#### TOWN OF WESTPORT

REGULAR BOARD MEETING
Kennedy Administration Building
Community Meeting Room
5387 Mary Lake Road
Town of Westport, Wisconsin

#### AGENDA - Monday, February 3, 2020 7:00 p.m.

- 1. Call to Order
- 2. Public Comment On Matters Not On the Agenda
- Approve Minutes
- 4. Review/Approve Operator Licenses
- 5. Driveway/Access/Utility/Road Opening Permits
- 6. Water Utility/Fire Protection Utility
  Miscellaneous
- 7. Sewer Utility

Miscellaneous

8. Engineer Report

Miscellaneous Ongoing Projects

- 9. Friends of Schumacher Farm Park Temporary Class "B"/Class "B" Retailer's Licenses (2/14/2020 and 6/6/2020), Schumacher Farm Park Barn and Grounds, 5682 STH 19, Discussion/Action
- Change of Agent for Alcohol License, Kwik Trip, Inc. (Kwik Trip 529),
   5420 Willow Road, Discussion/Action
- 11. Committee Reports/Items for Action

Personnel Committee

Public Works Committee

Westport/Middleton JZC

Audit Committee

Town Plan Commission

Westport/Waunakee JPC

- 12. Administrative Matters
- 13. Miscellaneous Business/Forthcoming Events
- 14. Pay Current Bills
- 15. Adjourn

If you need reasonable accommodations to access this meeting, please contact the clerk's office at 849-4372 at least three business days in advance so arrangements can be made to accommodate the request.

#### TOWN OF WESTPORT

AUDIT COMMITTEE MEETING Kennedy Administration Building Community Meeting Room 5387 Mary Lake Road Town of Westport, Wisconsin

AGENDA - Monday, February 3, 2020 6:30 p.m.

This meeting is being noticed as a possible gathering of a quorum of the Westport Town Board due to the possible attendance of Supervisors not appointed to the Committee. Supervisors may discuss items on this agenda, or gather information on these items, but no action will be taken on these items as the Town Board.

- 1. Call to order
- 2. Approve minutes
- 3. Review/approve bills for payment
- 4. Adjourn

If you need reasonable accommodations to access this meeting, please contact the clerk's office at 849-4372 at least three business days in advance so arrangements can be made to accommodate the request.

#### TOWN OF WESTPORT

TOWN BOARD - Monday, January 20, 2020

The regular semi-monthly meeting of the Town Board was called to order in the Community Meeting Room of the Bernard J. Kennedy Administration Building at 7:01 p.m. by Chair Grosskopf. Members present: Cuccia, Enge, Grosskopf, and Sipsma. Members absent: Trotter. Also Present: Dave Ripp, Kent Straus, Tim Wohlers, and Tom Wilson.

For Public Comment On Matters Not On the Agenda, Dane County Board Supervisor Dave Ripp was present since there was a matter on the agenda referencing CTH M and in case there were questions on County business. The minutes of the January 6, 2020 regular meeting were approved as presented on a motion by Sipsma, second Cuccia.

After a presentation on the matter by Wilson and Kent Straus with Strand Associates, Inc. (the engineers who put together the plans and bid documents), and after questions and discussion by the Board, the CTH M Trail (Woodland to North Shore Bay) Construction Bid/Contract Award as presented was awarded to the lowest bidder Janke General Contractors, Inc., in the amount presented, and the alternative bid was disallowed as unnecessary, with Wilson authorized to execute any necessary documents and agreements as approved by staff, which includes grant agreements with Dane County and the Wisconsin DNR for full funding of the construction and related engineering/construction management of the project, on a motion by Sipsma, second Enge.

Grosskopf and Wilson reported on items before the plan commission/committees. The Audit Committee recommended payment of bills as presented by the Administrator after questions were answered.

For Administrative Matters raised, Wilson reported on the status of the Yahara Materials lawsuit over development of a quarry in Springfield. For Miscellaneous Business or Forthcoming Events raised, Wilson reported that the Friends of Schumacher Farm Park have applied for a temporary beer/wine license for a Valentine's Dinner that will be on the next agenda for review, Wilson reported on the status of the Yahara Place light code violation, and Sipsma inquired about and Wilson reported on the town bills for hearing up this week before the State Assembly.

Current bills were paid as presented by the Administrator and recommended by the Audit Committee after questions were answered on a motion by Sipsma, second Enge.

Motion to adjourn by Sipsma, second Cuccia. The meeting adjourned at 7:30 p.m.

Thomas G. Wilson Town Attorney/Administrator/Clerk-Treasurer

## **AGENDA ITEM #9:**

Friends of Schumacher Farm Park Temporary Class "B"/ Class "B" Retailer's Licenses (2/14/2020 and 6/6/2020), Schumacher Farm Park Barn and Grounds, 5682 STH 19. Discussion/Action

#### Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions. FEE \$ Application Date: City of Westport Town Village County of Dane The named organization applies for: (check appropriate box(es).) A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats. A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats. at the premises described below during a special event beginning 2/14/2020 and ending 2/14/2020 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted. Organization (check appropriate box) → ✓ Bona fide Club Church ☐ Lodge/Society ☐ Fair Association or Agricultural Society Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats. (a) Name Friends of Schumacher Farm (b) Address 5682 Hwy 19, Waunakee, WI 53597 ✓ Town Village (c) Date organized 05/26/1989 (d) If corporation, give date of incorporation 05/26/1989 (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: (f) Names and addresses of all officers: President Carol Bleifield Vice President James Ableidinger Secretary Rosa Ropers Treasurer Dennis Petzke (g) Name and address of manager or person in charge of affair: Dennis Petzke 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored: (a) Street number 5682 Hwy 19 (b) Lot Block (c) Do premises occupy all or part of building? Yes. All (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: 3. Name of Event (a) List name of the event (b) Dates of event DECLARATION An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000. Friends of Schumacher Farm Park, Inc/ (Name of Organization) Date Filed with Clerk Date Reported to Council or Board Date Granted by Council License No.

