEFFRE ACTIVE	REC BURN REC BURN	4/11/2014	4/17/2014
03856	RECBURN-E	NOELKE 816 MAIN ST	KATE ACTIVE	REC BURN REC BURN	4/11/2014	4/17/2014
03859	RECBURN-E	JANIKOWSKI 930 SUNSET PL	PAUL ACTIVE	REC BURN REC BURN	4/11/2014	4/17/2014
03864	RECBURN-E	STRATMAN 2939 MAIN ST E	JOLEEN ACTIVE	REC BURN REC BURN	4/15/2014	4/17/2014
03865	RECBURN-E	OLSON 347 4TH AVE N	ERIC & ACTIVE	REC BURN REC BURN	4/15/2014	4/17/2014
03867	RECBURN-E	HAAG 608 6TH AVE N	JERROD ACTIVE	REC BURN REC BURN	1/01/2014	4/23/2014
03869	RECBURN-E	HINITT 1416 LAKE ST	MARK ACTIVE	REC BURN REC BURN	4/17/2014	4/23/2014
03870	RECBURN-E	JEDELE 1838 WOOD RUN PL	HORST ACTIVE	REC BURN REC BURN	4/17/2014	4/23/2014
03872	RECBURN-E	WITTENBERG 355 5TH AVE N	NICK ACTIVE	REC BURN REC BURN	4/18/2014	4/23/2014
03873	RECBURN-E	NETWAL 509 14TH AVE N	PAUL & ACTIVE	REC BURN REC BURN	4/18/2014	4/23/2014
03874	RECBURN-E	NETWAL 403 8TH AVE S	JAMES ACTIVE	REC BURN REC BURN	4/18/2014	4/23/2014

4/30/2014 10:09 AM

## L I C E N S E   M A S T E R   R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

LICENSE CODES: Include: RECBURN-E

CLASSES: All

STATUS: ACTIVE

CITY LIMITS: INSIDE, OUTSIDE

EFFECTIVE

EXPIRATIO

COMMENT:

PAY STATU

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
03876	RECBURN-E	DEVINE 1020 GREEN	DONALD ACTIVE	REC BURN REC BURN	4/21/2014	4/23/2014
03879	RECBURN-E	SUCHARSKI 1229 PINE ST	JOHN ACTIVE	REC BURN REC BURN	4/21/2014	4/23/2014
03880	RECBURN-E	LEFEBVRE 221 3RD AVE N	DANIEL ACTIVE	REC BURN REC BURN	4/21/2014	4/23/2014
03882	RECBURN-E	GORA 424 FRENCH RD	MARTY ACTIVE	REC BURN REC BURN	4/21/2014	4/23/2014
03883	RECBURN-E	JOHNSON 1057 FAIRFIELD ST	DAVID ACTIVE	REC BURN REC BURN	4/21/2014	4/23/2014
03884	RECBURN-E	CONWAY 506 HICKORY ST	ROBERT ACTIVE	REC BURN REC BURN	4/22/2014	4/29/2014
03888	RECBURN-E	LANGE 601 JULINE WAY	STEVEN ACTIVE	REC BURN REC BURN	4/22/2014	4/29/2014
03890	RECBURN-E	KULMACZESKI 878 8TH AVE N	LEO* ACTIVE	REC BURN REC BURN	4/23/2014	4/29/2014
03893	RECBURN-E	LIND 1108 VALLEY VUE DR	STEPHE ACTIVE	REC BURN REC BURN	4/24/2014	4/29/2014
03895	RECBURN-E	WOODS 131 9TH AVE. S.	NICOLE ACTIVE	REC BURN REC BURN	4/25/2014	4/29/2014
03896	RECBURN-E	PARO 2149 MAPLEWOOD DR.	JEFF & ACTIVE	REC BURN REC BURN	4/25/2014	4/29/2014
03898	RECBURN-E	CASPER 309 POPLAR ST	KEITH ACTIVE	REC BURN REC BURN	4/25/2014	4/29/2014

