

**CITY OF CHIPPEWA FALLS, WISCONSIN**

**NOTICE OF PUBLIC MEETING**

In accordance with the provisions of the Wisconsin State Statutes, Sec. 19.84, notice is hereby given that a public meeting of:

**Committee #3**  
**Transportation, Construction, Public Safety and Traffic**

**Will be held on Tuesday, June 16, 2020 at 2:30 pm, Council Chambers, City Hall, 30 West Central Street, Chippewa Falls, WI.** The Committee members, Mayor and other Council Members may not be physically present at the meeting but may attend remotely. The meeting may be viewed via livestream at the [www.chippewafalls-wi.gov](http://www.chippewafalls-wi.gov) live stream link.

Items of business to be discussed or acted upon at this meeting are shown on the agenda below:

- 1. Discuss application guidelines and process to temporarily extend a premises in relation to alcohol beverage licenses. Possible recommendations to the Council.**
- 2. Adjournment.**

NOTICE IS HEREBY GIVEN THAT A MAJORITY OF THE CITY COUNCIL MAY BE PRESENT AT THIS MEETING TO GATHER INFORMATION ABOUT A SUBJECT OVER WHICH THEY HAVE DECISION MAKING RESPONSIBILITY.  
NOTE: REASONABLE ACCOMMODATIONS FOR PARTICIPATION BY INDIVIDUALS WITH DISABILITIES WILL BE MADE UPON REQUEST. FOR ADDITIONAL INFORMATION OR TO REQUEST THIS SERVICE, CONTACT THE CITY CLERK AT 726-2719.

Please note that attachments to this agenda may not be final and are subject to change. This agenda may be amended as it is reviewed.

**CERTIFICATION OF OFFICIAL NEWSPAPER**

I hereby certify that a copy of this notice has been posted on the City Hall bulletin board and a copy has been given to the Chippewa Herald on June 15, 2020 at 10:15 am by BNG.



APPLICATION FOR TEMPORARY EXTENSION OF PREMISES DUE TO COVID-19

This permit expires on \_\_\_\_\_ at \_\_\_\_\_ Permit # \_\_\_\_\_

1. APPLICANT INFORMATION

(a) NAME (Name of Corporation, LLC, Partnership, etc.): \_\_\_\_\_

(b) TRADE NAME (dba): \_\_\_\_\_

(c) LICENSED ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(d) NAME OF OWNER: \_\_\_\_\_

(e) NAME AND ADDRESS OF AGENT OR PERSON IN CHARGE: \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone # \_\_\_\_\_ Email \_\_\_\_\_

(f) RECEIVED CONSENT OF OWNER IF APPLICANT IS OTHER THAN THE OWNER: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Written confirmation of the property owner, in the event the property is not owned by the applicant, of consent to expand the premise description must be included.

2. REQUESTED TEMPORARY PREMISE DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_

(a) Detailed Floor Plan Included (\*\*Please attach a separate illustration or draw a diagram of physical layout of extended premises, including serving area, with this application\*\*) If expansion will be into a parking lot, must identify the number of parking stalls lost. No loss of handicapped parking stalls will be allowed.

(b) Days of Operation for Extended Area: \_\_\_\_\_

(c) Hours of Operation for Extended Area (must be no later than \_\_\_\_\_ pm): \_\_\_\_\_

(d) Proposed Additional Capacity for Extended Area: \_\_\_\_\_

3. SIGNATURE OF OWNER OR AGENT

I understand that this application is for a TEMPORARY change of premises only, and that at BLANK pm on BLANK 2020, the premises description will automatically revert to the premises description as it was prior to this change.

I hereby make the above application for an extension of licensed premise as described above and declare under penalties of law that the information provided in this application is true and correct to the best of my knowledge and belief and agree to abide by the requirements.

X: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Agent or Representative)

TO BE COMPLETED BY CITY STAFF

Police Chief Review: Granted: \_\_\_\_\_ Denied: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

City Council Review: Granted: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_



APPLICATION FOR TEMPORARY EXTENSION  
OF PREMISES DUE TO COVID-19

This permit expires on \_\_\_\_\_ at \_\_\_\_\_  
Permit # \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

City Clerk Signature: \_\_\_\_\_ Date Issued: \_\_\_\_\_

DRAFT

**City of Chippewa Falls Temporary Extension of Premises  
Due to COVID-19  
Application Guidelines**

---

- Applicant must have a current alcohol license and not be delinquent as relates to taxes, assessments, and claims owed the City.
- Applicant must provide a separate illustration or diagram of physical layout of temporary extended outdoor premises, including number of tables and seats in the serving area.
- Days of the week and anticipated hours of operation for the temporary extended outdoor premise should be stated as part of the application process.
- Written confirmation of the property owner, in the event the temporary expanded outdoor premises is not owned by the applicant, of consent to expand the premises description must be provided.
- Adequate fencing and/or delineation of temporary extended outdoor premise will be required.
- If a use is near a public sidewalk it must allow adequate room for pedestrian traffic and be ADA compliant.
- City ordinances prohibiting the possession/consumption of open intoxicants by those aged 21 or older on streets/sidewalks shall be temporarily suspended for those establishments approved for a temporary extension of premises and within that described premises only. The ordinances are otherwise, at all times, and in all respects, still in full force and effect in the City.
- The use and site changes cease on \_\_\_\_\_ and applicants must dismantle the temporary extended premise areas by end of business day \_\_\_\_\_.