



# VILLAGE OF TWIN LAKES

105 East Main Street P O Box 1024 Twin Lakes, Wisconsin 53181  
Phone (262) 877-2858 Fax (262) 877-4019

## VILLAGE BOARD COMMITTEE OF THE WHOLE MEETING

Monday, August 1, 2022 – 6:30 p.m.

Village Hall, 105 E. Main Street, Twin Lakes, WI

### AGENDA

1. CALL TO ORDER
2. PLEDGE OF ALLEGIANCE
3. ROLL CALL: TRUSTEES ANDRES, BOWER, FITZGERALD, KAROW, KASKIN, PERL, PRESIDENT SKINNER
4. PUBLIC COMMENTS AND QUESTIONS
5. PRESIDENT AND TRUSTEE REPORTS
  - A. TRUSTEE SHARON BOWER - ADMINISTRATION, FINANCE, JUDICIARY, LICENSING
    1. Presentation by CLA (CliftonLarsonAllen LLP) regarding the 2021 Audit findings.
    2. Discussion regarding a Transfer of Retail Alcohol Licenses from 336 E. Main St. to 406 N. Lake Ave.
    3. Discussion regarding an Alcohol Operators License for Drew Stanton.
    4. Other?
  - B. TRUSTEE KEVIN FITZGERALD - STREETS & ROADS, EQUIPMENT, STREET LIGHTS, WEEDS, LAKE PLANNING AND PROTECTION
    1. Other?
  - C. TRUSTEE BILL KASKIN - CEMETERY, SANITATION, RECYCLING, SENIORS
    1. Other?
  - D. TRUSTEE AARON KAROW - BUILDING AND ZONING, PLAN COMMISSION, AND PUBLIC BUILDINGS
    1. Discussion regarding Resolution R2022-8-1 Commencing Proceedings to Vacate a Portion of the Public Right of Way for Lake Drive.
    2. Other?
  - E. TRUSTEE KEN PERL - POLICE, FIRE, LAKE CONTROL, PARKS AND BEACHES
    1. Other?
  - F. TRUSTEE BARB ANDRES - SEWER, HEALTH AND ENVIRONMENT, YOUTH, LIBRARY
    1. Other?

G. VILLAGE PRESIDENT HOWARD SKINNER

1. Discussion regarding an Event Permit from Christine Martin for a Fall Craft & Vendor Fair on September 24<sup>th</sup> from 10am to 3pm at 989 Legion Drive.
2. Other?

6. ADJOURN

\*\*\*MATTERS MAY BE TAKEN IN ORDER OTHER THAN LISTED\*\*\*

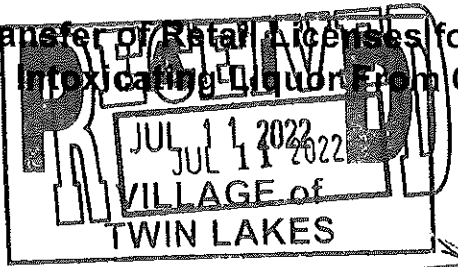
*Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the Clerk Treasurer's office in advance so the appropriate accommodations can be made.*

\* Needs to pay upon approval.

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

S.A.)2.

FEE \$ 30.00



By: \_\_\_\_\_

KENOSHA COUNTY, Wisconsin

June 29, 2022

To the governing body of the  City  Village  Town of TWIN LAKES

County of KENOSHA Wisconsin.

The undersigned hereby applies for a transfer of Class B COMBO license from \_\_\_\_\_

336 E. Main St. Twin Lakes WI (Present Location) to 406 N. Lake Avenue Twin Lakes, WI (Proposed Location) on or about August 1, 2022 (Date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant Dena Prestininzi

(b) Address 2033 Matthew Ave Twin Lakes WI 53181

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:

Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

(a) Street number 406 N. Lake Avenue, Twin Lakes WI

(b) Trade name of establishment Cup O' Joe Coffeehouse, LLC

(c) Physical description of building, buildings and/or land area comprising licensed premises. Diagrams attached - Alcohol will be sold @ front bar/counter - Alcohol will be stored in dry storage area behind kitchen + extension of premises for patio - pictures attached

(d) Legal description (omit if street address is given above.) \_\_\_\_\_

(e) Is any other business conducted on same premises?  Yes  No If so, what? \_\_\_\_\_

(f) Was this location licensed for beer or liquor during the past year?  Yes  No

(g) Give name and address of previous licensee. n/a

(h) Will the previous licensee surrender its license?  Yes  No n/a

**ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:**

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

n/a

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

n/a

**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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature)

**CLASS OF BUSINESS**

Name CUP O'JOE

Original Location 336 E MAIN ST TWIN LAKES

Ward NA

Proposed Location 406 N Lake Ave

Ward NA

License No. 2022028

Treasurer's Receipt No. \_\_\_\_\_

Filed 7/11/2022

Submitted to Council or Board

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

# Cup O' Joe Coffeehouse LLC

For Office Use Only

Date Filed: 7/11/2022 Receipt Number: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Date forwarded to Fire Dept.: 7/13/2022 Fire Inspection Date: \_\_\_\_\_

PASS

FAIL

Signature: \_\_\_\_\_

Corrections and re-inspection required: \_\_\_\_\_

Date forwarded to Building Dept.: \_\_\_\_\_ Building Inspection Date: \_\_\_\_\_

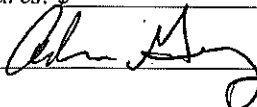
PASS

FAIL

Signature: \_\_\_\_\_

Corrections and re-inspection required: \_\_\_\_\_

Outstanding Taxes, Fines or Forfeitures: \$ -0-

Police Chief Review/Signature: 

Date License issued: \_\_\_\_\_ License Number: \_\_\_\_\_

Copy to: Fire Dept., Building & Zoning, Police Chief

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2022 ending: 06 30 2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } TWIN LAKES  
 Village of }  
 City of }

County of KENOSHA Aldermanic Dist. No. \_\_\_\_\_  
 (If required by ordinance)

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

Complete A or B. All must complete C.

