KENOSHA COUNTY BOARD OF SUPERVISORS

RESOLUTION NO.

NEOSEC		O .			
Subject: PROBATIONARY CABARET L	ICENSE				
Wilmon	t Mounta	ain			
Original ☑ Corrected □	2 nd C	orrection	on 🗆	Resubmit	ted □
Date Submitted: February 7 th , 2017	Date	Resub	mitted		
Submitted By: Judiciary & Law Enforcement Committee			***************************************		MINIMARY
Fiscal Note Attached □	Legal	Note /	Attached		
Prepared By: Kenneth W. Weyker Captain of Field Operations	Signa	iture: 1 1	HJ.	The 10	?
WHEREAS, the application of Belinda Mountain 11931 Fox River Rd. Wilmot, WI, Wiscons of January, 2017, was turned over to this office on Jawhereas, the Kenosha Sheriff's Departm 01/16/17 and WHEREAS, the premises were found to be in and NOW, THEREFORE BE IT RESOLVED, the holder, a probationary license be granted to Belinda	ent has conforming the conforming the conforming the consequent the conforming th	own of I 17, and onducte ty with th	Randall, wa d an inspe ne Cabaret	s made durin ction of the p Ordinance N	g the month premises on umber 8.02,
Respectfully	y Submitte	ed,			
JUDICIARY AND LAW EN	ORCEME	NT COM	MITTEE		
	<u>Aye</u>	<u>No</u>	<u>Abstain</u>	Excused	
Supervisor Leah Blough, Chairman					
Supervisor Boyd Frederick, Vice-Chairperson					
Supervisor Gary Retzlaff					
Supervisor Mike Skalitzky					
Supervisor Jeff Wamboldt					

APPLICATION FOR PROBATIONARY CABARET LICENSE

Kenosha County, Wisconsin

DATE: VLe /17
TO THE KENOSHA COUNTY BOARD OF SUPERVISORS:
I, as holder of a Class B Liquor License, hereby apply for a Probationary Cabaret License for:
Wilmot Mountain 1931 Fox River Road Name of Premises Address
Po Box 427 Wilmot, WI 53192 Malling Address Zip Code
Located in the Town of Randall , in the County of Kenosha from the date hereof for 6 months , (an application for a regular cabaret license will be sent upon expiration of the probationary license) and I hereby agree to deposit \$200.00 for said license and to comply with all the provisions of the Cabaret License Ordinance adopted by the County Board and in effect March 6, 2001 and all the laws of the State of Wisconsin pertaining thereto.
Belinda Monroy PRINT LICENSE HOLDER'S NAME
Signature of Applicant (Must be license holder)
<u> მ62-862-230/ აქ 155</u> თ მ62-206-270 <u>გ</u> Day-time Telephone Number

A PHOTOCOPY OF YOUR CLASS B LIQUOR LICENSE MUST BE SUBMITTED WITH THIS APPLICATION

NOTE: AN UPDATED LIQUOR LICENSE MUST BE FILED WITH THE CLERK'S OFFICE FOLLOWING RENEWAL IN JULY

CLASS B RETAIL LICENSE

NO: 2(Rev)

for the sale of

(Rev 1/5/17 fee \$10.00) \$: 350.00

COMBINATION FORM

FERMENTED MALT BEVERAGES and INTOXICATING LIQUORS

WHEREAS, the local governing body of the Town of Randall, County of Kenusian, Wisconsin, has upon application duly made, granted and authorized the issuance of a Retail Class "B" License to VR US Holdings, Inc., Sole member of VR WM Holdings, LLC (D/B/A Wilmost Mountain), Blendia A. Monroy, Agent to sell Fermented Malt Beverages as defined by and pursuant to Section 125 26(1) of the Statutes of the State of Wisconsin, and Local Ordinances and said applicant has paid the treasurer the sum of \$150.00 for such Class "B" Retailer's Fermented Malt Beverage License as required by local ordinances,

AND WHEREAS, the local governing body has granted and authorized the issuance of a "Class B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined in and pursuant to Section 125 51(3) of the Statues of the State of Wisconsin and local ordinances and the said applicant has paid to the treasurer the sum of \$200.00 for such "Class B" Intoxicating Liquor License as provided by local ordinances and has complied with all the requirements necessary for obtaining such licenses, LICENSES ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages and Intoxicating Liquors at the following described premises:

VR US Holdings, Inc., sole member of VR WM Holdings, LLC D/B/A Wilmot Mountain
11931 Fox River Road
Wilmot, WI 53192

FOR THE PERIOD from January 5, 2017 to June 30, 2017

Given under my hand and the corporate seal of the Town of Randall, County of Kenesha, State of Wisconsin,

this 5th day of January, 2017.

