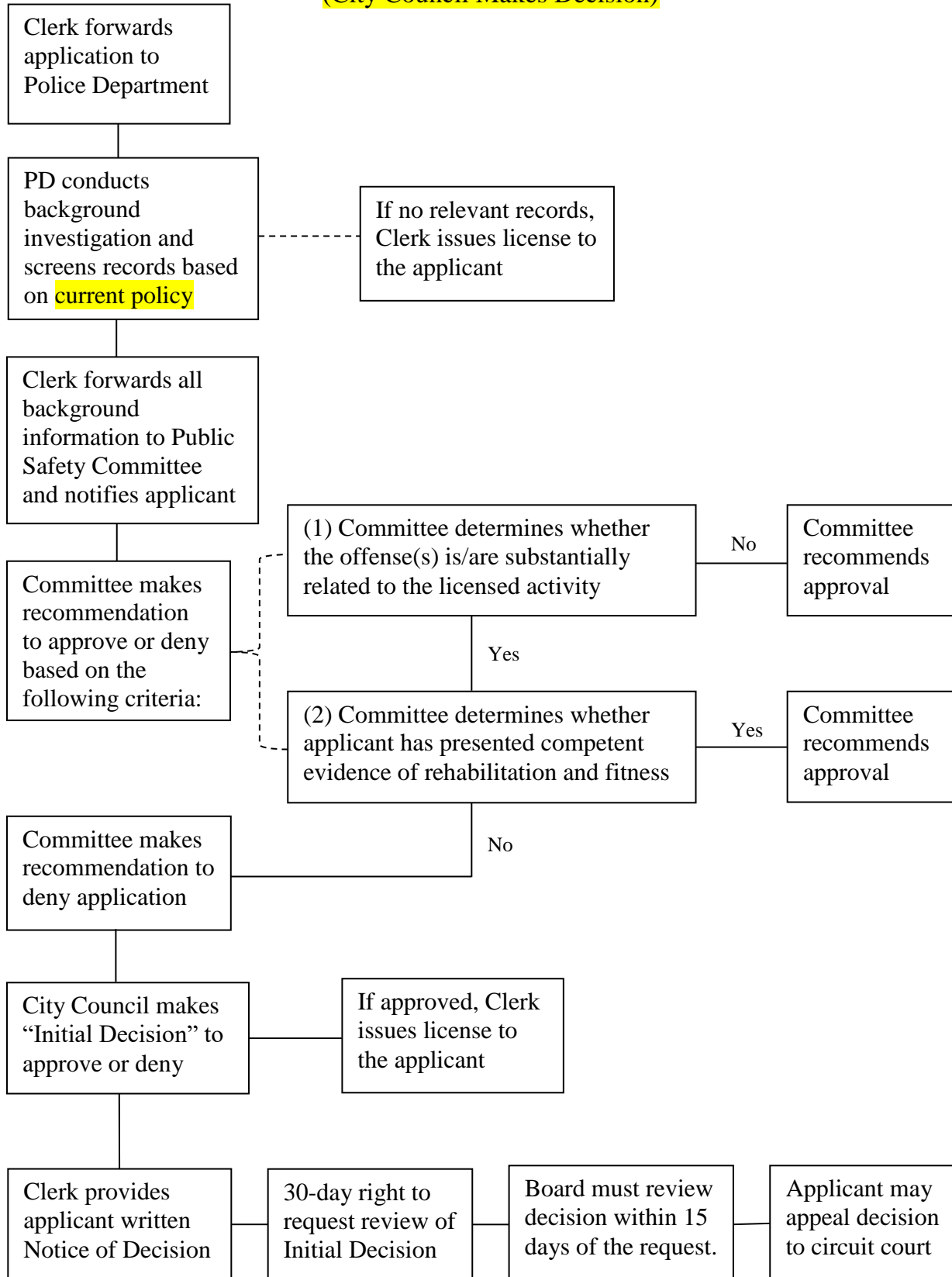


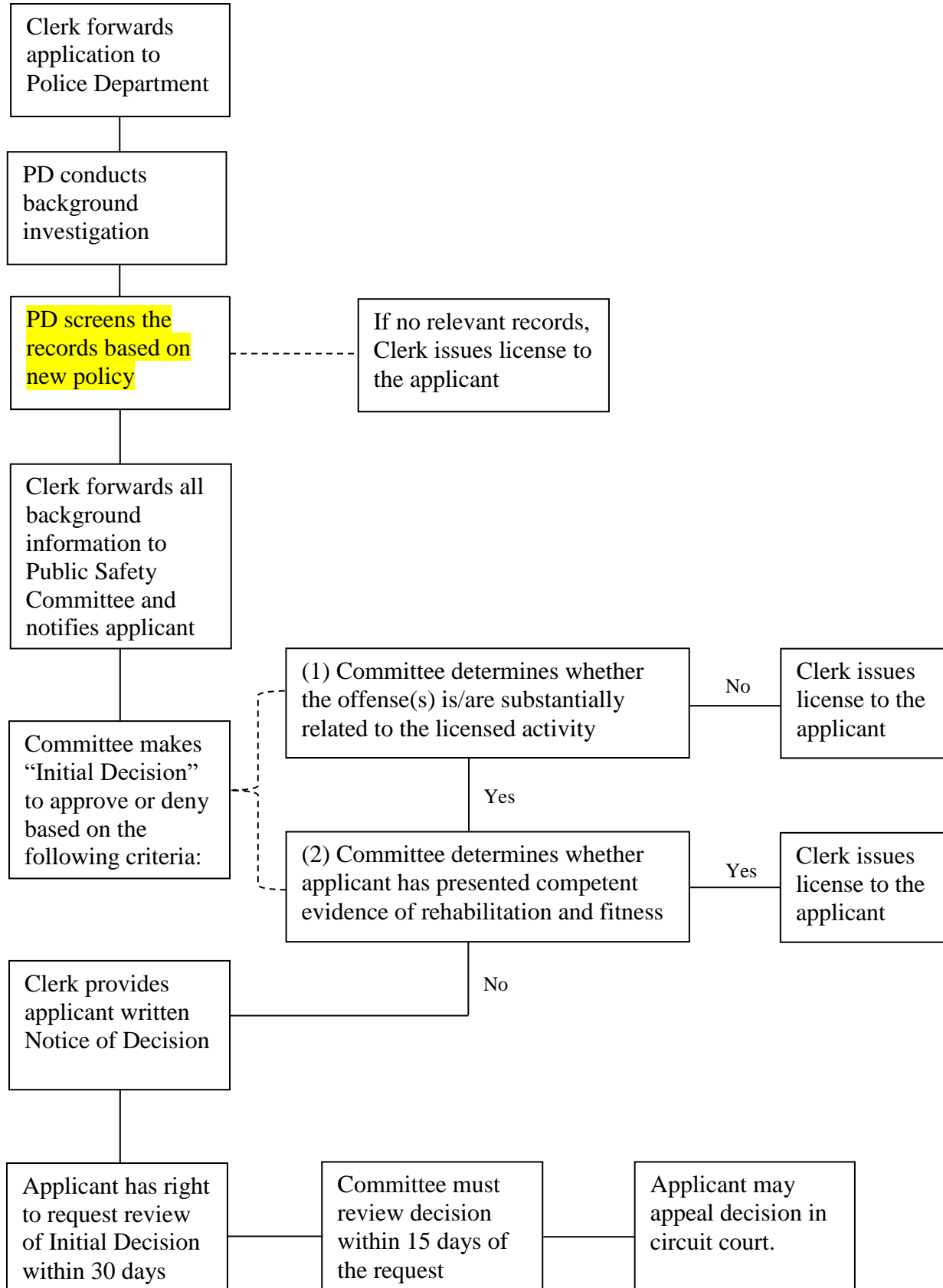
Current Procedure for Issuance of Operator's License

(City Council Makes Decision)



Proposed Procedure for Issuance of Operator's License

(Public Safety Committee Makes Decision)



DRAFT OPERATOR’S LICENSE ORDINANCE

I. Section 14-7(c) of the Stoughton Municipal Code is amended to read as follows:

Sec. 14-7. Authority to grant licenses.