4/30/2014 10:09 AM

L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIO

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
03902	RECBURN-E	GERDES 506 COULEE CT	BRADLE ACTIVE	REC BURN REC BURN	4/28/2014	
03903	RECBURN-E	LUNNEY 416 PRALLE RD	LORI & ACTIVE	REC BURN REC BURN	4/28/2014	
03906	RECBURN-E	INDA 535 BIRDIE CT	GREG & ACTIVE	REC BURN REC BURN	4/28/2014	
03910	RECBURN-E	FREEHILL 1114 WELL ST	JANETT ACTIVE	REC BURN REC BURN	4/29/2014	

REPORT TOTALS: 52 LICENSES

**ORDINANCE NO. 1472 - 2014**

**AN ORDINANCE TO AMEND TITLE 3 CHAPTER 4 OF THE CITY OF ONALASKA CODE OF ORDINANCES RELATED TO DISPOSAL OF UNCLAIMED FUNDS**

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

SECTION I. Section 3 of Chapter 4 of Title 3 of the Code of Ordinances of the City of Onalaska is hereby created to read:

**Sec. 3-4-3 Unclaimed Funds**

- (a) **Unclaimed Funds.** On or before January 10 of every odd-numbered year, the City of Onalaska Finance Director or its designee, shall file with the treasurer of La Crosse County a written report under oath giving the names and the last-known addresses of all persons for whom the City of Onalaska Treasurer holds money or security, and which has not been claimed for at least one year, and showing the amount of the money or the nature of the security in detail. A duplicate report shall also be mailed to the Wisconsin Department of Financial Institutions. Upon receiving the reports the La Crosse County Treasurer shall cause to be published a class 3 notice, under ch. 985 of the Wisconsin Statutes, on or before February 1 of the same year, which contains the names and last-known addresses of the owners of the unclaimed money or security that has a value of at least \$10, and shall state that unless the owners call for and prove their ownership of the money or security, within 6 months from the time of the completed publication, the City of Onalaska Treasurer shall give possession or control of the money or security to the La Crosse County Treasurer. At the end of the 6 months from the time of the completed publication, the La Crosse County Treasurer shall also take possession or control of all money or security of persons for whom the City of Onalaska Treasurer holds money or security, and which has not been claimed for at least one year, if the money or security has a value of less than \$10.
- (b) **Unclaimed Funds in County Possession.** Any money or security which the La Crosse County Treasurer has taken control over under Section (a) above and has had in its possession or control for more than one year shall, to the extent possible, be deposited into the La Crosse County general revenue fund. Pursuant to Wisconsin Statute §59.66(2)(a)1(am) money or security deposited pursuant to this section may remain in the County's general revenue fund or may be used by La Crosse County until the money or security is paid or delivered to its owner or becomes property of the county. If within 10 years from the time any such money or security is delivery to La Crosse County, the owner of the money or security proves to the satisfaction of the La Crosse County Treasurer the owner's right to the possession of the money or security, it shall be paid or delivered to the owner. If no such proof is made, then at the end of the 10-year period the money or property shall become the property of the county. Nothing in these sections shall be construed to deprive the owner of any such property of the owner's right to proceed by court action for the recovery of such money or security from the treasurer.
- (c) **Penalty.** Any person violating any provision of this section, shall upon conviction be fined not less than \$50 nor more than \$200 or imprisoned for not less than 30 days nor more than 6 months.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA

By: \_\_\_\_\_  
Joe Chilsen, Mayor

By: \_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

Fred Buehler, Financial Services Director

Fred Buehler 4-7-14  
(signature)

No Fiscal Impact

Budgeted Item

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

ORDINANCE NO. 1473 - 2014

AN ORDINANCE TO AMEND TITLE 11 CHAPTER 2 OF THE CITY OF  
ONALASKA CODE OF ORDINANCES RELATED TO FIREARMS

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY

ORDAIN AS FOLLOWS:

SECTION I. Section 1 of Chapter 2 of Title 11 of the Code of Ordinances of the  
City of Onalaska is hereby deleted in its entirety and replaced with:

**Sec. 11-2-1 Regulation of Firearms and Explosives.**

- (a) **Discharge of Firearms and Guns Regulated.** No person shall fire or discharge any cannon, gun, pistol, air or spring gun or any firearm of any description within the City of Onalaska without having first obtained written permission from the Chief of Police, which permission shall limit the time and fix the place of such shooting and shall be subject to be revoked at any time after the same may have been granted, except this section shall not be construed to prohibit the discharge of firearms by the Sheriff or any of his deputies, the Chief of Police or any of his subordinates or any public officer when required and made necessary in the performance of any duty imposed by law.
- (b) **Shooting Into City Limits.** No person shall in the territory adjacent to the City discharge any firearm in such manner that the discharge shall enter or fall within the City.
- (c) **Shooting Ranges.** This section shall not prevent the maintenance and use of duly supervised rifle or pistol ranges or shooting galleries approved by the Common Council, after an advisory recommendation from the Chief of Police, where proper safety precautions are taken.
- (d) **Explosive Devices.** No person shall discharge or detonate any dynamite, nitroglycerin or other explosive within the City without first obtaining a permit to do so from the Chief of Police.
- (e) **Hunting Prohibited.** Hunting with a firearm is prohibited within the corporate limits of the City of Onalaska.
- (f) **Definitions.** For purposes of this Section, a firearm is defined as any instrumentality from or with which a shot, bullet or pellet may be discharged or expelled, regardless of whether the propelling force is provided by air, spring or other similar mechanical device, or gun powder.
- (g) **Penalty.** Any person who violates this section shall upon conviction be subject to a fine of not less than \$100.00 nor more than \$500.00 per offense.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA

By: \_\_\_\_\_  
Joe Chilsen, Mayor

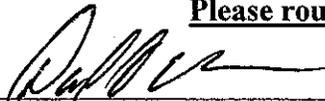
By: \_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1473 – 2014

Please route in this order

Dan Wick, Parks & Recreation Director

  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

Jeff Trotnic, Chief of Police

  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

**ORDINANCE NO. 1474 - 2014**

**AN ORDINANCE TO AMEND TITLE 11 CHAPTER 2 OF THE CITY OF ONALASKA  
CODE OF ORDINANCES RELATED TO HUNTING WITH BOW AND ARROWS,  
CROSS BOW**

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

SECTION I. Section 4 of Chapter 2 of Title 11 of the Code of Ordinances of the City of  
Onalaska is hereby deleted in its entirety and replaced with:

**Sec. 11-2-4 Hunting with and Throwing or Shooting of, Arrows, Stones and Other  
Missiles.**

- (a) **Throwing or Shooting of Arrows, Stones and Other Missiles.** It shall be unlawful for any person to discharge or throw by any means any dangerous missile, object, arrow, stone, snowball or other missile within the City of Onalaska for any purpose other than the hunting of wild animals as defined in section (b) below, provided, however, upon written application to the Chief of Police and Common Council, a person may be granted permission by the Common Council to construct and maintain supervised non-commercial archery ranges if, in the opinion of the Common Council, the construction or maintenance of such ranges will not endanger the public health and safety.
- (b) **Hunting Wild Animals with Bow & Arrows and Cross Bows.** To preserve the general health, safety and welfare of the citizens of Onalaska, the use of bow and arrow or cross bow for the purposes of hunting of wild animals under this Section shall not be permitted in City parks or parkways, on school property and City or Federal Property, except as set forth in the City's Urban Deer Management Plan. For the purposes of this ordinance, wild animal shall have the definition assigned in Wis. Stat. §29.001(90).
  - a. Anyone engaged in hunting wild animals in the City of Onalaska must receive prior permission from the landowner.
  - b. Persons hunting with a bow and arrow or crossbow must discharge the arrow or bolt from the respective weapon into the ground.
  - c. Hunting wild animals with a bow and arrow or crossbow is prohibited within One Hundred (100) yards of any building. This restriction shall not apply if the person who owns the land on which the building is located allows the hunter to hunt within the specified distance of the building. For purposes of this Section, "building" means permanent structure used for human occupancy and includes a manufactured home as defined in Wisconsin Statute Section 101.91(2)(d).
- (c) **Penalty.** Any person who violates section (a) or (b), shall upon conviction be subject to a fine of not less than \$100.00 nor more than \$500.00 per offense.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA

