


KENOSHA COUNTY BOARD OF SUPERVISORS

RESOLUTION NO.

Subject: PROBATIONARY CABARET LICENSE:

Ray's Change-A-Pace

Original <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>	2 nd Correction <input type="checkbox"/>	Resubmitted <input type="checkbox"/>
Date Submitted: March 7th, 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 Raymond N. Weis for a probationary cabaret license for Ray's Change-A-Pace 34814 Geneva Rd. New Munster, WI, Wisconsin, in the Town of Wheatland, was made during the month of January, 2017, was turned over to this office on February 1st, 2017, and

WHEREAS, the Kenosha Sheriff's Department has conducted an inspection of the premises on 02/03/17 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 Raymond N. Weis.

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: 1/26/2017

TO THE KENOSHA COUNTY BOARD OF SUPERVISORS:

I, as holder of a Class B Liquor License, hereby apply for a Probationary Cabaret License for:

Ray's Change-A-Pace 34814 Geneva Rd., New Munster
Name of Premises Address
P.O. Box 741 New Munster 53152
36525 57th St., Burlington 53105
Mailing Address Zip Code

Located in the Town of Wheatland, 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.

Raymond N. Weis
PRINT LICENSE HOLDER'S NAME

Raymond N. Weis
Signature of Applicant (Must be license holder)

262-206-6516
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

No. 2016/2017 -- 006

CLASS B RETAILER'S LICENSE
for the sale of
FERMENTED MALT BEVERAGES and INTOXICATING LIQUORS

WHEREAS, the local governing body of the **TOWN of WHEATLAND**, County of **KENOSHA**, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to **Ray's CAP LLC, Raymond N. Weis, Agent** to sell Fermented Malt Beverages as defined by and pursuant to Section 125.26 of the Statutes of the State of Wisconsin and Local Ordinances and the said applicant has paid to the Treasurer the sum of **\$100.00** for such Class "B" Retailer's Fermented Malt Beverage license as required by local ordinances,

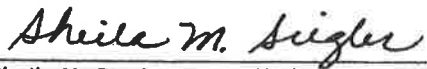
AND WHEREAS, the local governing body has granted and authorized the issuance of a "Class B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined in and pursuant to Chapter 125.51(3) of the Statutes of the State of Wisconsin and local ordinances and the said applicant 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 **"Ray's Change-A-Pace," 34814 Geneva Rd, New Munster, first floor and basement only of a two-story frame building.**

FOR THE PERIOD from July 1, 2016 thru June 30, 2017.

Given under my hand and the corporate seal of the
TOWN of WHEATLAND

this twenty-third day of June, 2016



Sheila M. Siegler, Town Clerk

KENOSHA COUNTY
1010 56th Street
Kenosha, WI 53140

** REPRINT **

1/31/2017 Receipt Number: 170000626
2:33 PM Received by : REGB
FROM: CHANGE A PACE

Cabaret License-Probate 200.00

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

Receipt Total . . .	200.00
Amount Tendered . . .	200.00
Change00
Payment Rcvd: Cash :	.00
Check :	200.00
Charge:	.00
Other :	.00

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

<input checked="" type="checkbox"/> INCIDENT REPORT CLASS		DATE & TIME REPORTED		PAGE		JURISDICTION GRID		CASE OR EVENT NO.		
<input type="checkbox"/> CRIME - PROPERTY CODE		2/3/17 at 2258 hrs.		1 OF 3		---		2017-015870		
<input type="checkbox"/> CRIME - PERSON										
COMPLAINANT/REPORTING PERSON - NAME (FIRM NAME, IF BUSINESS)				SEX	RACE	DOB	RESIDENCE PHONE		BUSINESS PHONE	
Ray's Change of Pace				-	-	-	-		262-537-2509	
RESIDENCE ADDRESS		CITY	STATE	ZIP	EMPLOYMENT OR SCHOOL			CITY		
34814 Geneva Rd.		New Munster	WI	53152	---			---		
CRIME OR INCIDENT				DATE - TIME OCCURRED			WEATHER - LIGHT CONDITIONS			
Cabaret License Inspection				SAA			Clear - Dark			
DESCRIBE LOCATION OF OFFENSE OR TYPE OF PREMISE				ADDRESS OR LOCATION OF INCIDENT						
Tavern				34814 Geneva Rd.						
SUSPECT/ STOLEN VEHICLE	MAKE	MODEL	BODY TYPE	COLOR	YEAR	VIN	LICENSE	STATE	YR	IDENTIFYING CHARACTERISTICS
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						N/A				
TYPE OF PROPERTY TAKEN/DAMAGED - SEE STOLEN PROPERTY REPORT <input type="checkbox"/>						SERIAL OR I.D.		TOTAL LOSS VALUE		RECOVERED
										<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF PROPERTY - MAKE, MODEL, COLOR						LICENSE NO.		STATE		YEAR

