

KENOSHA COUNTY BOARD OF SUPERVISORS

RESOLUTION NO.

Subject: PROBATIONARY CABARET LICENSE:

Wilmot Mountain

Original <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>	2 nd Correction <input type="checkbox"/>	Resubmitted <input type="checkbox"/>
Date Submitted: February 7 th , 2017		Date Resubmitted	
Submitted By: Judiciary & Law Enforcement Committee			
Fiscal Note Attached <input type="checkbox"/>		Legal Note Attached <input type="checkbox"/>	
Prepared By: Kenneth W. Weyker Captain of Field Operations		Signature: 	

WHEREAS, the application of Belinda Monroy for a probationary cabaret license for Wilmot Mountain 11931 Fox River Rd. Wilmot, WI, Wisconsin, in the Town of Randall, was made during the month of January, 2017, was turned over to this office on Jan 6th, 2017, and

WHEREAS, the Kenosha Sheriff's Department has conducted an inspection of the premises on 01/16/17 and

WHEREAS, the premises were found to be in conformity with the Cabaret Ordinance Number 8.02, and

NOW, THEREFORE BE IT RESOLVED, that because this is the initial application by the license holder, a probationary license be granted to Belinda Monroy.

Respectfully Submitted,

JUDICIARY AND LAW ENFORCEMENT COMMITTEE

Supervisor Leah Blough, Chairman

Supervisor Boyd Frederick, Vice-Chairperson

Supervisor Gary Retzlaff

Supervisor Mike Skalitzky

Supervisor Jeff Wamboldt

<u>Aye</u>	<u>No</u>	<u>Abstain</u>	<u>Excused</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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APPLICATION FOR PROBATIONARY CABARET LICENSE

Kenosha County, Wisconsin

DATE: 1/6/17

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 11931 Fox River Road
Name of Premises Address

PO Box 427 Wilmot, WI 53192
Mailing 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

Belinda Monroy
Signature of Applicant (Must be license holder)

262-862-2301 ext 155 or 262-206-2702
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

COMBINATION
FORM

CLASS B RETAIL LICENSE

NO. . . 2

for the sale of

\$. 350.00

FERMENTED MALT BEVERAGES and INTOXICATING LIQUORS

WHEREAS, the local governing body of the ~~(City - Town - Village)~~ 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 Statutes 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:

. . . . Wilmot Mountain

. . . . 11931 Fox River Road

. . . . Wilmot, WI 53192

FOR THE PERIOD from . July 1 2016 to June 30 2017
Year Year

Given under my hand and the corporate seal of the

~~(City - Town - Village)~~ of . . . Randall

County of . . . Kenosha, State of Wisconsin,

this . 31st . day of . . . May 2016
Year

. *Callie Busker*

(Corporate Seal)

Clerk

This License must be FRAMED and POSTED in a conspicuous place in the room where Fermented Malt Beverages and Intoxicating Liquors are sold or served.

KENOSHA COUNTY
1010 36th Street
Kenosha, WI 53140

** REPRINT **
1/06/2017 Receipt Number: 170000130
3:36 PM Received by: REGG
FROM: WILMOT MOUNTAIN/T OGILVIE

Cabaret License-Probation 200.00

Dance Hall & Cabaret
100-140-1410-1000-4401

Receipt Total	:	200.00
Amount Tendered	:	200.00
Change	:	.00

Payment Rcvd:	Cash	:	
	Check	:	200.00
	Charge	:	.00
	Other	:	.00

FOR CHECK PAYMENTS RECEIPT IS
NOT VALID UNTIL THE CHECK HAS
CLEARED ALL BANKS.