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

## A. Individual or Partnership:

|                  |         |               |  |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |  |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |  |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |  |

## B. LLC or Corporation (and Agent):

|   |  |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Cup O' Joe Coffeehouse LLC</u>   | <u>2033 Matthew Ave</u>  |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                   |             |               |  |
|-------------------|-------------|---------------|--|
| Agent Last Name   | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Prestinini</u> | <u>Dena</u> | <u>Marie</u>  | <u>2033 Matthew Ave</u>                                |

## All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

|                                   |                 |               |  |
|-----------------------------------|-----------------|---------------|--|
| President / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Prestinini</u>                 | <u>Dena</u>     | <u>Marie</u>  | <u>2033 Matthew Ave</u>                                |
| Vice President / Member Last Name | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Hill</u>                       | <u>Kimberly</u> | <u>Dawn</u>   | <u>2033 Matthew Ave</u>                                |
| 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) |
|                                   |                 |               |  |
| Directors / Managers 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) |
|                                   |                 |               |  |

## C. Business Information

1. Trade Name Cup O' Joe Coffeehouse Business Phone Number \_\_\_\_\_

2. Address of Premises 406 N. Lake Ave Post Office & Zip Code 53181

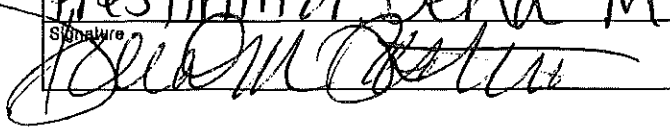
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes  No

4. 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.) Counter/Bar

and dry Storage Room behind kitchen

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 . . . . .  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. . . . .  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain . . . . .  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . .  Yes  No  
[phone (608) 266-2778]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . .  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . .  Yes  No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . .  Yes  No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

**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.

|  |   |                        |
|--|---|------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Prestininzi, Dena M</b>                          | Title / Member<br><b>Clerk / Managing Partner</b> | Date<br><b>7/17/22</b> |
| Signature<br> | Phone Number<br>_____                             | Email Address<br>_____ |

**TO BE COMPLETED BY CLERK**

|  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>7/18/2022</b> | Date reported to council / board | Date license granted              |
| License number issued  | Date license issued              | Signature of Clerk / Deputy Clerk |

**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 TWIN LAKES County of KENOSHA  
 City

The undersigned duly authorized officer(s)/members/managers of Cup O'Joe Coffeehouse 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 Cup O'Joe Coffeehouse LLC  
(trade name)

located at 406 N. Lake Ave, Twin Lakes WI, 53181

appoints Dena M. Prestinini  
(name of appointed agent)  
2033 Matthew Ave, Twin Lakes WI 53181  
(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? 3 1/2 years

Place of residence last year 2033 Matthew Ave Twin Lakes WI 53181

For Cup O'Joe Coffeehouse LLC  
(name of corporation/organization/limited liability company)  
 By: [Signature]  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

Dena M. Prestinini  
(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] 7/17/22 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
2033 Matthew Ave Twin Lakes WI 53181 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 7/27/22 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|   |  |              |               |                |          |
|---|--|--------------|---------------|----------------|----------|
| Individual's Full Name (please print) (last name) |  | (first name) |               | (middle name)  |          |
| Prestininzi                                       |  | Dena         |               | Marie          |          |
| Home Address (street/route)                       |  | Post Office  | City          | State          | Zip Code |
| 2033 Matthew Ave                                  |  | Genoa City   | Twin Lakes    | WI             | 53181    |
| Home Phone Number                                 |  | Age          | Date of Birth | Place of Birth |          |
|   |  |              |               | Inglewood, CA  |          |

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.

Managing Member of Cup O' Joe Coffeehouse 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? 3 1/2 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.

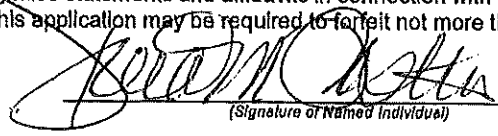
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, 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      |
|------------------------|-------------------------------------|---------------|---------|
| Cup O' Joe Coffeehouse | 336 E. Main St. Twin Lakes WI 53181 | 2/2020        | Present |
| Keller Williams        | Twin Lakes WI 53181                 | 2/2020        | 2/2024  |

**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)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|  |  |                                 |                           |  |                          |
|--|--|---------------------------------|---------------------------|--|--------------------------|
| Individual's Full Name (please print) (last name)<br><b>Hill</b> |  | (first name)<br><b>Kimberly</b> |                           | (middle name)<br><b>Dawn</b>           |                          |
| Home Address (street/route)<br><b>2033 Matthew Ave</b>           |  | Post Office                     | City<br><b>Twin Lakes</b> | State<br><b>WI</b>                     | Zip Code<br><b>53181</b> |
| Home Phone Number  |  | Age                             | Date of Birth             | Place of Birth<br><b>Escondido, CA</b> |                          |

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.