Wisconsin Department of Revenue

AT-315 (R. 9-19)

#### Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions. FEE \$ Application Date: City of Westport ✓ Town Village County of Dane The named organization applies for: (check appropriate box(es).) A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats. A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats. at the premises described below during a special event beginning 6/6/3020 and ending 6/7/2020 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted. 1. Organization (check appropriate box) → ✓ Bona fide Club Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association or Agricultural Society Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats. (a) Name Friends of Schumacher Farm (b) Address 5682 Hwy 19, Waunakee, WI 53597 (Street) ✓ Town Village (c) Date organized 05/26/1989 (d) If corporation, give date of incorporation 05/26/1989 (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this (f) Names and addresses of all officers: President Carol Bleifield Vice President James Ableidinger Secretary Rosa Ropers Treasurer Dennis Petzke (g) Name and address of manager or person in charge of affair: Dennis Petzke 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored: (a) Street number 5682 Hwy 19 (c) Do premises occupy all or part of building? Yes. All (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: 3. Name of Event (a) List name of the event (b) Dates of event **DECLARATION** An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000. Friends of Schumacher Farm Park, Inc/ (Name of Organization) Date Reported to Council or Board Date Granted by Council License No.

Wisconsin Department of Revenue

AT-315 (R. 9-19)

## AGENDA ITEM #10

Change of Agent for Alcohol License, Kwik Trip, Inc. (Kwik Trip 529), 5420 Willow Road, Discussion/Action

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

			WI	Dr. Lic. #I356-79	39-3907-0
Individual's Full Name (please print) (last na	ame)	, , , , , , , , , , , , , , , , , , , ,		(middle name)	
Ittner	Step	ohanie	Marie		
Home Address (street/route)	Post Office	City		State Zip Code	
8 High Point Oaks Lane, Apt 302		Madison		WI 53719	
Home Phone Number		Age Date of Birth	1	Place of Birth	
262-951-1331		26 8/27/199	3	Oconomowoc, WI	
The above named individual provides to Applying for an alcohol beverage I Applying for an application for an I Applying the Individual provides to the Individu	icense as an individual. is making application for of Kv er/Agent) alcohol beverage license the following information ided in Wisconsin prior to ny offenses (other than tr fisconsin laws, any laws of	an alcohol beverage wik Trip, Inc.  (Name of Corporate) to the licensing author this date? All maffic unrelated to alcohol any other states of any other states, and penalty imposed,	ge license.  nority:  pohol beverages) for or ordinances of any candor date, descriptions.	ounty	s No
Are charges for any offenses preser for violation of any federal laws, any municipality?  If yes, describe status of charges personal describes the status of charges personal describes personal describes personal describes personal describes personal describes personal describe	Wisconsin laws, any lav	s of other states or	ordinances of any co	unty or	No
<ol> <li>Do you hold, are you making application or member/manager/ag beverage license or permit?</li> <li>If yes, identify.</li> </ol>	ation for or are you an off gent of a limited liability c	ompany holding or a	applying for any other	alcohol	✓ No
		e, Location and Type of Lice	55	·	
<ol> <li>Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.</li> </ol>	liability company holding	or applying for a wh	nolesale beer permit, State of Wisconsin?.	Yes	<b>✓</b> No
6. Named individual must list in chronol		oloyers.	(Address B)	City and County)	
Employer's Name Kwik Trip, Inc.	1626 Oak St., La Cro	esse, WI 54603	Fmployed From 7/2016	Present	
Reeve Memorial Union	Oshkosh, WI		Employed From	То	

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)

Stephanie M. Ittner

#### 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: Village County of Dane The undersigned duly authorized officer/member/manager of  $\begin{tabular}{l} KWIK\ TRIP \end{tabular}$  , 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 529 (Trade Name) located at 5420 Willow Rd., Waunakee, WI 53597 Stephanie M. Ittner appoints (Name of Appointed Agent) 8 High Point Oaks Lane, Apt 302 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? ✓ No Yes 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? All my life Place of residence last year 8 High Point Oaks Lane, Apt 302 Madison WI 537/9 (Name of Corporation / Organization / Limited Liability Company) nature 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, Stephanie M. Ittner \_\_\_\_\_, 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. Agent's age 26 (Signature of Agent) High Point Oaks Lane, Apt 302, MADISON WI 53719 Date of birth 8/27/1993 (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.

(Signature of Proper Local Official)

AT-104 (R. 4-18)

Approved on

(Town Chair, Village President, Police Chief)

SERVER license.com

### Wisconsin Responsible Beverage Seller Training

## Stephanie Ittner

has met all training requirements and successfully completed the above course and/or exam,

Certification Number: SL104422

Date of Completion: 01/15/2020

Authorized Signature

Kelly Bailey

Server License com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc. 1101 Arrow Point Drive, Suite 302 Cedar Park, TX 78613