CITY OF KENOSHA POLICE DEPT. ☐COUNTY OF KENOSHA SHERIFF DEPT. ☒

INVESTIGATION REPORT

<input checked="" type="checkbox"/> INCIDENT REPORT	CLASS	DATE & TIME REPORTED		PAGE	JURISDICTION GRID	CASE OR EVENT NO.
<input type="checkbox"/> CRIME - PROPERTY	CODE	1-16-17 at 1702 hrs		1 of 2		2017-007200
<input type="checkbox"/> CRIME - PERSON						
COMPLAINANT/REPORTING PERSON - NAME (FIRM NAME, IF BUSINESS)		SEX	RACE	DOB	RESIDENCE PHONE	BUSINESS PHONE
LAST FIRST MI		-	-	-	-	262-862-2301
Wilmot Mountain						
RESIDENCE ADDRESS		CITY	STATE	ZIP	EMPLOYMENT OR SCHOOL	CITY
11931 Fox River Rd		Wilmot	WI	53192	-	-
CRIME OR INCIDENT		DATE - TIME OCCURRED			WEATHER - LIGHT CONDITIONS	
Tavern Check		S.A.A.			Indoors	
DESCRIBE LOCATION OF OFFENSE OR TYPE OF PREMISE		ADDRESS OR LOCATION OF INCIDENT				
Ski lodge		S.A.A.				
SUSPECT VEHICLE INFO	MAKE	MODEL	BODY TYPE	COLOR	YEAR	VIN
-	-	-	-	-	-	-
WEAPON, TOOL, OR MEANS OF ATTACK		METHOD USED TO COMMIT CRIME - M.O.				
N/A		N/A				
TRADEMARKS OF SUSPECT(S) ACTION OR CONVERSATION		NATURE OF INJURIES AND LOCATION ON BODY - VICTIM'S CONDITION				
N/A		None				
TYPE OF PROPERTY DAMAGED		SERIAL OR I.D.		TOTAL LOSS VALUE	RECOVERED	
None		-		-	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIPTION OF PROPERTY - MAKE, MODEL, COLOR		LICENSE NO.		STATE	YEAR	
N/A		-		-	-	

SUMMARY OF CRIME OR INCIDENT

On 1-16-17 at 1702 hrs at the request of KSD Supervision I, Deputy Olsen #279, responded to the Wilmot Mountain ski lodge to conduct a tavern inspection. Upon arrival I met with Belinda A. Monroy. Belinda identified herself to me and was the listed agent on the Class B Retail License visibly posted behind all three bars on the premises. I provided Melinda with a copy of Kenosha County ordinance 8.02. I then completed a Cabaret license check list and confirmed the rough diagrams of the multiple bar areas on file with KSD were current and accurate. Belinda understood that any building inspection results needed to be forwarded to the 2nd shift Commander at KSD.

- Class B license # 2(Rev) issued by the Town Clerk of Randall on 1-5-17 and expires on 6-30-17

A physical inspection of the premises was conducted and I did not observe anything that did not meet the requirements under Kenosha County ordinance 8.02. No underage patrons were observed in the bar areas during the inspection. At this time I see no reason why a cabaret license should not be issued to Wilmot Mountain. See the attached forms for additional information.

See page 2 for Belinda's information.

NO CONSENT FORM

I, N/A, HAVE GIVEN NO ONE CONSENT TO:

WITNESS

SIGNED

DATE

EVIDENCE RECOVERED		DISPOSITION OF EVIDENCE		VICTIM RIGHTS FORM		PHOTOS		SKETCHES/DIAGRAMS	
None		N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NCIC/CIB	INQUIRY/ENTRY	TTY CANCELLED	DATE - TIME	STATUS		Cleared by Arrest		UNFOUNDED	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED		<input type="checkbox"/>		<input type="checkbox"/>	
REPORTING OFFICER		NO.		2ND OFFICER		SUPERVISOR		UNIT REFERENCE	
Deputy E. Olsen		279				Lt. Crocker		177	

TAVERN
FILE

KENOSHA SHERIFF'S DEPARTMENT SUPPLEMENTARY INVESTIGATION REPORT

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

I	Monroy, Belinda A. 506 S. 2 nd St	(VER) Silver Lake, WI 53170	12-30-93 W/F	Liquor/Cabaret Agent 262-206-2702
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END OF REPORT.

Reporting Deputy Sheriff:	2 nd Reporting Deputy Sheriff:	Supervisor:
Deputy E. Olsen #279 <i>EO</i>		<i>Lt. Crocker 177</i>

RECORDS BUREAU

Jan. 16, 17

CABARET LICENSE INSPECTION CHECKLIST

17. 007200

Establishment: WILMOT MOUNTAIN

- ED (1) Give the attached copy of Kenosha County Ordinance #8.02 to the business owner/manager.
- ED (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
- ED (3) List the "business name" as the complainant at the top of the face sheet.
- ED (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.
- ED (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.
- ED (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.
- ED (7) Check for proper posting of liquor and bartender's licenses. Please include expiration dates in your report.
- ED (8) Check for any underage person(s) during your visit.
- ED (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!!