...

(c) The following licenses and permits may be granted by the city clerk only upon approval of the city council:

(1) Intoxicating liquor and fermented malt beverages.

~~(2) Beverage operator's licenses.~~

(23) Public amusements.

II. Section 14-7(e) of the Stoughton Municipal Code is created to read as follows:

(e) The city clerk may issue alcohol beverage operator’s licenses only upon approval of the public safety committee, except the clerk may issue such licenses if no violation is reported by the chief of police pursuant to section 14-36(e).

III. Section 14-36(a) of the Stoughton Municipal Code is amended to read as follows:

Sec. 14-36. Application.

(a) Except as provided under par. (am), the application for ~~such~~ all alcohol beverage licenses shall be in writing on forms furnished by the state department of revenue and shall contain the following information verified under oath by the applicant:

IV. Section 14-36(am) of the Stoughton Municipal Code is created to read as follows:

(am) The application for alcohol beverage operator’s licenses shall be in writing on forms furnished by the city clerk and shall contain the following information:

(1) The applicant’s name, address, phone number, date of birth, and driver license number.

(2) A statement indicating whether the applicant has successfully completed a responsible beverage server training course.

(3) A statement indicating whether the applicant has ever been convicted of a felony, misdemeanor, or other offense and whether the applicant has any pending criminal charges.

(4) Any other information required by the city council.

V. Section 14-36(e) of the Stoughton Municipal Code is amended to read as follows:

- (e) As a part of the operator's license review process, the chief of police will conduct ~~a records check~~ an investigation of the applicant's ~~adult criminal arrests~~ arrest and conviction history through the Wisconsin Crime Identification Bureau, ~~and~~ the police department records of the applicant. The chief of police shall report only those records for violations identified in any written policy adopted by the city council. ~~This record will be attached to the application~~ for review by the city clerk and, if necessary, the public safety committee.

VI. Section 14-38(a) of the Stoughton Municipal Code is amended to read as follows:

Sec. 14-38. Issuance of license.

- (a) The public safety committee shall give any person the opportunity to be heard for or against the issuance of any license. Upon the receipt of a timely application received by the city clerk, approval of the application as provided under section 14-7 ~~by the city council~~ and after payment of license fee, the city clerk shall issue the applicant a license. Each license shall be numbered in the order in which issued and shall specifically state the premises for which issued, the date of issuance, fee paid and the name of the licensee. All licenses shall remain in force until June 30 following the issuance thereof, unless revoked or suspended in the manner provided by statute or this chapter. Renewal license applications are due by April 15 and shall be issued a late fee of \$25.00 for each day after April 15 that the application is received. Payment of the application fee is due in full by June 15 and shall be issued a late fee of \$25.00 for each day later than June 15 that the application fee is received. Payments received after June 25 shall be made by cash, money order or bank cashiers check only. If necessary, the city clerk may issue a 60-day provisional retail license to late filing applicants, subject to report and approval of the chief of police.

