

## VILLAGE OF TWIN LAKES

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

### SPECIAL VILLAGE BOARD MEETING FOLLOWING THE COMMITTEE OF THE WHOLE September 6, 2022 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. Consideration of a motion to approve an Event Permit submitted by the Twin Lakes Chamber for Harvest Fest & Car Show on September 17<sup>th</sup> from 9 a.m. to 5 p.m.
- 5. Consideration of a motion to approve a Temporary Class "B" / "Class B" Retailer's License to the Twin Lakes Chamber for Harvest Fest & Car Show on September 17<sup>th</sup> from 9 a.m. to 5 p.m.
- **6.** Consideration of a motion to approve a Short-Term Rental Application received from Walter Shimkus for 1710 E. Lakeshore Dr.
- 7. Consideration of a motion to approve a Short-Term Rental Application received from Walter Shimkus for 1712 E. Lakeshore Dr.
- **8.** 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.



### **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 MACILYN: TRONGEA-4   |
| Name of Event Organizer/Producer_Twin Lakes CHAMBER  |
| Production Company/OrganizationFEIN# 39 - 1165 9 6 6   |
| Street Address 349 E. MAIN ST  |
| City Twin LAKES State WI Zip code 53181  |
| E-mail Address <u>Lnfo@twinlakes</u> chamber, com  |
| Daytime Phone 262 - 877 2221Cell Phone   |
| □ For-Profit or Non-Profit Organization 501(c) EIN # (Tax Exempt Number) NOT TAX EXEMPT *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 HARVEST FEST & CAR SHOW  Date(s) of Event SEPT. 17   2022 |
| Start Time for Event MAN ST. FROM BURDEN TO LAKE AJE  Start Time for Event JAM SETUP 10 AM START  a.m./p.m. End Time for Event 5 pm a.m./p.m.  Event Chair/Contact Person MARILYN TRONGERY Phone 2L2-877-22 20  ANN LUNDBERG   |
| Day of Event Contact Name MARILY N TRONGZAU Phone Phone Is the event open to the public?   |
| Will you charge an admission fee? ☐ Yes 💆 No   |
| Estimated Attendance Number 400  |
| Description of Event CAKSHOW, CRAFT VENDORS DJ KEITH MUSIC, PUMPKIN PAINTING, FOOD TRUCKS, BEER TENT & CONTESTS  |

### **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 toters. Select Park: ☐ Lance Park and Amphitheater **⊠** Central Park ☐ Scout House ☐ West Side Park ☐ Millennium Park Pavilion Describe Restroom facilities available to all participants FORTA POTTIES Will you be setting up a tent? \*A Fire Inspection is required per NFPA Code 25.2\* ☐ Yes ☐ No If yes, list the location, size, Rental Company, and proof of completion of locates. POPUPS - NOLARGETENT 10210 Will there be any animals? ☐ Yes ☐ No EVENT ONLY ATTENDERS & NOT FOR If yes, what type and how many Will there be live performances, loud speakers or a DJ? If yes, what type and hours 10-5Description of plan for handling refuse collection and after-eventclean-up FROM GEOOT & EXTRA TOTTE Description of plan for providing event security (if applicable) WORK WITH TLPD Will there be fireworks or pyrotechnics at your event? Ø No ☐ Yes If yes, please attach a fireworks display permit or application. Will your event include the sale of beer and/or wine? **△**Yes 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.

If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.

Will you or any other vendors be selling food or merchandise?

