



ORDINANCE, LICENSES, AND PERMITS COMMITTEE MEETING AGENDA

February 24, 2026 at 6:20 PM
303 Mansion Street Mauston, WI

1. **Call to Order/Roll Call**
2. **Discussion and Action Regarding Minutes**
 - a. November 25, 2025
3. **Discussion and Recommendation Regarding Change of Agent**
 - a. Burton-Koppang American Legion Post 81
 - b. Festival
4. **Adjourn**

NOTICE:

It is possible that action will be taken on any of the items on the agenda and that the agenda may be discussed in any order. It is also possible that a quorum of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact City Deputy Clerk Carole Wolff at (608) 747-2706.

Any member of the public wishing to join the meeting telephonically should call City Hall by 4pm the day of the meeting. Staff will be happy to provide instructions on joining the meeting by phone. City Hall main number: 608-847-6676



**ORDINANCE, LICENSE'S AND PERMITS
COMMITTEE MEETING MINUTES**

**November 25, 2025 at 6:20 PM
303 Mansion Street Mauston, WI**

- 1. **Call to Order/Roll Call:** The Ordinance, Licenses and Permits Committee was called to order on November 25, 2025, at 6:24 p.m. by Chair Jim Allaby. Present were Jim Allaby, Leanna Hagen, and Vivian Gabower. Also present were Mayor Darryl Teske, City Administrator Daron Haugh, and Deputy Clerk Carole Wolff.
- 2. **Minutes:** Motion by Hagen, seconded by Gabower, to approve the November 11, 2025 minutes. Motion carried by voice vote.
- 3. **Ordinance 2025-2081:** Motion by Hagen, seconded by Gabower, to recommend Council approval of amending Ordinance 2025-2081, Chapter 26, Offenses Involving Public Safety, Article II, Sec 26-28: Camping on Public Property. Motion carried by voice vote.
- 4. **Adjourn:** Motion by Hagen, seconded by Gabower, to adjourn. Motion carried by voice vote. Meeting adjourned at 6:26 p.m.

Chair

Date

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) BURTON-KOPPANG AMERICAN LEGION POST 81	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name DEBOER		2. First Name ROBIN	
3. M.I. A		4. Relationship to Business (Title) FINANCE OFFICER	
5. Email robin.albert.deboer@gmail.com		6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City NEW LISTON		9. State WI	10. Zip Code 53950
11. Date of Birth [REDACTED]		12. Drivers License/State ID Number [REDACTED]	
13. Drivers License/State ID State of Issuance WI		14. Date of Issuance [REDACTED]	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Years</th> <th style="width: 50%; text-align: center;">Months</th> </tr> <tr> <td style="text-align: center;">14</td> <td style="text-align: center;">8</td> </tr> </table>	Years	Months	14	8
Years	Months						
14	8						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City WAUWATOSA	State WI	Zip Code 53213				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State CO	County EL PASO	State	County				
State	County	State	County				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated DUI	Location WAUPUN	Conviction Date 2012
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Penalty Imposed FINE	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 02/02/2026
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Alcohol Beverage Appointment of Agent

Agent Type <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Burton-Koppang American Legion Post 81	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number <div style="background-color: black; width: 100px; height: 15px;"></div>
6. Describe the reason for appointing a successor agent, if successor is checked above. Previous agent decided to step back from managing the bar.	

Part B: Agent Information			
1. Last Name DeBoer	2. First Name Robin	3. M.I. A	
4. Email robinalbertdeboer@gmail.com		5. Phone <div style="background-color: black; width: 100%; height: 15px;"></div>	
6. Home Address <div style="background-color: black; width: 100%; height: 20px;"></div>			
7. City New Lisbon	8. State WI	9. Zip Code 53950	10. Age <div style="background-color: black; width: 100%; height: 15px;"></div>
11. Drivers License/State ID Number <div style="background-color: black; width: 100%; height: 15px;"></div>		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name DeBoer		First Name Robin		M.I. A
Title Financial Officer		Email robinalbertdeboer@gmail.com		Phone [REDACTED]
Signature [REDACTED]			Date 02/02/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name DeBoer		First Name Robin		M.I. A
Signature [REDACTED]			Date 02/02/26	

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
01/27/2026

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	WI Foodliner, Inc.
2. Business Trade Name or DBA	Festival Foods
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Fuchs	Eric	D	
4. Relationship to Business (Title)	5. Email	6. Phone	
Store Director	efuchs@festfoods.com	(920) 988-9788	
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
Lake Mills	WI	53551	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
		WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 02/1985				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
	Lake Mills	WI	53551				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Jefferson	WI	Dane				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature		Date	01/27/2026
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Form
AB-101

Alcohol Beverage Appointment of Agent

Date
01/27/2026

Agent Type (check one)	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) WI Foodliner, Inc.	
2. Business Trade Name or DBA Festival Foods	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number 456-0000127664-03
6. Describe the reason for appointing a successor agent, if successor is checked above. Kimberly Goodwin is no longer the store director.	

Part B: Agent Information			
1. Last Name Fuchs	2. First Name Eric	3. M.I. D	
4. Email efuchs@festfoods.com		5. Phone (920) 988-9788	
6. Home Address [REDACTED]			
7. City Lake Mills	8. State WI	9. Zip Code 53551	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See instructions for exceptions.	

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Stoa	Kirk	A

Title	Email	Phone
EVP, CMO	thayes@festfoods.com	(608) 783-5500

Signature	Date
	1/27/20

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Fuchs	Eric	D

Signature	Date
	01/27/20ab



Section 3, Item b.

WHEREAS, the local governing body of the City of Fort Atkinson, Jefferson Co. Wisc. has upon application duly made, granted and authorized the issuance of an Operators License

ERIC FUCHS

AND WHEREAS, the said applicant has paid to the Treasurer the sum as required by the Municipal Ordinances and has complied with all requirements necessary for obtaining a license. Licensing Period: 07/01/2024-06/30/2026

NOW THEREFORE, an Operators License pursuant to Sec. 125.32(2) and 126.68(2) of the Wisconsin Statutes and local ordinances is hereby issued to said applicant Given under my hand and seal of the City of Fort Atkinson, Jefferson Co, Wisc.

Mark Gilbert