Callie Rucker, Town Clerk

(Corporate Seal)

SCHNEIDER PRINTING, INC., JOHNSON CREEK, WI 53038

FORM FERMENTED MALT BEV	For the sale of \$ 350.00 PERAGES and INTOXICATING LIQUORS - Town - WING of Randall			
County of Kenosha, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to Wilmot Mountain, Tyse Gordon Dodds, Agent to sell Fermented Malt Beverages as defined by and pursuant to Section 125.26(1) of the Statutes of the State of Wisconsin, and Local Ordinances and the said applicant has paid the treasurer the sum of \$ 150.00 for such Class "B" Retailer's Fermented Malt Beverage License as required by local ordinances, AND WHEREAS, the local governing body has granted and authorized the issuance of a "Class B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined in and pursuant to Section 125.51(3) of the Statues of the				
such "Class B" Intoxicating Liquor License as provenecessary for obtaining such licenses, LICENSES retail, Fermented Malt Beverages and Intoxicating	applicant has paid to the treasurer the sum of \$200.00 for ided by local ordinances and has complied with all the requirements ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at a Liquors at the following described premises:			
	, .2016 ., to June 3.0, .2017			
Tott Ittil Ettob tott	Given under my hand and the corporate seal of the			
	(如此 - Town - Vikaga) ofRandall			
	County of Kenosha , State of Wisconsin,			
	this 31st day of May 2016.			
	(Corporate Seal) Clerk			

KENOSHO COUNTY Kenosha, WI 53140

1/06/2017 Receipt Humber: 170000138 FROM: WILHOT HOUNTAINTY OGILVIE

Cabaret License-Probat

200.an

Receipt Total Recunt Tendered Change

288:88

Payment Rovd:

Gash Check i Charge: Other

200: 96 86:

EOR CHECK BAYMENTHE BREEKPTAS

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CITY OF KENOSHA POLICE DEPT.							
COUNTY OF KENOSHA SHERIFF DEPT.	INVESTIGATION REPORT						
X INCIDENT REPORT CLASS			•			1	1
CRIME - PROPERTY CODE	DATE & TIME RE	PORTED _		PAGE		JURISDICTION GRI	D CASE OR EVENT NO.
CRIME - PERSON	1-16-17 at 1	702 hrs		1 of 2			2017-007200
COMPLAINANT/REPORTING PERSON - NAME (FIRM NAME, IF BUSINE	ESS) IRST	MI	X RA	CE	DOB	RESIDENCE PHON	NE BUSINESS PHONE
Wilmot Mountain	IKST		. -		-	-	262-862-2301
	CITY	STATE	ZIP	E	MPLOYMEN	T OR SCHOOL	CITY
11931 Fox River Rd Wilmot WI 53192 -					THE PART CONDITIONS		
CRIME OR INCIDENT			DATI	- TIME OC			WEATHER - LIGHT CONDITIONS
Tavern Check				S.A.A			Indoors
DESCRIBE LOCATION OF OFFENSE OR TYPE OF PREMISE		ADDRESS OR I	OCATION	OF INCIDEN	IT		
Ski lodge	₹ VII		LICE	NSF I ST	ATE YR	IDENTIFYING C	HARACTERISTICS
SUSPECT MAKE MODEL BODY COLOR YEAR VEHICLE	γ vii	N	Liot	102			•
INFO	1	METHOD USED TO	COMMIT	CRIME - M.C).		
N/A		N/A					
TRADEMARKS OF SUSPECT(S) ACTION OR CONVERSATION			RIES AND L	OCATION O	N BODY - VI	CTIMS CONDITION	•
N/A		None				T	
TYPE OF PROPERTY DAMAGED		SERIAL OR I.D.				TOTAL LOSS VAL	UE RECOVERED YES NO
None		,	_		OF I	-	YEAR
DESCRIPTION OF PROPERTY - MAKE, MODEL, COLOR		LICENSE NO.			STA	NI C	· Lurvey
N/A							
SUMMARY OF CRIME OR INCIDENT On 1-16-17 at 1702 hrs at the request of	KCD Cuponicion	a I Denuty C	leen #	279 res	nondec	I to the Wilmo	ot Mountain ski lodge
to conduct a tavern inspection. Upon arriva	Non Subervision	de A Monro	Dolin	da ider	tified h	erself to me a	and was the listed
to conduct a tavern inspection. Upon arriva	I I met with Beiling	Ja A. Mono	n the n	romico	Inro	vided Melinds	with a conv of
agent on the Class B Retail License visibly	posted bening all	three pars o	ii iiie p	4	s. I più	the rough dia	arame of the multiple
Kenosha County ordinance 8.02. I then cor	npleted a Cabare	et license che	CK IISL	and cor	IIIIIIEG	me rough uid	Its pooded to be
bar areas on file with KSD were current and	accurate. Belino	da understoo	d that	any buli	aing ins	spection resul	its riceded to be
forwarded to the 2 nd shift Commander at KS	SD.				······		
						000.17	
 Class B license # 2(Rev) issued by 	the Town Clerk of	of Randall on	1-5-17	and ex	pires o	n 6-30-1/	ST. SPANNERS .
					11 1 .1! .	1 1 a a 4 ib a	requirements under
A physical inspection of the premises wa	is conducted and	I did not obs	erve a	nything	that dic	not meet the	e requirements under
Kenosha County ordinance 8.02. No under	age patrons were	e observed in	the ba	r areas	auring	the inspection	n. At this time i see
no reason why a cabaret license should not	be issued to Will	<u>mot Mountai</u> i	n. See	the atta	ached to	orms for addit	ional information.
See page 2 for Belinda's information.							
	NC	CONSENT FORM , HAVE GI	VEN NO	ONF CON	SENT TO):	
I, N/A		,1,,,,,,					***************************************
		111111111111111111111111111111111111111					
WITNESS		SIGNED					
•		DATE _					
EVIDENCE RECOVERED DISPOSITION OF EVIDENCE	· F	VICTIM RIGHTS FOR	₹M	PHOTO	S	SKETCHE	S/DIAGRAMS
EVIDENCE RECOVERED DISPOSITION OF EVIDENCE NOne N/A	^ -	YES X	NO		ES X	NO YE	
NCIC/CIB INQUIRY/ENTRY TTY CANCELLED.	DATE - TIME	STATUS					TAVERIO
YES NO		OPEN [CLOSED		EARED BY A	ARREST UNF	FOUNDED PILE
REPORTING OFFICER NO. 28	ND OFFICER	1	МО		PERVISOR Ly. (Crocker	v 177
Deputy E. Olsen 279					~/. (- ravyo	V 12/