**Member** of **Cup O' Joe Coffeehouse LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

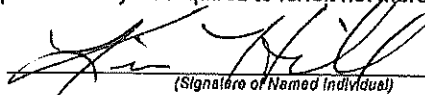
The above named individual provides the following information to the licensing authority:

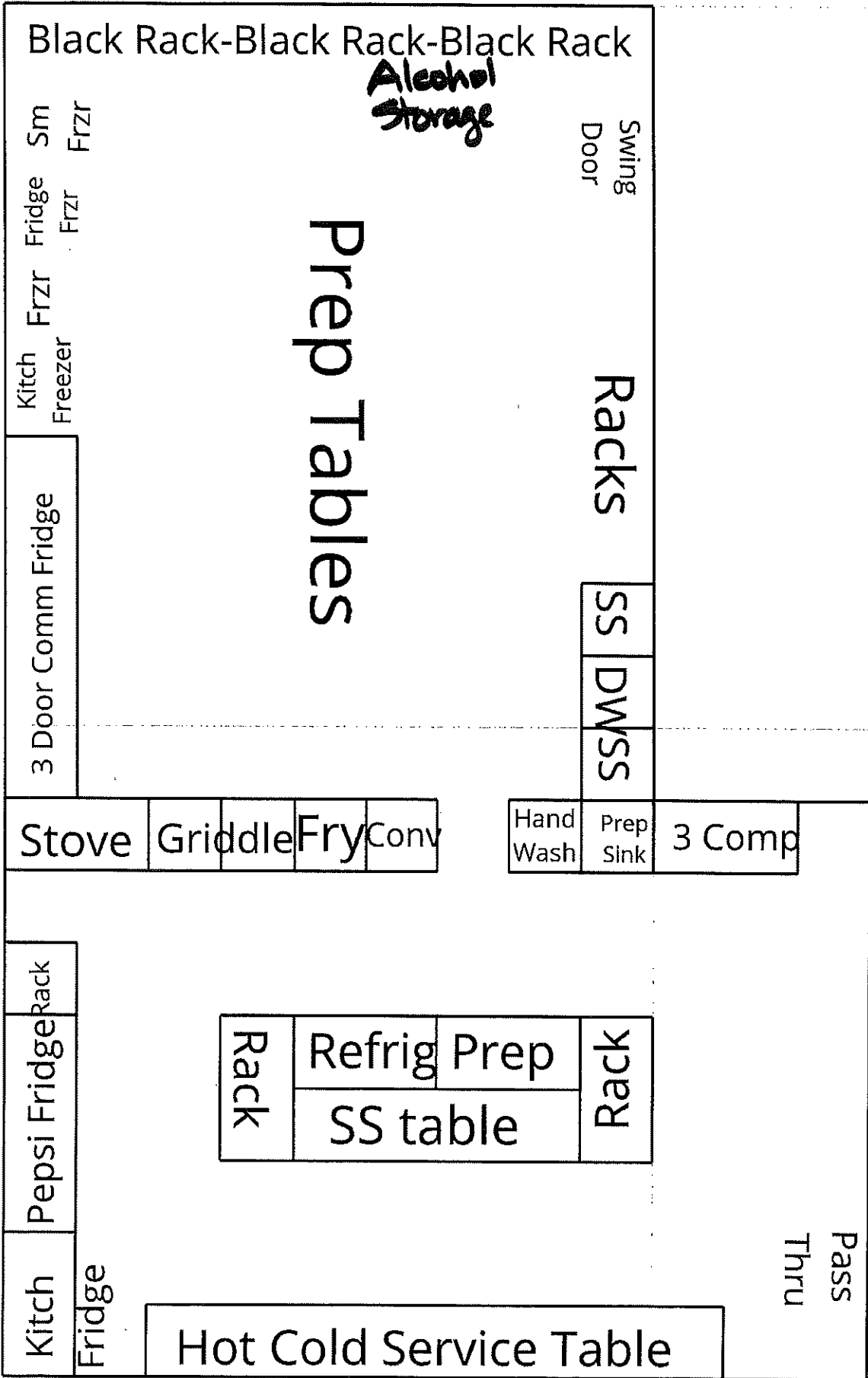
1. How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or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

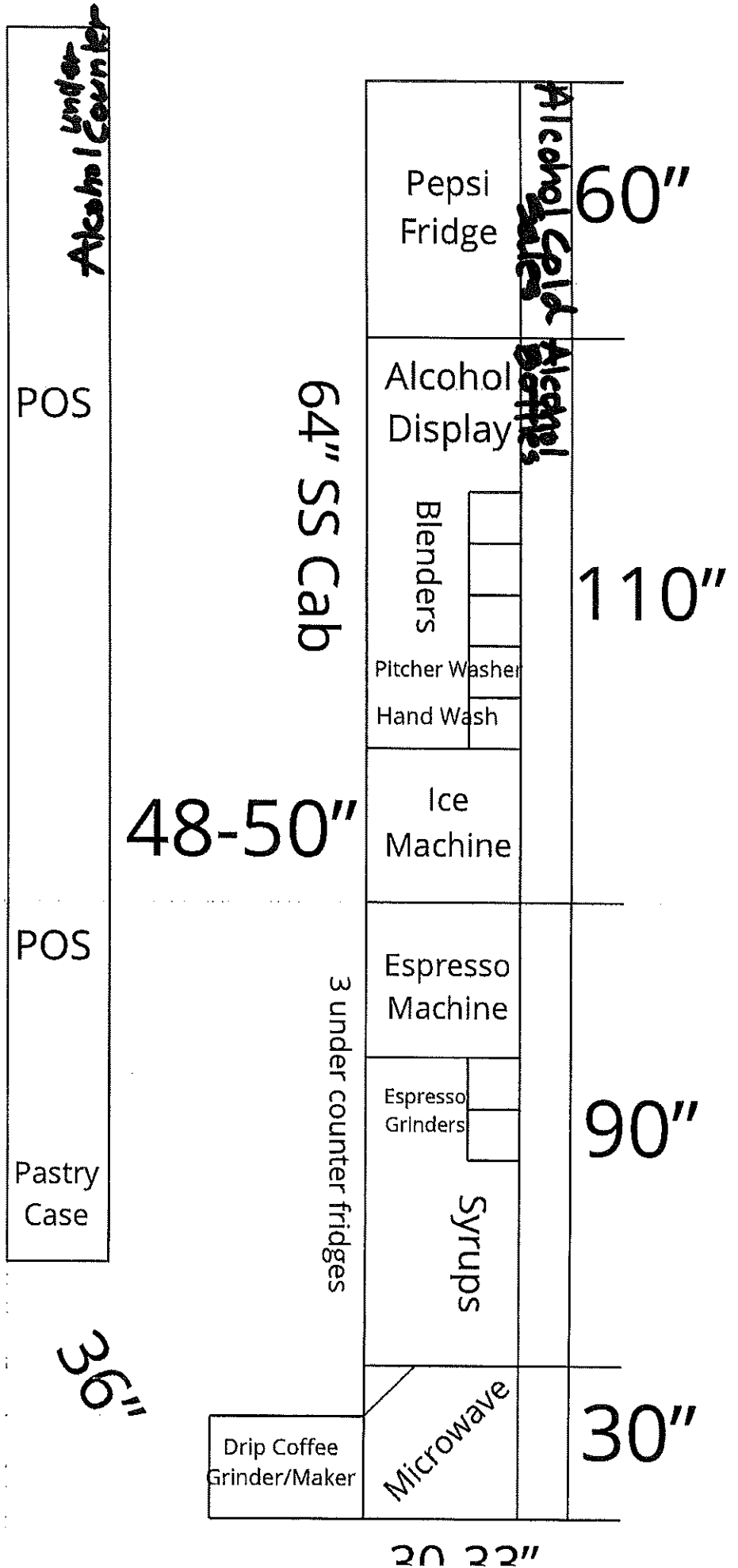
| Employer's Name               | Employer's Address                         | Employed From | To             |
|-------------------------------|--|---------------|----------------|
| <b>Cup O' Joe Coffeehouse</b> | <b>336 E Main St. Twin Lakes WI 53181</b>  | <b>2/2020</b> | <b>present</b> |
| <b>Coffee Moon Journey</b>    | <b>334 E. Main St. Twin Lakes WI 53181</b> | <b>5/2019</b> | <b>12/2020</b> |