100064647

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/01/2023 ending: 03/01/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Stoughton
 Village of }
 City of }

County of Dane

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



Applicant's Wisconsin Seller's Permit Number 456-1031159198-02	
FEIN Number 92-0301247	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20</u>
TOTAL FEE	\$

pd 11/11/22

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Romine	Lara	Amber Nicol	[REDACTED]
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Dairyland Dessert Cafe Business Phone Number 608-886-6226
2. Address of Premises 176 E Main St, stoughton WI Post Office & Zip Code 53589


3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
176 E Main St, Main Floor, commercial unit. Alcoholic beverages will be kept in bar area, in basement storage, and in refrigerator behind bar.
Alcohol will be consumed in main dining area. (see floor plan)

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

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Big Sky Restaurant

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Owner (myself) has completed the beverage server training course and
obtained my certification on 9/11/22.
-
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
-
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
-
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 03/14/11 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
-
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
-
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) Romine, Lara, A	Title/Member owner	Date 10/29/20 22
Signature 	Phone Number 608-886-6226	Email Address dairylanddesserts@gma:

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 11/11/2022	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name <i>(please print)</i> <i>(last name)</i>		<i>(first name)</i>		<i>(middle name)</i>	
Romine		Lara		Amber	
Home Address <i>(street/route)</i>		Post Office		City	State Zip Code
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED] [REDACTED]
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Owner** of **Dairyland Desserts, LLC**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.


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

1. How long have you continuously resided in Wisconsin prior to this date? 15 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*

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

Employer's Name	Employer's Address	Employed From	To
MCC (middleton commur	645 Schewe Rd, Middleton, W	01/01/2022	10/31/2022
Employer's Name	Employer's Address	Employed From	To
Homemaker	[REDACTED]	03/13/2012	present

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



(Signature of Named Individual)

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Stoughton County of Dane
 City

The undersigned duly authorized officer/member/manager of Dairyland Desserts, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Dairyland Dessert Cafe
(Trade Name)

located at 176 E Main st, Stoughton, WI 53589

appoints Lara Romine

[Redacted]
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 years

Place of residence last year [Redacted]

For: Dairyland Desserts, LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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

ACCEPTANCE BY AGENT

I, Lara Romine, 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.

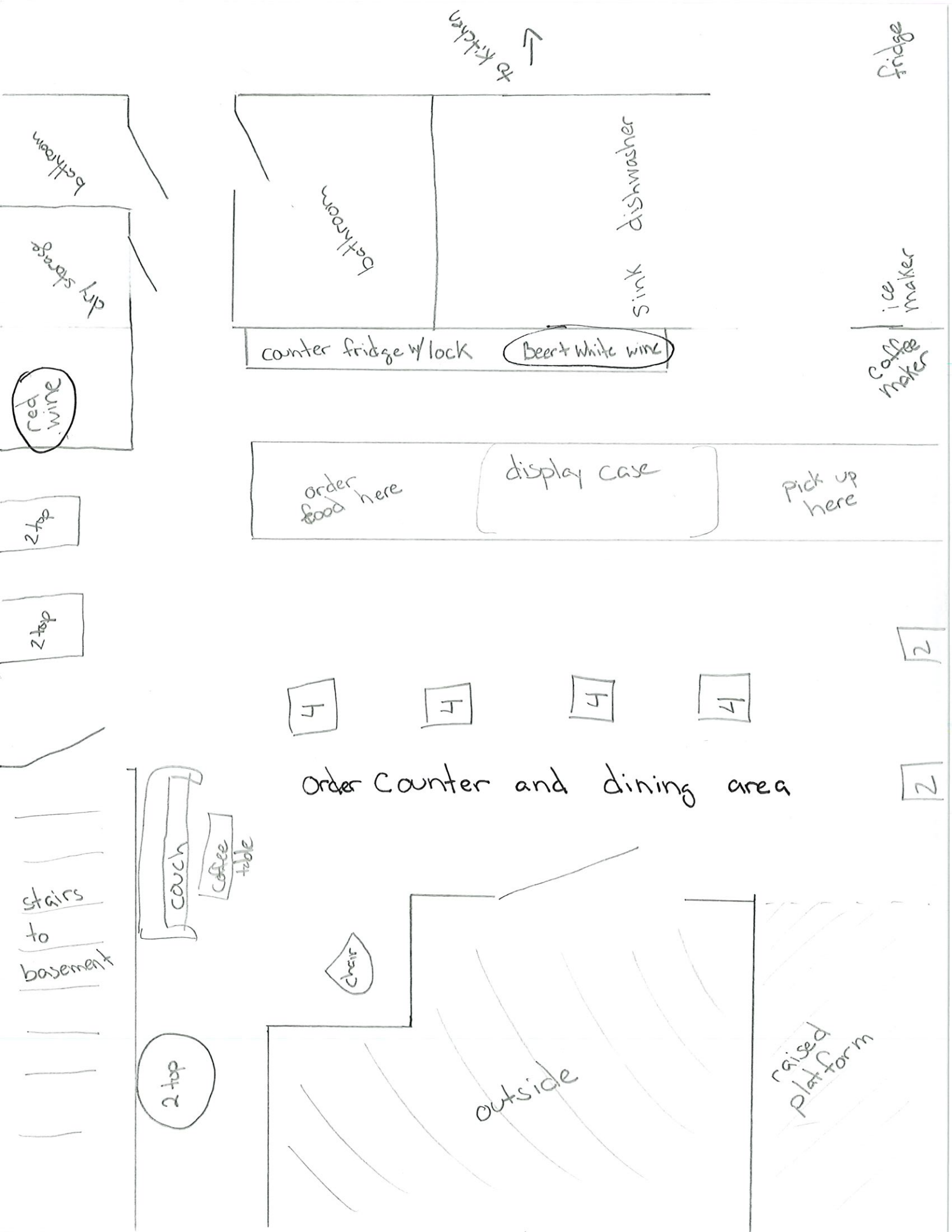
[Signature] 11/16/22 Agent's age [Redacted]