Do you intend to use the available picnic tables and benches in the location? XYes \quad No

□ No

X Yes

| coordinated will BURDEN | ith the Village                                  | of Twin Lakes D<br>KE AUT   | epartment of Public Works   |
|-------------------------|--|---|---|
|                         |  |   |   |
| event?                  |  | Ø-Yes □ I   | No  |
|                         |  |   |   |
| on ALL                  | DETWEE   | N Bar   | DEN & LAKE  |
| ANNERS                  | AT PO  | INTS 11   | UGRESS  |
| uesting for you         | r event. Estim                                   | ated Fees or De   | posits for these services may   |
|                         |  |   |   |
| REDED                   | trom t   | را د<br>را  |   |
| TO 00                   | ER SEE   | EUENT   | - WILL CALL IF  |
|                         | PI   | eoblems   | Aeise   |
|                         |  |   |   |
|                         | # of Parks                                       | # of Days   | Applicable Fee  |
| \$100.00 x              |  |   | =   |
|                         |  |   | =   |
| \$120.00 X              |  | х   | =   |
|                         |  | # of Days   |   |
| \$100.00                |  |   |   |
| \$50.00                 |  |   | =   |
| \$100.00                |  | х   |   |
|                         |  |   |   |
| \$100.00                |  |   |   |
|                         |  |   |   |
|                         | \$100.00 x \$150.00 x \$150.00 \$100.00 \$100.00 | event?  on_ALL DETWEE  ANNERS AT PO  uesting for your event. Estim  DEEDED FROM F  TO OVERSEE  P  # of Parks  \$100.00 x \$150.00 x \$100.00 \$50.00 \$100.00 | # of Parks # of Days  \$100.00 x \$75.00 x \$150.00 x \$100.00 \$50.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 |

**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.

Acknowledged and Agreed YES

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.

NO

| - |   |               |
|---|---|---------------|
| A | pplicant Signature Manly Imgean   | Date 8/1/22   |
|   | U   |               |
|   | VILLAGE OF TWIN LAKES STAFF   | USE ONLY      |
|   | Date Filed with Clerk 8 11 2033 Amount Paid & Receipt #_ Checklist  Map of Event or Site Plans  Insurance |               |
|   | Police Chief Signature  | Date          |
|   | ☐ Approved ☐ Denied Notes   |               |
|   | DPW Signature   | Date          |
|   | ☐ Approved ☐ Denied Notes   |               |
|   | Fire Chief Signature Approved □ Denied Notes  | Date          |
|   | COW Meeting Date Board Meeting Date   | Permit Number |

#### LIABILITY INSURANCE REQUIREMENT

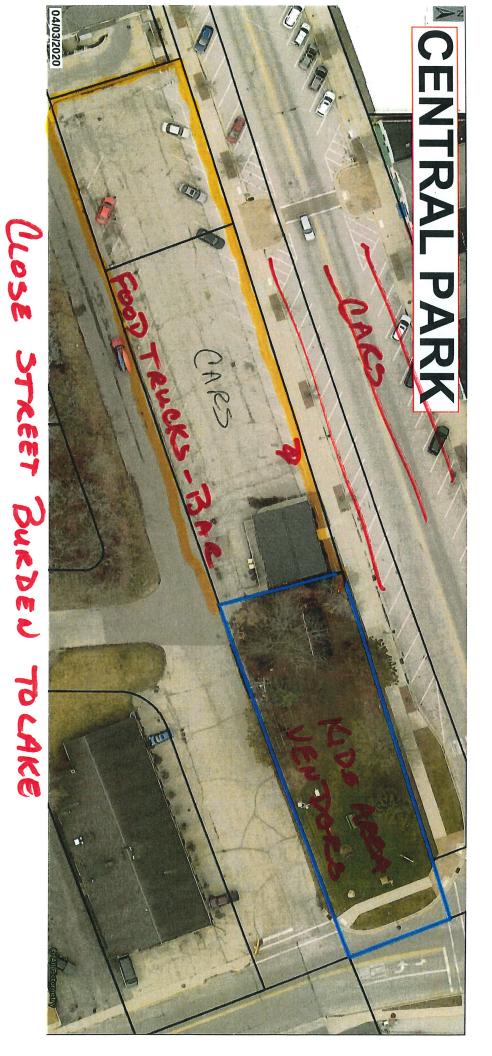
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| Acknowledged and Agreed YESX     | NO                                       |                                |
|----------------------------------|--|--------------------------------|
| Applicant Signature Many         | Mongeau                                  |                                |
| $\theta$                         | 0  |                                |
|                                  | <b>VILLAGE OF TWIN LAKES STAFF U</b>     | <u>SE ONLY</u>                 |
| Date Filed with Clerk 8 1120     | 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 UL        | A  | Date_ 8-2-2.7_                 |
|                                  | Barricacles closing street               | - need to be staffed to assist |
| DPW Signature                    | motorists as neededl.                    | Date_ <u>8-3-27</u>            |
| ■ Approved □ Denied Notes_       |  |                                |
| Fire Chief Signature             | 2  | Date <u>8-3-27</u>             |
| COW Meeting Date                 | Board Meeting Date                       | Permit Number                  |





