

*****addendum*****

**OFFICIAL NOTICE OF MEETING
OF THE
MAUSTON COMMON COUNCIL
6:30PM, TUESDAY, JUNE 26, 2012
MAUSTON CITY HALL COUNCIL CHAMBERS**

Additional Items:

6.A. Discussion and Action Regarding New Operator's Licenses

- i. Brian W. Bleskee, Jr.**
- ii. Danielle J. Fitzgerald**
- iii. Melissa M. Smith**
- iv. Jamie Lynn Wilkinson**

6.B. Discussion and Action Regarding Operator License Renewals

- i. David A. Lisiecki**
- ii. James R. Lyrenmann**
- iii. Rose A. Morris**

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

June 26
Council

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Blaskee JR Brian W
Address: 209 Williams St Mauston WI 53948

Telephone: _____ Birth Date: 1984
Driver's License Number _____

2. Employer Information:

Name: Festival Foods
Address: 750 N Union St Mauston WI 53948

Telephone: 608-847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

NONE

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Date 6-11-12

Signature of Applicant

NOTICE: All applicants who are requesting an Operator's license from the City of Mauston for the first time must appear before the Common Council before a license will be issued. Applicants seeking the renewal of a license need not appear unless specifically requested by the Common Council.

Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Date 6/12/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Date 6/13/12

City Officer

Duplicate
Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

June 16, 12
Council

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Fitzgerald, Danielle, J
Address: 113621 Hwy 12/16 Mauston, WI 53948

Telephone: _____ Birth Date: 1991
Driver's License Number: _____

2. Employer Information:

Name: Festival Foods
Address: 750 North Union ST Mauston, WI 53948

Telephone: 608-847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Danielle Fitzgerald Date 6/11/12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H Date 6/13/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H Date 6/13/12
City Officer

June 26
mtg - they'll
be here

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Smith, Melissa M.

Address: 1205 S. Main Street Neecedah, WI 54646

Telephone: _____

Birth Date: 92

Driver's License Number: _____

2. Employer Information:

Name: Festival Foods

Address: 750 N. Union Street

Mauston, WI 53948

Telephone: (608) 847-4331

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None.

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Melissa Smith

Date 6/4/12

Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee A.

Date 6/13/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee A.

Date 6/13/12

City Officer

Gene & Co
Council

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) Wilkinson Jamie Lynn
Address: 503 West 1st Street
Necedah WI 54646
Telephone: _____ Birth Date: 83
Driver's License Number _____

2. Employer Information:

Name: Festival Foods
Address: 750 N. Union Street
Mauston WI 53948
Telephone: (608-847-4331)

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

None

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Jamie L. Wilkinson Date 6/14/12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

Renee H. Date 6/15/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

Renee H. Date 6/15/12
City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

TIPS
CCAP / SA

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) LISIECKI, DAVID A.
Address: W 7130 SILDAR RD.
MAUSTON, WI 53948
Telephone: _____ Birth Date: 984
Driver's License Number _____

2. Employer Information:

Name: PIZZA HUT OF SOUTHERN WISCONSIN
Address: 623 STATE RD 82 E.
MAUSTON, WI 53948
Telephone: 608-847-1717

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

PIZZA HUT - MAUSTON, WI

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.



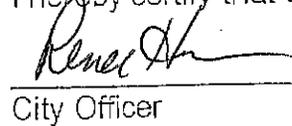
Date 5/3/2012

Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

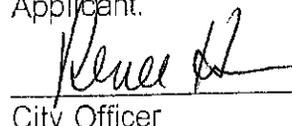


Date 6/15/12

City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 300 has been paid by the Applicant.



Date 6/15/12

City Officer

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

Council 6/26/12
Renewal

TPS
CCAP / *[initials]*

Please check appropriate box:

NEW

RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) LYRENNANN JAMES R

Address: 3540 Dover Ave
Nesh Koro WI 54960

Telephone: _____ Birth Date: 56

Driver's License Number _____

2. Employer Information:

Name: Moose Lodge

Address: _____

Telephone: _____

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.") NONE

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

[Signature] Date 6-4-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

[Signature] Date 6/5/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30.00 has been paid by the Applicant.

[Signature] Date 6-5-2012
City Officer

Original given to Diane in error
6/21/12

Application for an Operator's License
(Ord. 12.12(7) and §125.17 Wis. Stats.)

COMP
TIPS / K

Please check appropriate box:

NEW RENEWAL

1. Applicant Information:

Name: (Last, First, Middle Initial) MORRIS Rose A
Address: N 5108 ST Rd 58 53948
MAUSTON, WI
Telephone: _____ Birth Date: 35
Driver's License Number: _____

2. Employer Information:

Name: Dry Patch SALOON & EATERY
Address: 112 1/2 E STATE
Telephone: 608-847-4777

3. Job Experience: List names and addresses of bar owners in Wisconsin for whom you worked during the last 10 years. (If none, please state "none.")

SAME

4. Certification: I hereby certify that the above and foregoing information is true and correct, and that I am familiar with the laws, ordinances and regulations applicable to an Operator's license.

Rose Morris Date 6-15-12
Signature of Applicant

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Outstanding Debts

I hereby certify that the applicant owes no outstanding debts or forfeitures to the City of Mauston.

[Signature] Date 6/15/12
City Officer

Certification of Payment

I hereby certify that an Operator's license fee of \$ 30⁰⁰ has been paid by the Applicant.

[Signature] Date 6/15/12
City Officer

6/20/12 -
Original given to Renee
in error