SUMMARY OF CRIME OR INCIDENT

On 2/3/17 at 2258 hours, I, Deputy Jose Gonzalez #311 along with Deputy T. Johnson #272 responded to Ray's Change of Pace (34814 Geneva Rd) reference a cabaret license inspection. Upon arrival I made contact with the owner/manager, Chad R. Weis (VER). Chad was provided a copy of Kenosha County Ordinance #8.02. I completed a cabaret license check list as well as a rough diagram of the tavern. The tavern appeared to be in compliance with Kenosha County Ordinance #8.02.

See report for further information.

NO CONSENT FORM

I, _____, HAVE GIVEN NO ONE CONSENT TO:

WITNESS _____

SIGNED _____

DATE _____

EVIDENCE RECOVERED		DISPOSITION OF EVIDENCE		VICTIM RIGHTS FORM		PHOTOS		SKETCHES/DIAGRAMS	
N/A		N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input 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"/> YES <input type="checkbox"/> NO			
REPORTING OFFICER		NO.	2ND OFFICER	NO.		SUPERVISOR		UNIT REFERRED TO	
Deputy Jose Gonzalez		311	T. Johnson	272		[Signature]		148	

KENOSHA SHERIFF'S DEPARTMENT SUPPLEMENTARY INVESTIGATION REPORT

Case or Event No. 2017-015870		No. of Pages 2 of 3	
Date of Supplemental		Date Time Reported 2/3/17 at 2258 hrs.	
Involved Parties Codes – C= Complainant I= Involved Person V=Victim S= Suspect R=Reporting Person			
Name Last	First	MI	DOB
Address	City – State – Zip	Identification	Race Sex
			Driver's License No. Phone No.

I – Weis, Raymond N. (VER) 6/4/56 W M
36525 75th St. Wheatland, WI 53105 (262)527-4990

I – Weis, Chad R. (VER) 4/25/77 W M
6730 Fox River Rd, (262)210-5181

On 2/3/17 at 2258 hours, I Deputy J. Gonzalez #311 along with Deputy T. Johnson #272 responded to Ray's Change of Pace (34814 Geneva Rd.) reference a cabaret license inspection.

Upon arrival, I made contact with the owner/manager, who was verbally identified as Chad R. Weis. Chad was behind the bar area working as the bar tender. There were approximately 15 patrons inside the tavern at the time.

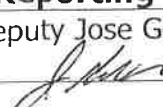
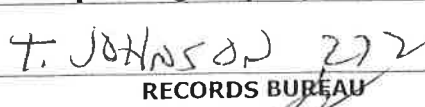
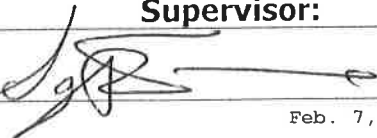
I informed Chad that I was there to conduct a cabaret license check. I provided Chad with a copy of Kenosha County Ordinance #8.02 and advised that rules and regulations were clearly stated within the ordinance. Chad stated that he and his father, Raymond N. Weis were co-owners of the tavern and the only key holders. Chad provided his father information as Raymond was not there at the time.