[Redacted] Date of birth [Redacted]
(Home Address of Agent)

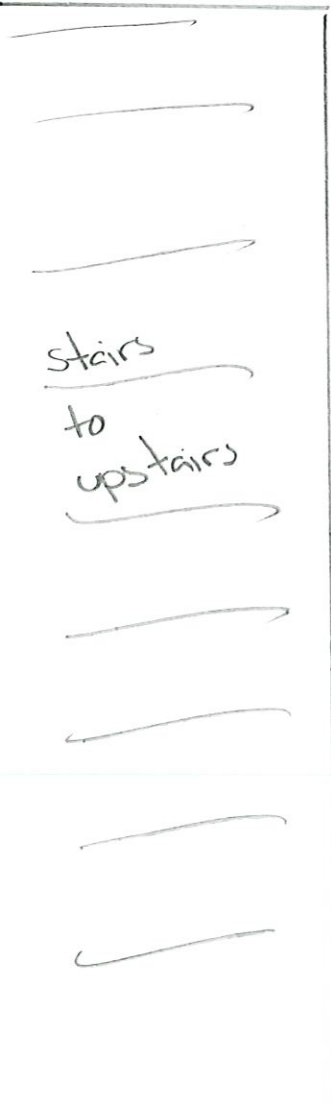
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

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

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



Basement



exit outside

Oven

hot plate

hood area

Kitchen
(no beer/wine here)

entry to dining area

hand washing

island
fridge
& work top

island
work top

freezer
freezer

shelf

DRIVER LICENSE
REGULAR

USA
WISCONSIN



[REDACTED]
ROMINE
LARA AMBER NICOLE

CLASS: D



SEX: [REDACTED] HT: [REDACTED]
WT: [REDACTED] EYE: [REDACTED]
HAIR: [REDACTED] [REDACTED]
DOB: [REDACTED] EXP: [REDACTED]
END: [REDACTED] ID: O128H2915082209453527

OCT 84



Serving Alcohol

is proud to present this certificate to

Lara Romine

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
H2hNebKRAq

Date Issued
Sep 11th, 2022

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Lara Romine

Certification Date: Sep 11th, 2022

Certificate Code: H2hNebKRAq

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #N074-166-295-911 (MN)

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

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Kwik Trip, Inc.