**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)



# 20' Counter with Shelves





Patio Area  
Extension of  
Premise





**TWIN LAKES POLICE DEPARTMENT****MEMORANDUM**

**DATE:** July 19<sup>th</sup>, 2022  
**TO:** Laura Roesslein, Village Administrator  
**FROM:** Adam Grosz, Chief of Police  
**SUBJECT:** Alcohol Operators License Appeal – Drew Stanton

Laura,

On 7/18/22 I had a conversation with Drew Stanton regarding the denial of his Operators License Application. After speaking to Mr. Stanton and learning more about his previous criminal cases, I do feel that Mr. Stanton is on a path that would allow him to be a responsible seller of alcohol in his role working at BP in Twin Lakes.

Mr. Stanton has not faced any criminal charges since 2019. He advised me that he enjoys working in Twin Lakes and wants to stay out of trouble and remain gainfully employed. He feels his past is behind him and he has learned valuable lessons through his prior mistakes.

Mr. Stanton works in a similar role in Paddock Lake, WI where he also holds a current Operators License to sell alcohol. I also spoke briefly with Mr. Stanton's direct supervisor at BP in Twin Lakes. She said he has been a reliable, responsible employee and she hoped that he could be granted an Operator's License so he could work more hours in Twin Lakes.

After speaking to Mr. Stanton and his supervisor, I would like to retract my denial of the Operator's License Application. At this time, I would not be opposed to the Village Board approving this application and allowing Mr. Stanton to hold an Operator's License with BP in Twin Lakes.

Please let me know if you have any further questions.

J.D.J.

**RESOLUTION NO. R2022-8-1**

**RESOLUTION COMMENCING PROCEEDINGS  
TO VACATE A PORTION OF THE PUBLIC RIGHT OF WAY  
FOR LAKE DRIVE**

The Village Board of the Village of Twin Lakes, Kenosha County, Wisconsin, do resolve as follows:

**WHEREAS**, there has been created and dedicated to the Village a public right of way called "Lake Drive"; and,

**WHEREAS**, the public interest now requires that a certain portion of that Lake Drive right of way, as more particularly described and depicted in Exhibit A hereto, should be vacated,

**NOW, THEREFORE, BE IT RESOLVED:** That the Village Board will commence proceedings pursuant to § 66.1003(4), Wisconsin Statutes, to vacate said portion of the road right of way for Lake Drive, and the Village Planning Commission shall make a recommendation thereon; and,

**BE IT FURTHER RESOLVED:** That the Village Clerk shall schedule a public hearing with respect to such vacation on a date not less than 40 days from today's date, shall publish a Class 3 notice of the same as provided in § 66.1003(8), Wis. Stats., and shall serve a copy of the notice on the owners of all of the frontage of the lots and lands abutting on the portions of the road right-of-way to be vacated; and,

**BE IT FURTHER RESOLVED:** That the Village Clerk shall also deliver a copy of this Resolution and the attached exhibits to the Secretary of the Wisconsin Department of Transportation and also arrange for the filing of a lis pendens incorporating this Resolution and the attached exhibits in the Kenosha County Register of Deeds Office, pursuant to Wis. Stats. §§ 66.1003(8)(a) and 840.11, respectively.

Adopted by the Village Board of the Village of Twin Lakes, Kenosha County, Wisconsin, this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