Chad provided a current cabaret license with an expiration date of February 5, 2017. Chad also presented a receipt for the renewal purchase of a Dance hall and Cabaret license with a receipt number of 100-140-1410-1000-4401. The cabaret license listed Raymond N. Weis as the agent.

Chad then provided a current class "B" liquor license #2016/2017-006. The license was issued July 1, 2016 and was valid through June 30, 2017 for the tavern. The listed agent on the liquor license was Raymond N. Weis. The liquor license, cabaret license, and bartender's license were visibly displayed within a cabinet near the bar area.

I informed Chad that he was responsible for contacting a local building inspector for a building inspection. I informed Chad that the results of the inspection were to be forwarded to the Kenosha County Sheriff's Department (KSD) 2nd shift supervisor. Chad stated he did not know he had to have an inspection of the tavern done. Chad was informed that failure to complete the inspection, and submit the inspection to KSD 2nd shift supervision would result in denial of the cabaret license. Chad stated he understood.

I conducted a walkthrough of the tavern. There were two exits with a listed exit sign on the doors. The path to the doors were clear of any obstructions and there was ample room for people to walk through. The bar area for the tavern had ample room for patrons and was well lighted.

Reporting Deputy Sheriff:	2 nd Reporting Deputy Sheriff:	Supervisor:
Deputy Jose Gonzalez # 311 	T. JOHNSON 272 	
RECORDS BUREAU		Feb. 7, 17

KENOSHA SHERIFF'S DEPARTMENT SUPPLEMENTARY INVESTIGATION REPORT

Case or Event No. 2017-015870	No. of Pages 3 of 3
Date of Supplemental	Date Time Reported 2/3/17 at 2258 hrs.

Involved Parties Codes – C= Complainant I= Involved Person V=Victim S=Suspect R=Reporting Person							
Name	Last	First	MI	DOB	Race	Sex	Driver's License No.
Address		City – State – Zip		Identification		Phone No.	

While conducting the walkthrough, Chad stated the area near the east door exit/entrance would be used for the cabaret license. Chad stated he would move the pool table out of that area for any setup he needed.

Once the walkthrough was completed, Chad stated he and his father, Ray, had no plans for any changes to the tavern. Chad stated that if they did use the cabaret license, they would use it for a DJ or band.

After completing my inspection, I see no reason for not approving the cabaret license for Ray's Change of Pace. End of report.

Reporting Deputy Sheriff: Deputy Jose Gonzalez # 311	2 nd Reporting Deputy Sheriff: T. JOHNSON 272	Supervisor:
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RECORDS BUREAU

Feb. 7, 17

CABARET LICENSE INSPECTION CHECKLIST

Establishment: Rayo Change of Pace

- J.6311 (1) Give the attached copy of Kenosha County Ordinance #8.02 to the business owner/manager.
- J.6311 (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
- J.6311 (3) List the "business name" as the complainant at the top of the face sheet.
- J.6311 (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.
- J.6311 (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.
- J.6311 (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.
- J.6311 (7) Check for proper posting of liquor and bartender's licenses. Please include expiration dates in your report.
- J.6311 (8) Check for any underage person(s) during your visit.
- J.6311 (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!!