(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? NA, Minnesota resident.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI	1/1/2023	Present
Mayo Clinic	Rochester, MN	1984	2022

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

Scott P. Zietlow

(Signature of Named Individual)

Scott P. Zietlow

[Handwritten Signature] PD

m MINNESOTA **ENHANCED DRIVER'S LICENSE**

1 ZIETLOW
2 SCOTT PAUL
3 [REDACTED]
4 DL# [REDACTED] 4 ISS. [REDACTED]
5 DOB [REDACTED] 6 EXP [REDACTED]
9 CLASS D 8a END NONE
12 RESTR 2

15 SEX [REDACTED] 17 WGT [REDACTED]
18 HGT [REDACTED] 19 EYES [REDACTED]

Scott Zietlow
SF D09000002205189 [REDACTED]

[REDACTED]

[REDACTED]

END None
RESTR Corr. Lenses

[REDACTED]

[REDACTED]



Legal

PHONE 608-781-8988

FAX 608-793-6120

1626 Oak St., P.O. Box 2107

La Crosse, WI 54602

www.kwiktrip.com

December 30, 2022

Stoughton City Clerk
381 E. Main St.
Stoughton, WI 53589-1724

RE: Kwik Trip, Inc. Corporate Officer Change
Kwik Trip 738, 1231 E. Main St.; Kwik Trip 739, 517 W. Main St.;
Kwik Trip 893, 1359 U.S. Highway 51; Kwik Trip 967, 2400 Roby Rd.

Dear Sir or Madam:

I am writing to report an upcoming change to our organization. The current President of Kwik Trip, Inc., Donald Zietlow, is retiring effective December 31, 2022. Scott Zietlow will be the President of the Corporation effective January 1, 2023.

I have reported this change of leadership to Tyler Quam, Wisconsin Department of Revenue, Special Agent in Charge. Per his instructions, enclosed please find a completed Auxiliary Questionnaire form and Driver's License copy.

If you require anything further in order to make this change, please contact me at DHafner@kwiktrip.com or (608)793-6262. Thank you in advance for your assistance with this matter.

Yours truly,

Deanna Hafner

Deanna Hafner
Licensing Manager

Enclosures

100064921

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.



MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1031164462-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Madtown Smoke Shop 2, Inc.			Federal Employer Identification No. (FEIN) 92-0954961		
Trade or Business Name (if different than Legal Name)			Telephone Number (708) 717-6262		
Business Address (License Location) 2501 Jackson Street Suite 200		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Stoughton		Business Telephone (708) 717-6262	
City Stoughton	State WI	ZIP Code 53589	County Dane		
Mailing Address (if different than Business Address)			City		

Organization (check one)

Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: **11/07/2022**
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

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

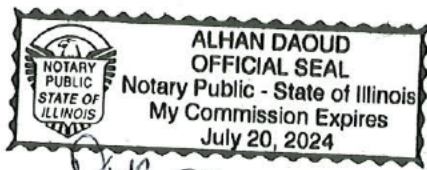
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any 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 29th day of November, 2022
[Signature]
(Clerk / Notary Public)

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

My commission expires July 20, 2024



[Handwritten notes: Drug PD, court, until]



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

Contact Information:

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

Letter ID L0696192720

MADTOWN SMOKE SHOP 2 INC
2501 JACKSON ST STE 200
STOUGHTON WI 53589-9151

Wisconsin Department of Revenue Seller's Permit

Legal/real name: MADTOWN SMOKE SHOP 2 INC
Business name: 2501 JACKSON ST
SUITE 200
STOUGHTON WI 53589-9151

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

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-1031164462-04



Additional Establishment Licenses



Business Name: Madtown Smoke Shop 2 Inc.