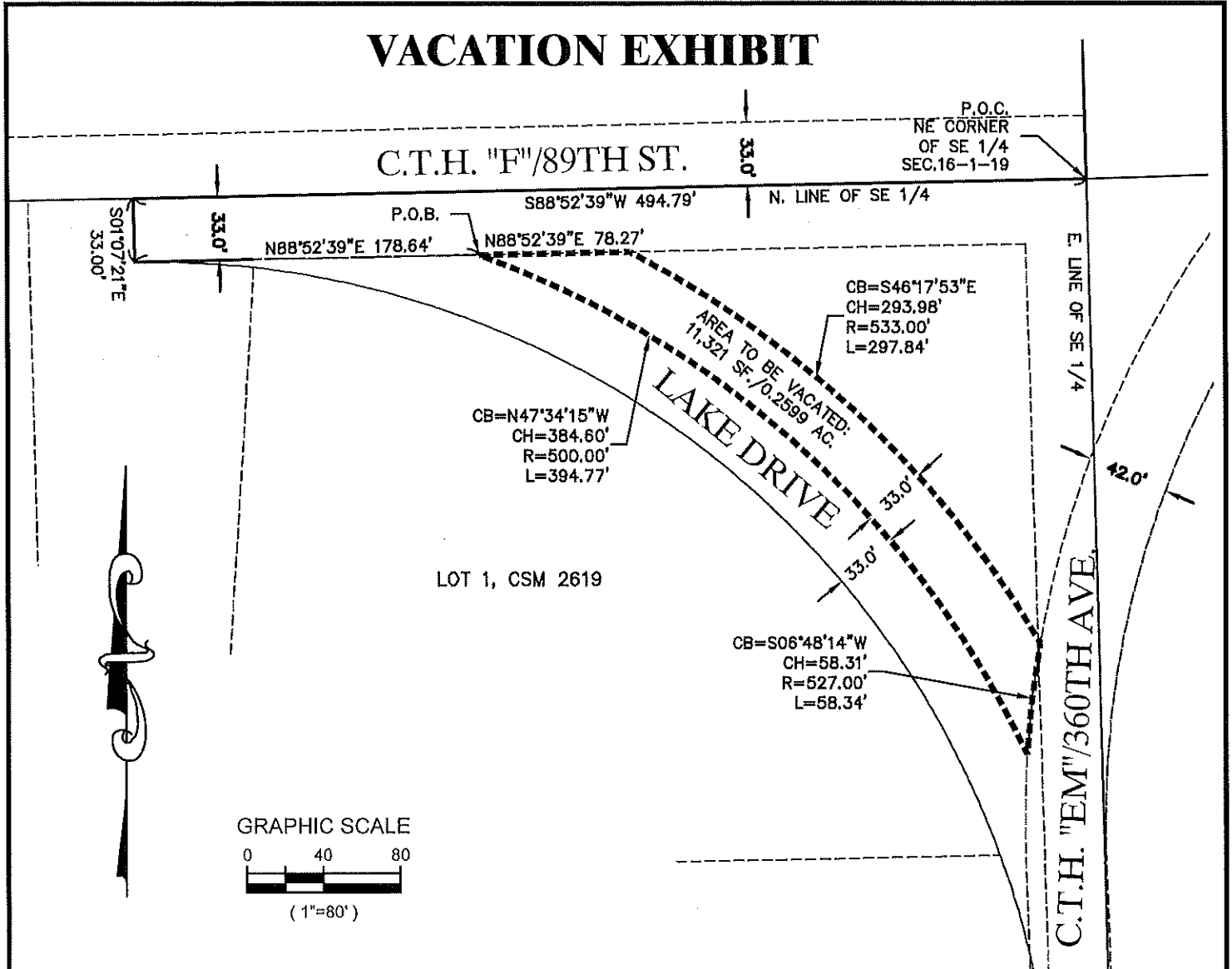
**VILLAGE OF TWIN LAKES**

By: \_\_\_\_\_  
Howard Skinner  
Village President

Attest: \_\_\_\_\_  
Sabrina Waswo  
Village Clerk



# VACATION EXHIBIT



Part of the Northeast 1/4 of the Southeast 1/4 of Section 16, Township 1 North, Range 19 East, in the Village of Twin Lakes, Kenosha County, Wisconsin, described as follows:

Commencing at the Northeast corner of the Southeast 1/4 of said Section 16; thence South 88°52'39" West along the North line of said Southeast 1/4 Section for a distance of 494.79 feet to a point; thence South 01°07'21" East 33.00 feet to a point on the South line of C.T.H. "F"; thence North 88°52'39" East along said South line 178.64 feet to the existing centerline of Lake Drive and the point of beginning; thence North 88°52'39" East continuing along said South line 78.27 feet to a point; thence Southeasterly 297.84 feet along the Easterly line of Lake Drive and the arc of a curve whose center lies to the Southwest, whose radius is 533.00 feet, and whose chord bears South 46°17'53" East 293.98 feet to a point on the West line of C.T.H. "EM" (also known as 360th Avenue); thence Southwesterly 58.34 feet along said West line and the arc of a curve whose center lies to the East, whose radius is 527.00 feet, and whose chord bears South 06°48'14" West 58.31 feet to a point on the existing centerline of Lake Drive; thence Northwesterly 394.77 feet along the aforesaid centerline and the arc of curve, whose center lies to the Southwest, whose radius is 500.00 feet, and whose chord bears North 47°34'15" West 384.60 feet to the point of beginning.