KENOSHA SHERIFF'S DEPARTMENT SUPPLEMENTARY INVESTIGATION REPORT

Page Case or Event No. 2 of 2 2017-007200 **Date Time Report Date of Supplement** 1-16-17 at 1702 hrs Involved Parties Codes – C= Complainant I= Involved Person V=Victim S=Suspect R=Reporting Person Driver's License No. DOB Race Sex Name Last Phone No. City - State - Zip Address

Monroy, Belinda A. 506 S. 2nd St

12-30-93 (VER) Silver Lake, WI 53170

W/F

Liquor/Cabaret Agent 262-206-2702

END OF REPORT.

Supervisor: 2nd Reporting Deputy Sheriff: **Reporting Deputy Sheriff:** Deputy E. Olsen #279 Jan. 16, 17

RECORDS BUREAU

CABARET LICENSE INSPECTION CHECKLIST

		•
Establishment;	WILMOT	MOUNTAIN

- (1) Give the attached copy of Kenosha County Ordinance #8.02 to the business owner/manager.
- (2) Obtain complete personal information, (i.e. name, d.o.b., address and telephone number), of the following person(s).
 - a. Owner
 - b. Manager
 - c. Agent listed on the cabaret license application
 - d. Agent listed on the current class "B" liquor license
 - e. Keyholder's not mentioned above
 - *** Please list their respective roles within the business
- (3) List the "business name" as the complainant at the top of the face sheet.
- (4) Conduct a physical inspection of the premises. If a diagram is attached to this packet, please verify that it is current. If only minor changes are required, please make them on the diagram provided. If major changes are required or there is no existing diagram with this packet, please submit a new one.
- (5) Inform the owner/manager that the establishment is responsible for making contact with the local building inspector to arrange for a building inspection. The results are to be forwarded to the Shift Commander (2nd shift Patrol) at the Kenosha County Sheriff's Department as soon as possible. Failure to do so will result in the denial for the cabaret license application.
- (6) Upon your inspection of the premises, determine if the establishment meets all requirements under Kenosha County Ordinance #8.02. If modifications are required, it is the responsibility of the establishment to meet these requirements and to contact K.S.D. for a follow-up inspection.
- (7) Check for proper posting of liquor and bartender's licenses. Please include expiration dates in your report.
- (8) Check for any underage person(s) during your visit.
- (9) Upon your final inspection, indicate in your report whether or not you recommend the approval of the license application based on your observations.
 - *** Be sure that all information listed above is included in your report!!
 - *** Submit all information to Cabaret File Coordinator for review!!