Business Address: 2501 Jackson Street
Suite 200

Applicant/Agent Name: Mohammad Awad

Applicant/Agent Address: [REDACTED]

- Tobacco License - \$100 (Must also complete Tobacco License Application)
- Jukebox - \$10
- Pool Tables - \$35/table Number of Tables: _____ Pool Table Total: \$ 0
- Amusement Devices - \$35/device Number of Devices: _____ Device Total: \$ 0
- Amusement Device Operator - \$100
- Cabaret - \$100

Total Fees: \$ 0

Signature: [Handwritten Signature]

Receipt #: _____

License Term: - 6/30/2023

PLEASE UPLOAD TO YOUR ESTABLISHMENT LIQUOR LICENSE APPLICATION
OR RETURN FORM AND PAYMENT TO
STOUGHTON CITY HALL
ATTN: CLERKS OFFICE
207 S. FORREST ST.
STOUGHTON, WI 53589

moeawad87@hotmail.com

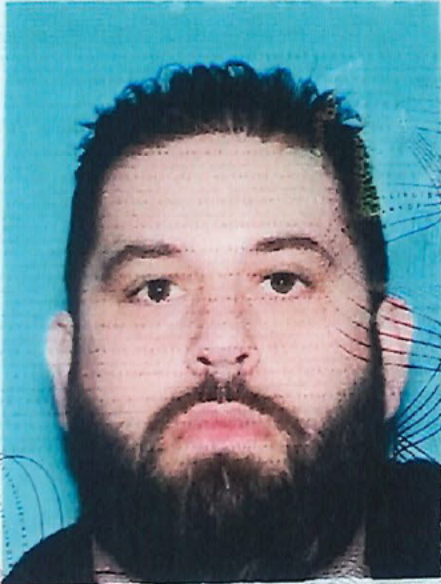
ILLINOIS

Jesse White • Secretary of State

USA

DRIVER'S LICENSE

Federal Limits Apply



4d LIC NO: [REDACTED]

3 DOB [REDACTED]

4b EXP: [REDACTED]

4a ISS: 04/06/2022

1 AWAD
2 MOHAMMAD I

8 [REDACTED]

9 CLASS: D 9a END: NONE

12 REST: NONE

15 SEX: [REDACTED] 16 HGT: [REDACTED]

17 WGT: [REDACTED] 18 EYES: [REDACTED]

5 DD [REDACTED]

TYPE: ORG



[Handwritten signature]



CITY OF STOUGHTON
DEPARTMENT OF
PLANNING & DEVELOPMENT
207 S. Forrest Street, Stoughton, WI. 53589

(608) 873-6619 www.ci.stoughton.wi.us

RODNEY J. SCHEEL
DIRECTOR

Date: January 3, 2023

To: Dan Jenks
 Police Chief

From: Rodney J. Scheel
 Director of Planning & Development

Subject: Rutland Dunn Town Line Road Speed Limit Reduction

In preparation for improvements to USH 51, we have been working with the DOT and Town of Rutland regarding the speed limit on Rutland Dunn Town Line Road near USH 51. Jointly, we recommend reducing the speed limit to 35 mph in both directions for a distance of 1,900 feet from the western edge of the USH 51 right-of-way.

Reducing the speed limit offers these benefits:

- Reduces the design speed used for the planned roundabout at USH 51
- Minimizes USH 51 construction impacts to the residential properties on the north side of Rutland Dunn Town Line Road
- Reduces traffic speeds at the new Oak Opening Drive intersection

I have attached a map that shows the area of the proposed reduction as well as a letter of support from the Town of Dunn.