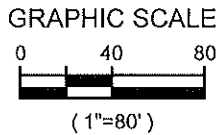
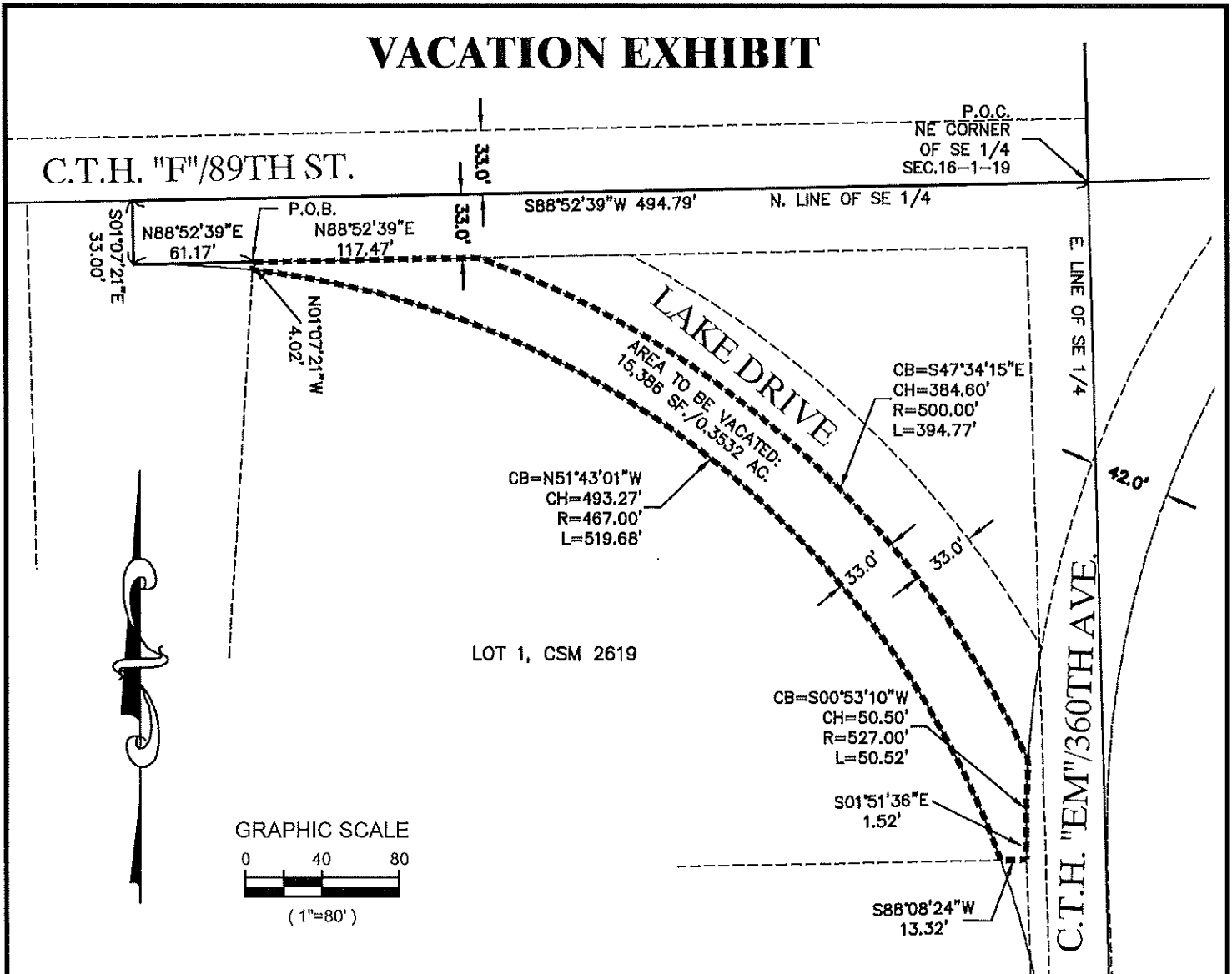
Said Lands contain 11,321 sq.ft. or 0.2599 acres.

Date: January 4, 2022  
 Drawing No: 168206-KAC

**raSmith**  
 CREATIVITY BEYOND ENGINEERING

16745 W. Bluemound Road  
 Brookfield, WI 53005-5938  
 (262) 781.1000  
 rasmith.com

# VACATION EXHIBIT



Part of the Northeast 1/4 of the Southeast 1/4 of Section 16, Township 1 North, Range 19 East, in the Village of Twin Lakes, Kenosha County, Wisconsin, described as follows:

Commencing at the Northeast corner of the Southeast 1/4 of said Section 16; thence South 88°52'39" West along the North line of said Southeast 1/4 Section for a distance of 494.79 feet to a point; thence South 01°07'21" East 33.00 feet to a point on the South line of C.T.H. "F" (89th Street); thence North 88°52'39" East along the said South line 61.17 feet to the point of beginning; thence North 88°52'39" East continuing along said South line 117.47 feet to a point on the existing centerline of Lake Drive; thence Southeasterly 394.77 feet along said centerline and the arc of a curve whose center lies to the Southwest, whose radius is 500.00 feet, and whose chord bears South 47°34'15" East 384.60 feet to a point on the West line of C.T.H. "EM" (also known as 360th Avenue); thence Southwesterly 50.52 feet along said West line and the arc of a curve whose center lies to the East, whose radius is 527.00 feet, and whose chord bears South 00°53'10" West 50.50 feet to a point; thence South 01°51'36" East along said West line 1.52 feet to a point; thence South 88°08'24" West 13.32 feet to a point; thence Northwesterly 519.68 feet along the West line of Lake Drive and the arc of a curve whose center lies to the Southwest, whose radius is 467.00 feet, and whose chord bears North 51°43'01" West 493.27 feet to a point; thence North 01°07'21" West 4.02 feet to the point of beginning.

Said Lands contain 15,386 sq.ft. or 0.3532 acres.

Date: January 4, 2022

Drawing No: 168206-KAC

**raSmith**  
CREATIVITY BEYOND ENGINEERING

16745 W. Bluemound Road  
Brookfield, WI 53005-5938  
(262) 781-1000  
rasmith.com

JUL 15 2022 S.) G.) 1.



# VILLAGE OF TWIN LAKES EVENT PERMIT APPLICATION

Please fill in all sections completely. Incomplete applications will be rejected. Applications must be submitted AT LEAST 4 WEEKS prior to the proposed event date for approval.

## Section I- APPLICANT INFORMATION

Name of Applicant Christine Martin

Name of Event Organizer/Producer Twin Lakes American Legion Auxiliary

Production Company/Organization \_\_\_\_\_ FEIN # \_\_\_\_\_

Street Address 989 Legion Drive

City Twin Lakes State WI Zip code 53101

E-mail Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

For-Profit or  Non-Profit Organization 501(c) \_\_\_\_\_ EIN # (Tax Exempt Number) 39-6077073

\*All non-profits must present a copy of their current Tax ID - EIN#

## Section II- EVENT INFORMATION- Check the proper category

All applications are required to submit a detailed Site Plan/Map. Site Plan/Maps must include location, any street closures, barricades, parade routes, stages, alcohol sale location, tents, etc.