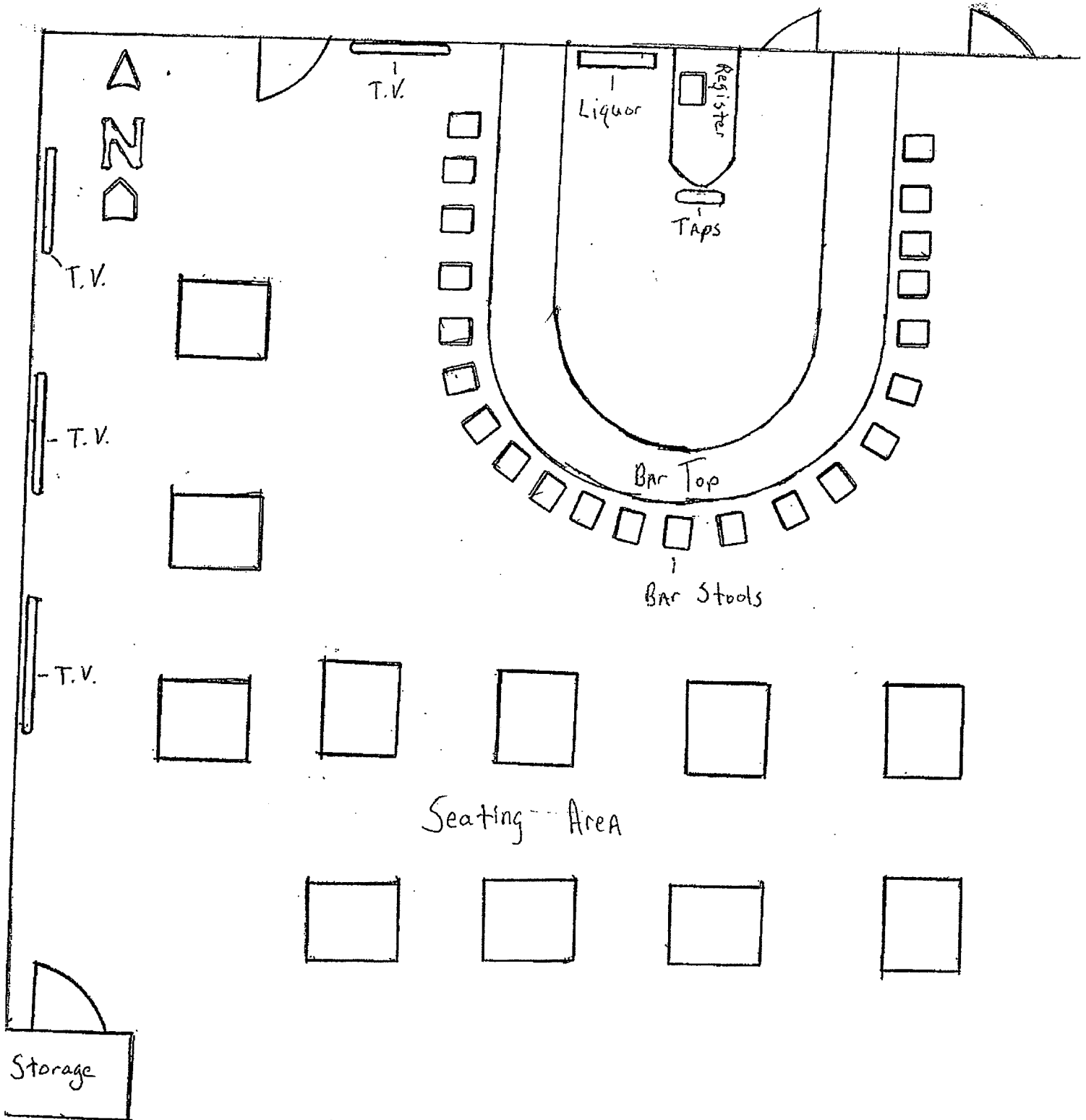
KEY HOLDER INFORMATION
(Please List in Preferred Order of Contact)

17.00 1200

1. NAME: Don Odell ADDRESS: _____
CITY, STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: 970-331-9057 PAGER: MANAGER
E-MAIL: dodell@vailresorts.com
2. NAME: Steve Voss ADDRESS: _____
CITY, STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: 262-893-2736 PAGER: MANAGER
E-MAIL: svoss@vailresorts.com
3. NAME: Adam Bauer ADDRESS: _____
CITY, STATE: _____ ZIP CODE: _____
HOME PHONE: - CELL PHONE: 815-575-1761 PAGER: MANAGER
E-MAIL: abauer1@vailresorts.com
4. NAME: Taylor Ogilve ADDRESS: 605 Greenbrier Ln.
CITY, STATE: CRYSTAL LAKE, IL ZIP CODE: 60014
HOME PHONE: - CELL PHONE: 970.331.3110 PAGER: GENERAL mgr
E-MAIL: TOGILVE@VAILRESORTS.COM
5. NAME: BELINDA MONROY ADDRESS: 506 S. 2ND ST
CITY, STATE: SILVER LAKE ZIP CODE: 53170
HOME PHONE: - CELL PHONE: 262-206-2702 PAGER: LIQUOR/CABARET
E-MAIL: B.monroy@VAILRESORTS.COM Agent