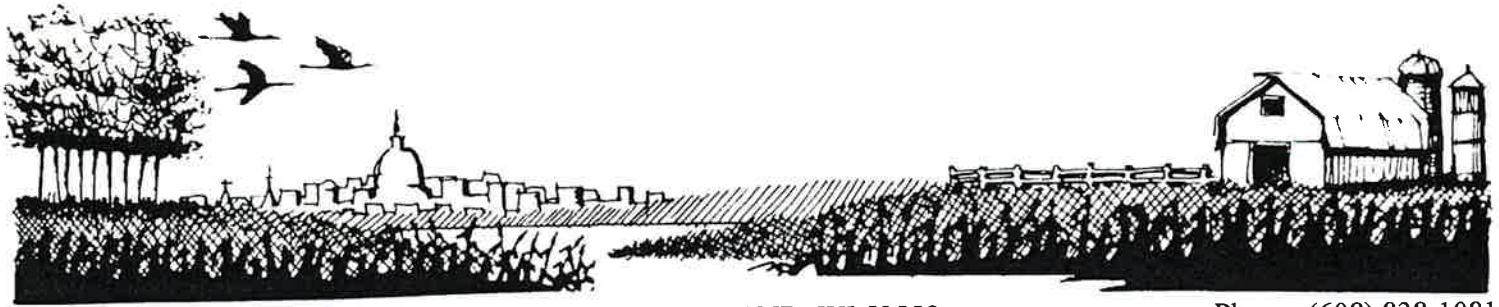
If you have any questions, please let me know.

Attachments

CC: Mayor Tim Swadley
 Public Works Director Brett Hebert

Proposed 35 MPH
Zone on Rutland
Dunn Town Line
Road





TOWN OF DUNN - 4156 COUNTY ROAD B, McFARLAND, WI 53558

Website: www.town.dunn.wi.us

E-mail: townhall@town.dunn.wi.us

Phone: (608) 838-1081

FAX: (608) 838-1085

December 20, 2022

Rodney Scheel
Director of Planning & Development
City of Stoughton

Dear Rodney,

Thank you for reaching out regarding a possible change to the speed limit on Rutland Dunn Townline Road near US HWY 51. The Town of Dunn would support lowering the speed limit to 35 mph near the Rutland Dunn Townline/HWY 51 intersection. We have previously shared our position with the Wisconsin DOT on this matter, but if you find that they need any additional letters of support, please let us know.

The Town of Dunn is also interested in entering into municipal boundary agreement with the City of Stoughton, which could include a maintenance agreement for the proposed path on the west side of Highway 51 to HWY B. I would be happy to discuss this agreement further with you or Mayor Swadley.

Sincerely,

Steve Greb
Town Chair
Town of Dunn

CITY OF STOUGHTON, 207 S Forrest Street, Stoughton, WI 53589

ORDINANCE OF THE COMMON COUNCIL

Amending Chapter 70-322 of the City of Stoughton Municipal Code; (1) Establish a 35 mph speed restriction signs on Rutland Dunn Town Line Road (both directions) from Highway 51 to 1,900 feet

Public Safety committee recommends

Committee Action:

Fiscal Impact: N/A

File Number: O- -2021

**Date
Introduced:**

The Common Council of the City of Stoughton do ordain as follows:

Section 1. Sec. 70-176 (82) of the City of Stoughton Code of Ordinances is created as follows:

Sec. 70-322. - Decreasing state speed limit on certain streets.

It is determined upon the basis of an engineering and traffic investigation that the speed permitted by state law upon the following streets is greater than is reasonable or safe under the conditions found to exist on such streets and it is declared that the speed limit shall be as set forth in this section on those streets or parts of streets designated in this section when signs are erected giving notice thereof:

(3) Establish a 35 miles per hour speed restriction signs in both directions for a distance of 1,900 feet from the western edge of the USH 51 right-of-way on Rutland Dunn Townline Road.

Section 2. This ordinance shall be in full force and effect from and after its date of publication.

Dates

Council Adopted: _____

Mayor Approved: _____

Published: _____

Attest: _____

Timothy Swadley, Mayor

Candee Christen, City Clerk