By: \_\_\_\_\_  
Joe Chilsen, Mayor

By: \_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1474 – 2014

Please route in this order

Dan Wick, Parks & Recreation Director

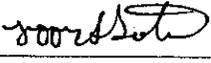
  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

Jeff Trotnic, Chief of Police

  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

**ORDINANCE NO 1475 - 2014**

**AN ORDINANCE TO AMEND TITLE 11 CHAPTER 2 OF THE CITY OF ONALASKA CODE OF ORDINANCES RELATED TO PROHIBITION OF SMOKING INDOORS**

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

SECTION I. Section 17 of Chapter 2 of Title 11 of the Code of Ordinances of the City of Onalaska is hereby deleted and replaced with:

**Sec. 11-2-17 Prohibition of Smoking in Enclosed and Specified Places**

- (a) The provisions of Section 101.123 of the Wisconsin Statutes as amended by 2009 Wisconsin Act 12 relating to the prohibition of smoking in various enclosed paces are hereby adopted and made part of this Code by reference, including any revisions or amendments thereto. The prohibition of smoking in Section 101.123 shall be extended to include electronic cigarettes defined as any electronic smoking device that can be used to deliver nicotine or any other substances to the person inhaling from the device. Pursuant to Wisconsin Statute, a warning notice shall be issued to the Person in Charge as defined in Wisconsin Stat. Sec. 101.123(1)(d) for the first offense.
- (b) **Penalty.** Any person violating any provision of this section, including those provisions of the Wisconsin Statutes, which are incorporated herein by reference, shall upon conviction thereof forfeit not less than \$100.00 nor more than \$250.00 and the costs of prosecution for each violation, and in default of payment of such forfeiture and the costs of prosecution shall be imprisoned in the County Jail until payment of such forfeiture and costs of prosecution, but not exceeding ninety (90) days for violation, provided, however, that in no case shall the forfeiture imposed for a violation of any provisions of this section exceed the maximum fine for the same offense under the laws of the State of Wisconsin.)

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this \_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA

By: \_\_\_\_\_  
Joe Chilsen, Mayor

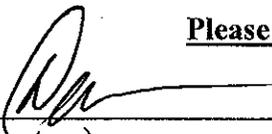
By: \_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1475 – 2014

Please route in this order

Dan Wick, Parks & Rec Director

  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

Jeff Trotnic, Chief of Police

  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

**ORDINANCE NO 1476-2014**

**AN ORDINANCE TO AMEND TITLE 11 CHAPTER 5 SECTION 9 OF THE CITY OF ONALASKA  
CODE OF ORDINANCES RELATED TO PURCHASE OR POSSESSION OF TOBACCO PRODUCTS**

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

SECTION I. Section 9 of Chapter 5 of Title 11 of the Code of Ordinances of the City of

Onalaska is hereby deleted and replaced with:

**Sec. 11-5-9 Purchase or Possession of Tobacco Products and E-Cigarettes**

**(a) Definition of Tobacco Products.**

(1) For the purposes of this Section, "tobacco products" means any tobacco related device and any substance containing tobacco leaf, including, but not limited to, cigarettes, cigars, pipe tobacco, snuff, chewing tobacco or dipping tobacco and shall include electronic cigarettes defined as any electronic smoking device that can be used to delivery nicotine or any other substances to the person inhaling from the device. The term electronic cigarette shall include such devices whether they are manufactured as electronic cigarettes, electronic cigars, electronic pipes or any other product name.