349 E. Main St. FC Bex 64 Fuln Lakes, WF 53181 262-877-2220 Interioral absochamber som

Ann dropped off the applications for Harvest Fest. I didn't have the food vendor list ready when she brought it.

We are working on the food vendors.

So far we have:

Pina Mexican Eats Mexican food

Fiddlesticks from Elkhorn bistro type food

Smokie Boyz BBQ Bbq type food

And either Kona Ice or Tropical Chill ice cream or shaved ice.

We haven't heard but we usually have Kettle Kornicopia as a vendor also. If you need confirmation, I can send the details when we have them confirmed.

We might have Due Laghi for Pizzas or Your Sisters Tomato Wood Fired Pizzas.

# 5.)

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 \$10.00 Application Date: 08/01/2022 City of Twin Lakes County of Kenosha ✓ Village Town 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 09/17/2002 and ending 09/17/2022 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 Twin Lakes Area Chamber & Business Association, Inc. (b) Address 3419 E. Main St. Twin Lakes, WI 53181 (Street) Town ✓ Village (c) Date organized 06/28/1971 (d) If corporation, give date of incorporation 06/28/1971 (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 Tim Hodgman Vice President Chris Brown Secretary Corina Kretschmer Treasurer Glenn Gebauer (g) Name and address of manager or person in charge of affair: Marilyn Trongeau, 349 E. Main St. Twin Lakes, WI 53181 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 349 E. Main St, Twin Lakes, WI (b) Lot Block (c) Do premises occupy all or part of building? no parking lot only (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 Harvest Fest (b) Dates of event 09/17/2022 **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. Twin Lakes Area Chamber & Business Association, Inc. Officer (Name of Organization)

License No.

AT-315 (R. 9-19)

Date Granted by Council



## VILLAGE OF TWIN LAKES

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

# Short-Term Rental Application License Expires Each Year on December 31

### \$150 Annual Fee

Application must be submitted with all other required documents and fees (paid in full) in order to be accepted