Title of Event Fall Craft & Vendor Fair

Date(s) of Event September 24, 2022

Location(s) of Event 989 Legion Dr.

Start Time for Event 10:00  a.m./p.m. End Time for Event 3:00 a.m./ p.m.

Event Chair/Contact Person Christine Martin Phone \_\_\_\_\_

Day of Event Contact Name Christine Martin Phone \_\_\_\_\_

Is the event open to the public?  Yes  No

Will you charge an admission fee?  Yes  No

Estimated Attendance Number 300

Description of Event  
a craft & vendor fair with approximately 50 vendor booths that would sell these products to customers - items such as home decor, wood working, and other handmade items. Inside Legion post and outside Post grounds.

**PERMIT REQUESTED**

Parade Permit - No Charge

**Block Parties:** Small event limited to one street with 4 barricades in a neighborhood. Public Works will provide barricades the business day prior to your event and pick them up on the first business day following the event. It is your responsibility to set up and take down the barricades before and after your event. Main streets that are thoroughfares may not be approved due to safety issues. Residential block parties are not to last more than 6 hours between 9:00 am and 10:00 pm. Sale of alcohol is PROHIBITED at a private block party in a residential area. All consumption must be within the designated area and within the barricades. Public drinking citations will be issued outside of designated area. As a courtesy, please discuss plans with your neighbors prior to the event.

**Park Reservation:** All users of the parks must check in at the Police Department in person or by phone (262-877-9056) on the day of the scheduled event prior to and after use of the facility to insure refund of security deposit. A key is available at the Police Department for entry to the Scout House and for use of electric at Millennium Park. The key must be returned to the Police Department immediately after the event. Prior to leaving, the electric and/or doors need to be locked and all garbage disposed of in outside cans or totes.

Select Park:  Lance Park and Amphitheater  Scout House  Central Park  
 West Side Park  Millennium Park Pavilion

Describe Restroom facilities available to all participants restrooms inside Legion building (3 restrooms)

Will you be setting up a tent?  Yes  No \*A Fire Inspection is required per NFPA Code 25.2\*  
If yes, list the location, size, Rental Company, and proof of completion of locates.

Will there be any animals?  Yes  No  
If yes, what type and how many \_\_\_\_\_

Will there be live performances, loud speakers or a DJ?  Yes  No  
If yes, what type and hours possibly highschool jazz band and or possible D.J.

Description of plan for handling refuse collection and after-event clean-up  
the Legion has a dumpster onsite

Description of plan for providing event security (if applicable)  
no security

Will there be fireworks or pyrotechnics at your event?  Yes  No  
If yes, please attach a fireworks display permit or application.

Will your event include the sale of beer and/or wine?  Yes  No  
If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application or provide Proof of Operator's License. Sale of Alcohol is prohibited for residential block parties.

Will you or any other vendors be selling food or merchandise?  Yes  No  
If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.  
We can supply a list of vendors prior to the event  
Do you intend to use the available picnic tables and benches in the location?  Yes  No to be used for picnic

**Section III- STREET USE**

Check if this section does not apply

**Description of portion(s) of road(s) to be used**

*Road closures must include rental of barricades; must be coordinated with the Village of Twin Lakes Department of Public Works*

\_\_\_\_\_

\_\_\_\_\_

Will any parking stalls be used or blocked during the event?  Yes  No

Dates of Use \_\_\_\_\_

Total Number of Parking Stalls Requested and Location \_\_\_\_\_

\_\_\_\_\_

Description of Signage to be used during event \_\_\_\_\_

\_\_\_\_\_

**Anticipated Services**

*Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s)*

- Electricity;** Explain \_\_\_\_\_
- Traffic Control;** Explain \_\_\_\_\_
- Police Services;** Explain \_\_\_\_\_
- Fire/EMS Services;** Explain \_\_\_\_\_
- Other;** Explain \_\_\_\_\_

| Scout House, Lance, Central, West Side Park<br>Reservation Fee | # of Parks       | # of Days        | Applicable Fee |
|--|------------------|------------------|----------------|
| Security Deposit   | \$100.00 x _____ |                  | = _____        |
| Non-Profit or Resident   | \$75.00 x _____  | x _____          | = _____        |
| Non-Resident   | \$150.00 x _____ | x _____          | = _____        |
| <b>Millennium Park Reservation Fee</b>                         |                  | <b># of Days</b> |                |
| Security Deposit   | \$100.00         |                  |                |
| Non-Profit or Resident   | \$50.00          | x _____          | = _____        |
| Non-Resident   | \$100.00         | x _____          | = _____        |
| <b>Block Party/Street Closure</b>                              |                  |                  |                |
| Security Deposit   | \$100.00         |                  | _____          |
|  |                  | <b>TOTAL</b>     | _____          |

**Note:** The Village of Twin Lakes, the Police Department and/or Fire Department have the right to cancel an event due to inclement weather or any safety risk.

All parks and public spaces must be left the way they were originally found. A check is required to be placed on file with the Clerk's Office should the park or public space incur any damage or has not been cleaned up. Any charges will be communicated to the applicant prior to processing.

**LIABILITY INSURANCE REQUIREMENT**

The applicant or special event sponsoring shall supply the Village with a certificate of insurance demonstrating the required level of insurance coverage in addition to providing the Village with a copy of the insurance policy endorsement language demonstrating that the Village, its officers, agents, employees and contractors are named and endorsed as an additional insured party. Certificate must show Comprehensive General Liability Insurance with coverage for contractual liability with limits no less than \$1,000,000 each occurrence for comprehensive general liability insurance and, \$2,000,000 aggregate limits for bodily injury and property damage, unless otherwise specified by the Village. The Village Board may require a higher limit depending upon the details of the special event, which may include:

- (1) A special event that includes alcohol, or,
- (2) A special event that is anticipated to have attendance greater than 100 people per day, or,
- (3) A multi-day special event.