**(b) Purchase by Minors Prohibited.** It shall be unlawful for any person under the age of eighteen (18) years to purchase tobacco products, or to misrepresent their identity or age, or to use any false or altered identification for the purpose of purchasing tobacco products.

**(c) Possession by Minors Prohibited.** It shall be unlawful for any person under the age of eighteen (18) years to possess any tobacco products; provided that the possession by a person under the age of eighteen (18) years under the direct supervision of the parent or legal guardian of such person in the privacy of the parent's or legal guardian's home shall not be prohibited.

**(d) Sale of Tobacco Products to Minors Prohibited.** No person may purchase cigarettes, tobacco products or nicotine product on behalf of or provide to any person who is under 18 years of age. A law enforcement officer shall seize any cigarettes, tobacco products or e-cigarettes.

**(d) Statutes Adopted.** The provisions of Secs. 254.92, 134.66 and 778.25(1)(a), Wis. Stats., are adopted by reference and incorporated herein.

**(e) Violations.** For purposes of determining previous violations, the thirty (30) month period shall be measured from the dates of violations that resulted in an imposition of a forfeiture or a conviction. For the purpose of determining whether or not a previous violation has occurred, if more than one (1) violation occurs at the same time, all those violations shall be counted as one (1) violation. A person who commits a violation of Subsections (b) or (c) above shall be liable to a penalty of not more than One Hundred Dollars (\$100.00). A person who commits a violation of Subsection (d) above may be:

- (1) Required to forfeit not more than Five Hundred Dollars (\$500.00) if the person has not committed a previous violation within thirty (30) months of the violation; or
- (2) Fined not more than Five Hundred Dollars (\$500.00) or imprisoned for not more than 30 days or both if the person has committed a previous violation within thirty (30) months of the violation.
- (3) Fined not more than One Thousand Dollars (\$1,000.00) or imprisoned for not more than 90 days or both if the person has committed two (2) previous violations within thirty (30) months of the violation.
- (4) Fined not more than Ten Thousand Dollars (\$10,000.00) or imprisoned for not more than 9 months or both if the person has committed three (3) or more previous violations within thirty (30) months of the violation.
- (5) In addition to the forfeitures provided in Subsections (e)(1)-(4) above, a court shall suspend any license issued under Chapter 3 of Title 7 of the City of Onalaska Code of Ordinances to a person violating this Subsection for:
  - a. Not more than three (3) days, if the court finds that the person committed a violation within twelve (12) months after committing one (1) previous violation;
  - b. Not less than three (3) days nor more than ten (10) days, if the court finds that the person committed a violation within twelve (12) months after committing two (2) other violations; or
  - c. Not less than fifteen (15) days nor more than thirty (30) days, if the court finds that the person committed the violation within twelve (12) months after committing three (3) other violations.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this \_\_\_ day of \_\_\_\_\_, 2014.

CITY OF ONALASKA

By: \_\_\_\_\_  
Joe Chilsen, Mayor

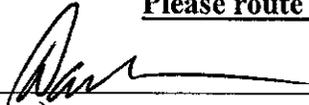
By: \_\_\_\_\_  
Caroline Burmaster, Clerk

PASSED:  
APPROVED:  
PUBLISHED:

**FISCAL IMPACT OF ORDINANCE 1476 – 2014**

Please route in this order

Dan Wick, Parks & Rec Director

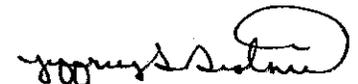
  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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

Jeff Trotnic, Chief of Police

  
\_\_\_\_\_  
(signature)

No Fiscal Impact

Budgeted Item

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