KEY HOLDER INFORMATION

(Please List in Preferred Order of Contact)

1.	NAME: Don Odell ADDRESS:
	CITY, STATE: ZIP CODE:
	HOME PHONE: CELL PHONE: 970-331-9057 PAGER: MANAGETE
	E-MAIL: dodell Dvailresorts com.
	NAME: Steve Voss ADDRESS:
2.	CITY, STATE: ZIP CODE:
	HOME PHONE: CELL PHONE: 262-893-2736PAGER: MANAGER
,	E-MAIL: Svoss@vailresorts.com
•	NAME: adam Baver ADDRESS:
3.	CITY, STATE: ZIP CODE:
	HOME PHONE: CELL PHONE: - \$15-575-1761 PAGER: MANAGER
	E-MAIL: abaver 1 a vailresorts, com
4.	NAME: Toylor Ogilve ADDRESS: 605 Greenbrier LN
,	CITY, STATE: CRYSTAL CAKE, 12 ZIP CODE: 60614
	HOME PHONE: CELL PHONE: 970.331.31/0 PAGER: GENERAL MGF
	E-MAIL: TOGILUE @ VAIL RESORTS. com
5.	NAME: BELINDA MONROY ADDRESS: 506 S. 200 ST
	CITY, STATE: SILVER LAKE ZIP CODE: 53170
	HOME PHONE: CELL PHONE: CELL PHONE: CABAGET Agent
	E-MAIL: B. Monzoy @ VAILRESOUTS. Com

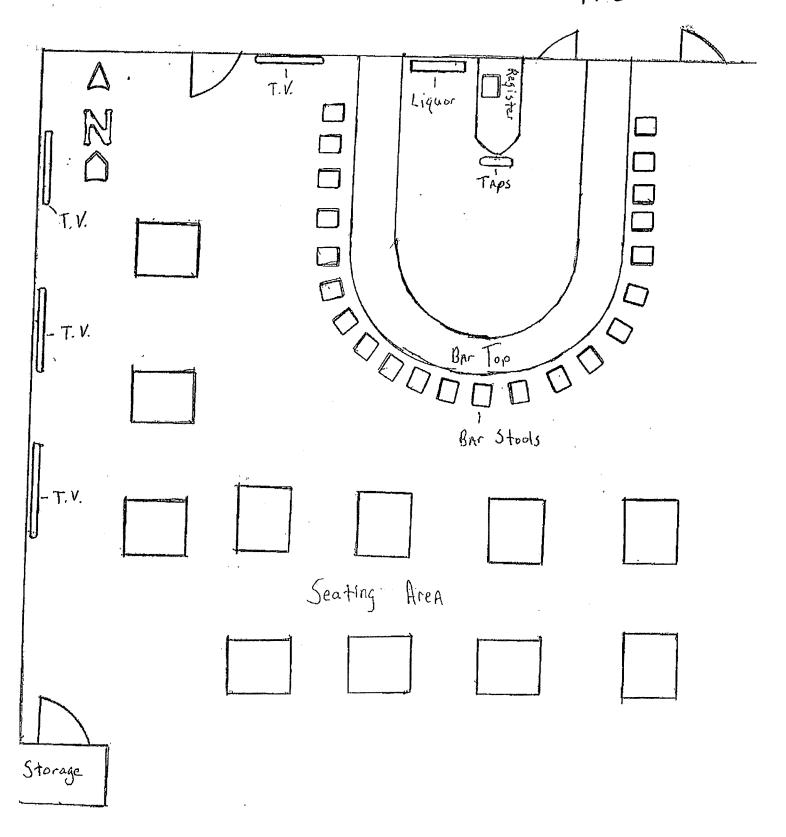
Please return completed forms to:

KENOSHA COUNTY SHERIFF'S DEPARTMENT

ATTENTION: COMMUNICATIONS

1000 - 55TH STREET

KENOSHA, WISCONSIN 53140



. Main SKI Lodge Hallway

Not to Scale
Den D. Bella 269
SKi Hill Grill + BAr
2016-10071

