

**CITY OF CHIPPEWA FALLS, WISCONSIN**  
**NOTICE OF PUBLIC MEETING**

**SPECIAL COUNCIL MEETING**

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

**COMMON COUNCIL** will be held on **Friday, June 5, 2015 at 10:30 am, City Hall, Council Chambers, 30 West Central Street, Chippewa Falls, WI.**

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

1. **CLERK CALLS THE ROLL**
2. **APPLICATIONS**  
(a) Consider request of Wesley Partlo (Every Buddy's Bar and Grill) for a temporary extension of premises in relation to his current Alcohol Beverage License Application for an event to be held beginning June 5, 2015 at 4:00 pm - June 6, 2015 at 2:30 am.
3. **ADJOURNMENT**

**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 bulletin board at City Hall and a copy has been given to the Chippewa Herald on June 3, 2015 at 2:10 pm by BNG.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2014 ending: 06 30 2015  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Chippewa Falls  
 Village of }  
 City of }

County of Chippewa Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Partlo Wesley David Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Every Buddy's LLC 563-7321  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 120 W. Columbia St. Chipp. Falls WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Wesley D. Partlo  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

C.1. Trade Name Every Buddy's Bar & Grill Business Phone Number 715-861-3838  
 2. Address of Premises 19 W. Central Post Office & Zip Code 54729

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor ~~Basement~~ Basement Area
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27<sup>th</sup> day of May, 20 14

Julia Marshall  
(Clerk/Notary Public)

My commission expires \_\_\_\_\_

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>MAY 27 2014</u>	Date reported to council/board	Date license granted
License number issued <u>6</u>	Date license issued	Signature of Clerk / Deputy Clerk <u>Julia Marshall</u>

Applicant's Wisconsin Seller's Permit Number _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ <u>450.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>10.00</u>
<b>TOTAL FEE</b>	\$ <u>510.00</u>

JUN 02 2015

# Every Buddy's Bar And Grill

Every Buddy's Bar 19 W. Central St. Chippewa Falls, WI

We are requesting a extension of our premises for a 1 day event.

We would like to extend the back part of our premises to allow alcohol consumption and grill out food June 5<sup>th</sup> 2015 from the hours of 4:00 P.M to 2:30 A.M. Each Day.

We would fence in a 25' x 35' area with orange construction snow fence for safety reasons in case people need to leave premises in case of fire. We would have 2 construction lights on poles with flood lights to light the entire area. One security Guard will be on duty in the area at all times, also security at back door, in Safety Green staff shirt and a Walkie-Talkie to communicate with the other 6 security staff on hand. The Chippewa Falls Police Department is familiar with these security staff which we have working for all our larger events.

Attached is the map of area that we request for extension, Proof of ownership of property.

Thank you for your time I will gladly answer any questions you may have at the council meeting and comply with any requests you may have.

Thank you  
Every Buddy's Bar And Grill  
Wesley Partlo  
715-563-7321