| Short-   | Term Rental (STR) Site Info   | ormation   |  |  | •   |
|--|---|--|--|--|---|
|  | 1 1 1   | Shore Dr.  | Parcel ID No.:   |  |   |
|  | Maximum Capacity:   |  | Tourist Rooming House License No.*:  |  |   |
| ~  | FEIN No.:   |  | WI Seller's l  | Permit No.*:   |   |
|  | *Copies of permits/licenses must  | be included with app   | olication  |  |   |
| Owne   | r Information   |  |  |  |   |
|  | Name: Walter Shir   | nkus   | Address: 70  | 15 N. Ru   | Sh #1703<br>Chicago IL 60611  |
|  | Phone   | Date of Birtl  | <u>{</u>   | Email:   |   |
| **If n   | he owner of the property servo, complete Property Manager In  | formation section be   |  | ES 🕱 NO  | **  |
| Prope  | rty Manager Information (If   | not Owner)   | Address: 34  | 135 She  | ehan Dr # 104   |
|  | Name: Erica Packe Phone   |  | Nage   | erville 2  | CL, 80564   |
|  | Phone   | Date of Birt   | _  | Email.   | u.  |
| (Total   | num Occupancy for Premise<br>number of occupants licensed by<br>ever is less)   |  | in or two per b  | edroom plus  | two additional occupants,   |
| Items      App     Stat     Sell   | to Submit with Application olication Fee of \$150 te of Wisconsin Tourism Roomin ter's Permit issued by the Department Plan of the Tourist Rooming H  | g House License En<br>nent of Revenue, if a<br>louse and Site Plan o   | nailed harduny<br>ny Using<br>f property inch  | Worther Per<br>Arr Bold<br>Lading showing  | mit, official permit to be mailed)  Platform) gon-site parking  |
| Pro  | perty Manager Agreement (if app   | licable) N/A-P   | coperty t  | ohe man  | aged by Co-Givner   |
| I certify short-to certify the Pro of/or in Lakes (Wisconthe Vil Inspect | y that I have read the foregoing as<br>erm rental license shall comply we<br>the property meets those requirer<br>perty Manager, if any, as an agent<br>a conjunction with the use of this<br>Code Chapter 5.20.120(e) stating<br>asin or owe any taxes, fines or for<br>lage will conduct a Building Inspanions, I understand and shall comp | nswers and the same ith all provisions of venents and I will comput for the purpose of a license. I understand no license shall be is reitures to the Villag ection and Fire Inspectly with making any state ith the same of the with making any state in the same | are true to the Village of Twin oly with those accepting serviand shall compared to any peer. I understand the procession. If the procession of the processi | best of my kn<br>n Lakes Code<br>requirements.<br>ce of process<br>ply with all parson who shad<br>d and shall co<br>roperty were the Building I | Chapter 5.40, and I hereby I hereby additionally designate in any civil action arising out rovisions of Village of Twin II owe any taxes to the State of mply with the provision the that to fail the Building and/or Fire inspector and Fire Inspector |
|  | nend along with a \$65 re-inspecti<br>Signature:  | on ice,  |  | Doto   | 8-26-22   |
| Owner  | Remit application,  | fees and all other re  | anired docum   |  |   |
| S  | hort Term Rental Application  |  | ge 1 of 2  | Cares to the C   | Revision Date: May 2021   |

For Office Use Only Receipt Number: **C220767**-Date Filed:\_ Date forwarded to Fire Dept.:\_ Fire Inspection Date: PASS 📈 FAIL Signature: Corrections and re-inspection required: Date forwarded to Building Dept.:\_ Building Inspection Date: PASS X  $FAIL \square$ Signature: Corrections and re-inspection required: Outstanding Taxes, Fines or Farfeitures: \$ Police Chief Review:

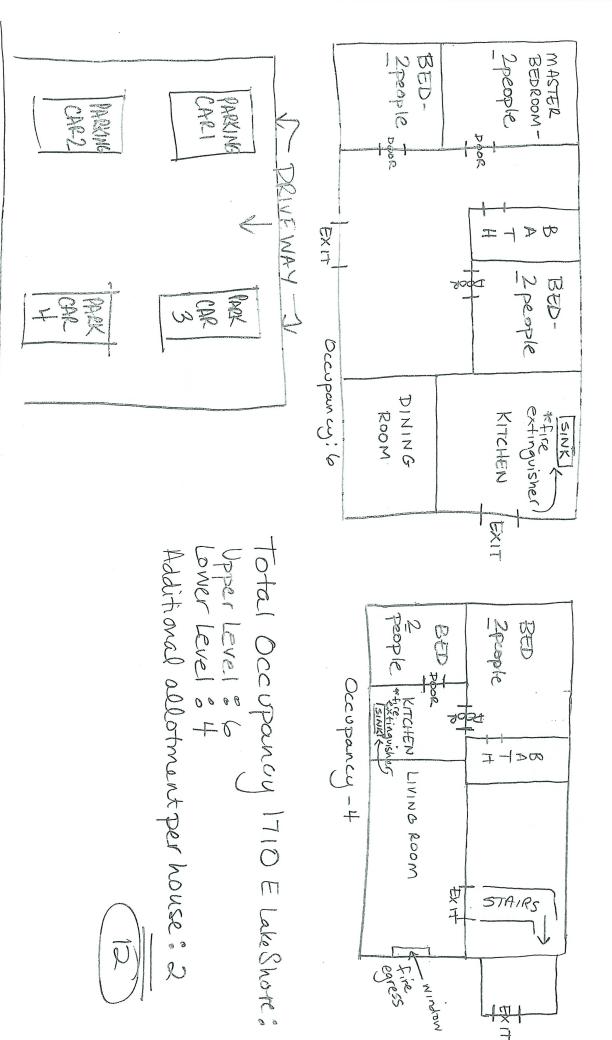
License Number:

Date License issued:

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

Upper Level

Lower Level



T,

LAKE SERRE

DIST



# VILLAGE OF TWIN LAKES

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

# Short-Term Rental Application License Expires Each Year on December 31

### \$150 Annual Fee

Application must be submitted with all other required documents and fees (paid in full) in order to be

|  | er required documents and Jees (paid in full) in order to be accepted   |
|--|---|
| Short-Term Rental (STR) Site Information   | n ·   |
| Address: 1712 E Lake Shore   | Parcel ID No.:  |
| Maximum Capacity:  | Tourist Rooming House License No.*:   |
| FEIN No.:  | WI Seller's Permit No.*:  |
| *Copies of permits/licenses must be included   | ded with application  |
| Owner Information  |   |
| Name: Walter Shimkus Phone: Date of  | Address: ) 05 N. Rush # 1703<br>(Nicago IL 6061)  |
| Phone: Date of   | of Birtl Email:   |
| Will the owner of the property serve as Pre**If no, complete Property Manager Information  Property Manager Information (If not Owner of the Informat | n section below   |
| Name: Erica Packer   | Address: 2435 Sheehan 110 # 104   |
| Phone Date of  | of Birth: Email: -  |
| Maximum Occupancy for Premise (Total number of occupants licensed by the State whichever is less)  | of Wisconsin or two per bedroom plus two additional occupants,  |
| Items to Submit with Application   |   |
| ☑ Application Fee of \$150   | Licenselemanted handwritten permit, Official Permit to be mailed  |
|  | Licenselemanted handwritten per min   |
| ☑ Seller's Permit issued by the Department of Ro   | evenue, if any (151mg Arr Bin B Platform)   |
| ☐ Floor Plan of the Tourist Rooming House and  | Site Plan of property including showing on-site parking   |
| Property Manager Agreement (if applicable)   | V/A-Property Managed Dy Co-owner  |
| I certify that I have read the foregoing answers an short-term rental license shall comply with all procertify the property meets those requirements and the Property Manager, if any, as an agent for the pof/or in conjunction with the use of this license. I Lakes Code Chapter 5.20.120(e) stating no license Wisconsin or owe any taxes, fines or forfeitures to the Village will conduct a Building Inspection and Inspections, I understand and shall comply with mercommend along with a \$63 re-inspection fee.  | of the same are true to the best of my knowledge. I understand that any positions of Village of Twin Lakes Code Chapter 5.40, and I hereby I will comply with those requirements. I hereby additionally designate ourpose of accepting service of process in any civil action arising out understand and shall comply with all provisions of Village of Twin e shall be issued to any person who shall owe any taxes to the State of the Village. I understand and shall comply with the provision the that if Fire Inspection. If the property were to fail the Building and/or Fire making any modifications the Building Inspector and Fire Inspector  Date: 8-26-22 |
| Remit application, fees and a  | all other required documents to the Clerk's Office  |
| Short Term Rental Application  | Page 1 of 2 Revision Date: May 2021   |

Revision Date: May 2021

For Office Use Only Receipt Number: C22 6811-4 Date Filed:\_ Date forwarded to Fire Dept.:\_ Fire Inspection Date: PASS 💢 FAIL 🗌 Signature: Corrections and re-inspection required: Date forwarded to Building Dept.:\_\_ Building Inspection Date: PASS D FAIL Corrections and re-inspection required: Outstanding Taxes, Fines or Forfeitures: \$ Police Chief Review: Date License issued: License Number: Copy to: Fire Dept., Building & Zoning, Police Chief