Please return completed forms to:

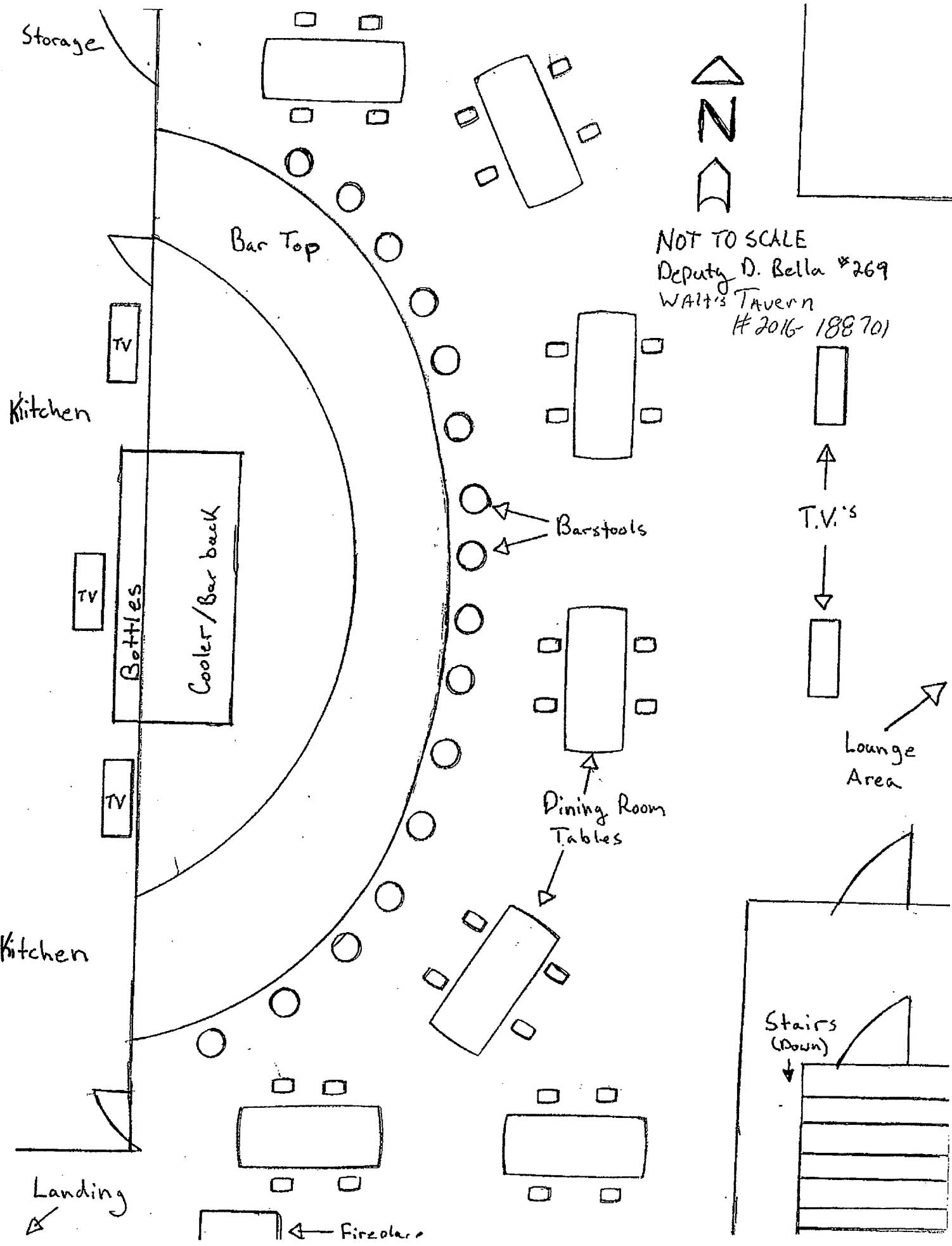
KENOSHA COUNTY SHERIFF'S DEPARTMENT
ATTENTION: COMMUNICATIONS
1000 - 55TH STREET
KENOSHA, WISCONSIN 53140



. Main Ski Lodge Hallway

Not to Scale
 Dec D. Bella 269
 Ski Hill Grill + Bar
 # 2014-100701

11-00-0000



NOT TO SCALE
Deputy D. Bella #269
Walt's Tavern
#2016-188701