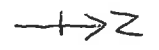
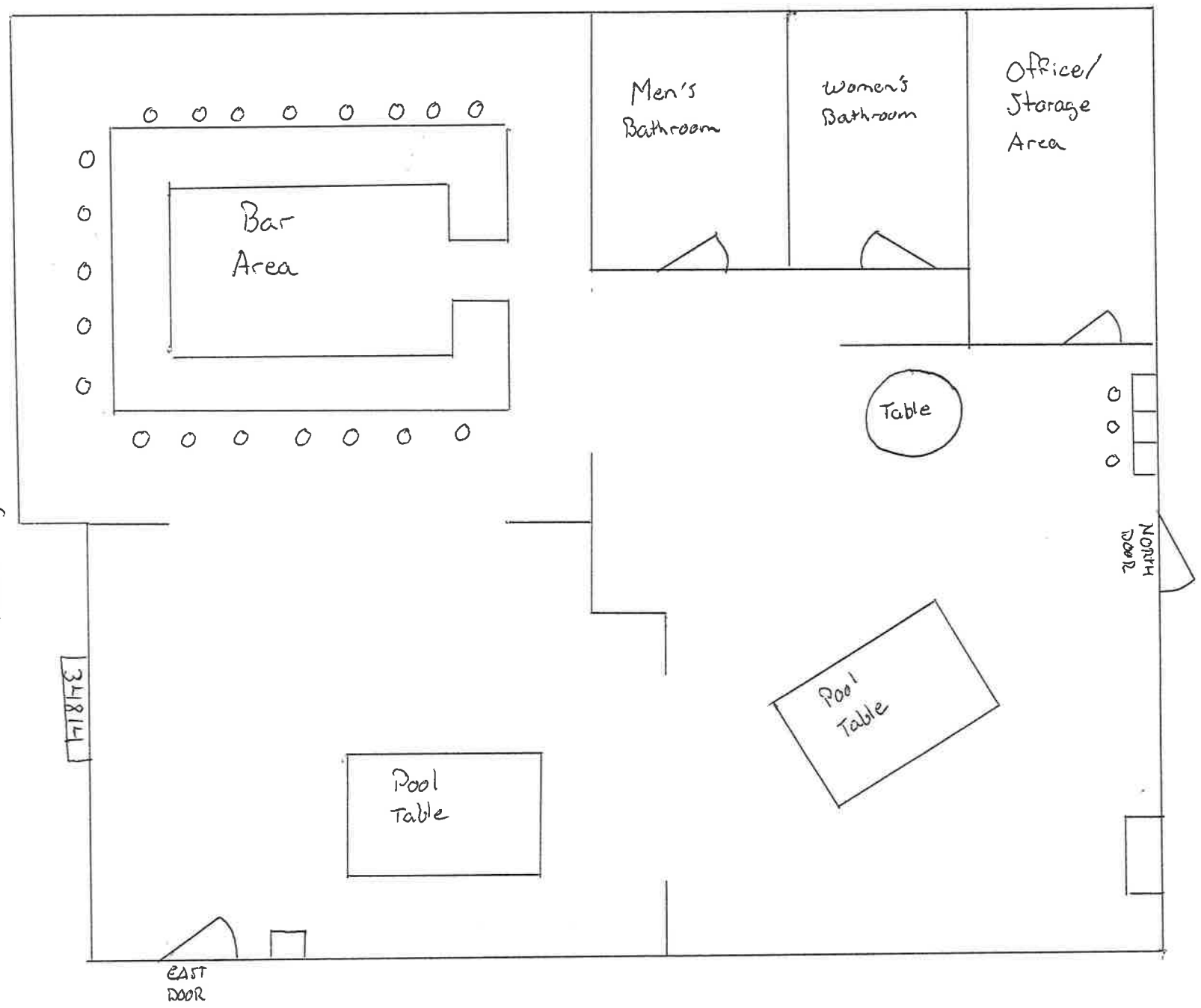
*** Submit all information to Cabaret File Coordinator for review!!

Ray's Change of Pace

Parking Area

Parking Area

Geneva Road



(completed by: Dep. S. Gonzalez 2/11)

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

2017-015870

1. NAME: Raymond N. Weis ADDRESS: 36525 75th St.
CITY, STATE: Wheatland, WI ZIP CODE: 53105
HOME PHONE: 262-527-4990 CELL PHONE: 262-206-6516 PAGER: —
E-MAIL: —

2. NAME: Chad R. Weis ADDRESS: 6730 Fox River Rd.
CITY, STATE: Burlington, WI ZIP CODE: 53105
HOME PHONE: — CELL PHONE: 262-210-5181 PAGER: —
E-MAIL: —

3. NAME: _____ ADDRESS: _____
CITY, STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____ PAGER: _____
E-MAIL: _____

4. NAME: _____ ADDRESS: _____
CITY, STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____ PAGER: _____
E-MAIL: _____

5. NAME: _____ ADDRESS: _____
CITY, STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____ PAGER: _____
E-MAIL: _____

Please return completed forms to:

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