Proof of this insurance is required to be turned into the Village no less than ten (10) days prior to the start of the special event. If any modifications occur to the insurance terms, the applicant must also notify the Village immediately. Any change to coverage requires Village approval. Also, if coverage is canceled or no longer meets the Village's requirements, the special event permit will be rescinded. The applicant shall also agree to hold the Village, its officers, employees, agents, and contractors harmless against all claims, liability, loss, damage, or expense (including but not limited to actual attorney's fees) incurred by the Village for any damage or injury to a person or property caused by or resulting directly or indirectly from the activities for which the special event permit is granted.

Upon approval, the permit issued by the VILLAGE OF TWIN LAKES authorizes the applicant to conduct the event described in the application and the applicant hereby agrees to comply with all applicable laws, rules and regulations, including any restrictions or conditions imposed by the Village, affecting the holding of an event. The applicant acknowledges and understands that the VILLAGE OF TWIN LAKES reserves the right to cancel any permit for non-compliance by the applicant with the restrictions or conditions imposed by the Village in approving the application or for violating any laws, rules or regulations.

Acknowledged and Agreed YES  NO

Applicant Signature  Date \_\_\_\_\_

**VILLAGE OF TWIN LAKES STAFF USE ONLY**

Date Filed with Clerk 7/15/2022 Amount Paid & Receipt # \_\_\_\_\_

Checklist  Map of Event or Site Plans  Insurance


Temporary Class "B"/"Class B" Retailer's License Application, if necessary

Police Chief Signature  Date 7-27-22

Approved  Denied Notes \_\_\_\_\_

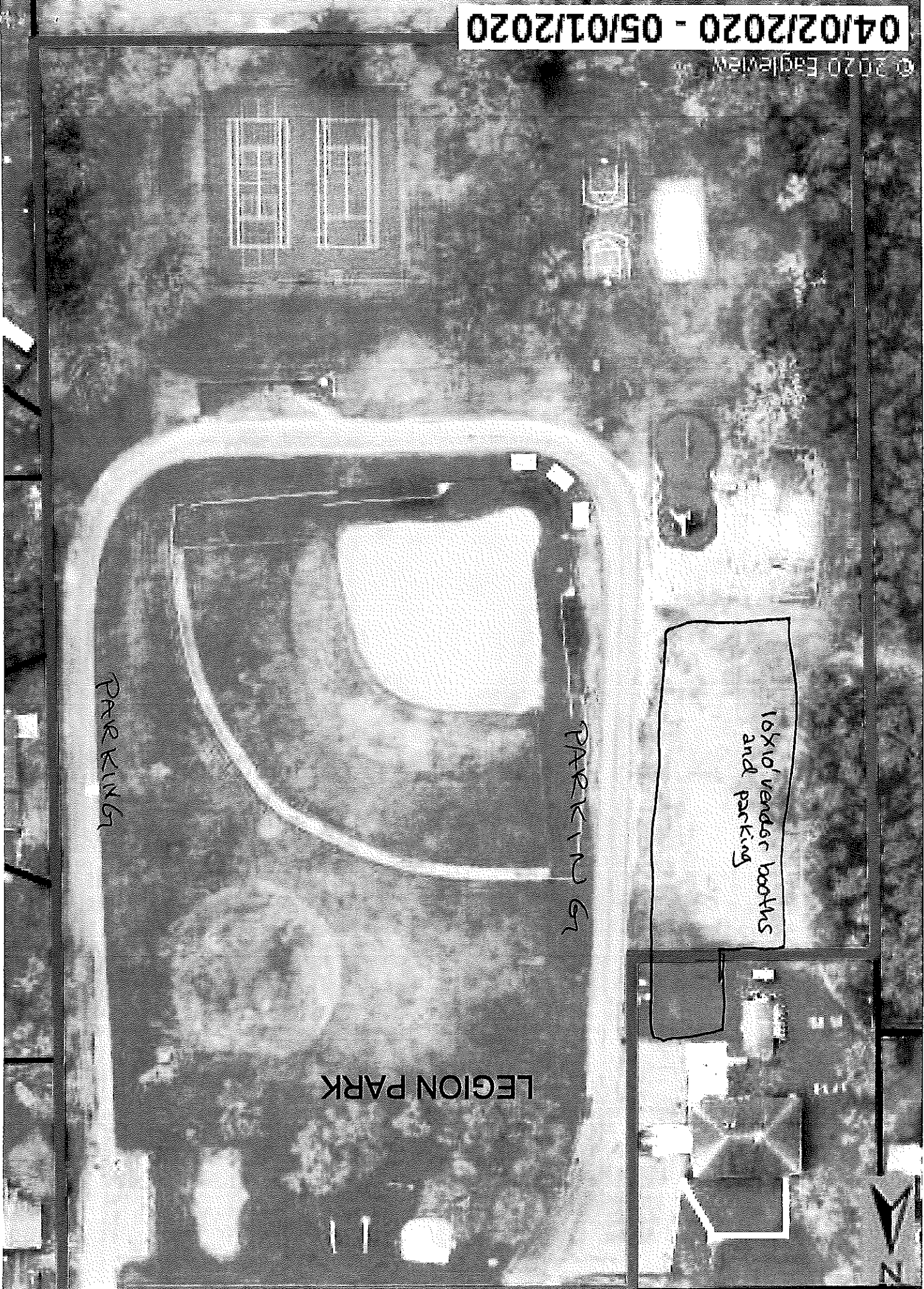
DPW Signature  Date 7-21-22

Approved  Denied Notes \_\_\_\_\_

Fire Chief Signature  Date 7-21-22

Approved  Denied Notes \_\_\_\_\_

COW Meeting Date \_\_\_\_\_ Board Meeting Date \_\_\_\_\_ Permit Number \_\_\_\_\_



PARKING

PARKING

10x10' vendor booths  
and parking

LEGION PARK