



VILLAGE OF TWIN LAKES

105 East Main Street P O Box 1024 Twin Lakes, Wisconsin 53181
Phone (262) 877-2858 Fax (262) 877-4019

VILLAGE BOARD MEETING Monday, December 18, 2023 – 6:30 p.m. Village Hall, 105 E. Main Street, Twin Lakes, WI

AGENDA

1. CALL TO ORDER
2. PLEDGE OF ALLEGIANCE
3. ROLL CALL: TRUSTEES ANDRES, BOWER, FITZGERALD, KAROW, KASKIN, PERL, PRESIDENT SKINNER
4. APPROVAL OF VOUCHERS FOR PAYMENT: Corporate Checking (including General Fund, Sanitation, Capital Projects-E/M, Sewer Utility, Lake Rehab, Sewer Hook-Up, Sewer Replacement, and Tax Account): 35878-35917 Manual Checks: 305-307, Payroll Related Checking and State/Federal Tax Wires: 183405-183412 Expenses – \$314,794.04
5. PUBLIC COMMENTS AND QUESTIONS: The Village Board will receive comments on agenda items only.
6. OMNIBUS AGENDA
 1. Motion to approve an original “Class B/Class “B” Liquor & Fermented Malt Beverage License Application submitted by George’s on the Lake LLC, doing business as George’s Pub and Grill, located at 402 S. Lake Ave, George Argiropoulos, Agent.
 2. Motion to approve allowing sewer connection via the manhole at the corner of Fox Run Drive and Spiegelhoff.
 3. Motion to approve a Village Chloride Reduction Program for 2024.
7. PRESIDENT AND TRUSTEE REPORTS
 - A. TRUSTEE SHARON BOWER - ADMINISTRATION, FINANCE, JUDICIARY, LICENSING
 1. Discussion and possible action regarding Resolution 2023-12-2 to Appoint Election Inspectors for the 2024-2025 Term.
 2. Consideration of a motion to approve Short Term Rental applications for:
 - 359 Indian Point Road, Mario Gonzales Jr./Infinex LLC
 3. Consideration of a motion to approve Short Term Rental renewal applications for:
 - 208 S. Lake Ave., James & Nancy Burke
 - 616 Lake St., Christine Kernes
 - 705 Legion Dr., Petite Retreat Cottage LLC/David Wagner
 - 1518 Skinner Dr., Helen Murphy
 - 1213 W. Main St., Mike Clinton
 - 634 Gatewood Dr., Christine Kernes

- B. TRUSTEE KEVIN FITZGERALD - STREETS & ROADS, EQUIPMENT, STREET LIGHTS, WEEDS, LAKE PLANNING AND PROTECTION
 - 1. Discussion and possible action regarding a grant extension for the Twin Lakes Management Plan Update from the WIDNR.
 - 2. Discussion and possible action regarding Ordinance 2023-12-1 Pertaining to Launch Permits.

- C. TRUSTEE BILL KASKIN - CEMETERY, SANITATION, RECYCLING, SENIORS

- D. TRUSTEE AARON KAROW - BUILDING AND ZONING, PLAN COMMISSION, AND PUBLIC BUILDINGS
 - 1. November 2023 Building Permits: 23; Valuation: \$1,887,605.00; Fees Collected: \$15,398.90.

- E. TRUSTEE KEN PERL - POLICE, FIRE, LAKE CONTROL, PARKS AND BEACHES

- F. TRUSTEE BARB ANDRES - SEWER, HEALTH AND ENVIRONMENT, YOUTH, LIBRARY

- G. VILLAGE PRESIDENT HOWARD SKINNER

8. ADJOURN

MATTERS MAY BE TAKEN IN ORDER OTHER THAN LISTED

Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the Clerk Treasurer's office in advance so the appropriate accommodations can be made.

Water Softener Inspection / Optimization Application Form

The Village of Twin Lakes' Wastewater Treatment Facility is required by the Wisconsin DNR to reduce the chloride concentration in the treated water leaving the facility. As part of the Village's Source Reduction Measures (SRM) plan approved by the DNR, the Village will offer a rebate for the inspection / optimization of existing water softeners in the Village.

- Rebates are available to all commercial, multi-family, and residential sewer customers in the Village of Twin Lakes. Rebates are subject to funding, please call to confirm funding available.
- Applicant must work with an approved licensed plumber or water softener provider.
- Application must be submitted with a copy of the sales receipt. The completed form along with the sales receipt needs to be returned to the Village of Twin Lakes office at 105 E. Main Street or emailed to deputyclerk@twinlakeswi.gov.
- The Village of Twin Lakes reserves the right to verify that the customer is eligible before the rebate is issued. One rebate is allowed per household.
- The rebate will be in the form of a check from the Village of Twin Lakes.
- The rebates available are as follows:
 - \$50 rebate for inspection/adjustment of a water softener as part of a regular visit by a licensed plumber or water softener provider.
 - \$100 rebate for inspection/adjustment of a water softener by a licensed plumber or water softener provider.
 - \$100 rebate for re-adjustment of an optimized softener by a licensed plumber or water softener provider.
 - \$200 rebate for the replacement of a time-of-day softener with a DIR softener by a licensed plumber at a single-family residence.
 - \$300 rebate for the addition of an iron treatment filter by a licensed plumber at a single-family residence.
 - \$600 rebate for either the replacement of a time-of-day softener with a DIR softener, or the addition of an iron treatment filter by a licensed plumber at a multi-family residence, or commercial business.
 - Custom incentives for up to 10% of the cost of a commercial softener replacement or the addition of an iron treatment filter may be available. Custom incentives must be pre-approved by the Village prior to the project and salt reduction calculations will be required.

Name _____ Email _____

Address _____

Telephone _____

The following is a partial list of local cooperating partners in this program.

- Culligan Water – Burlington, WI (262) 806.7882
- Complete Water Solutions – Twin Lakes, WI (855) 787-4200
- Huemann Water Conditioning - Johnsburg, IL (815)-385-3093

**Water Softener Inspection Form
Village of Twin Lakes, WI**

Inspection Date: _____

Name of Building Owner: _____

Address: _____

Type of Unit Residential: / Multi-Family / Commercial (circle one) _____

Type of Softener: Demand Initiated Regeneration (DIR) / Time of Day (circle one) _____

Make & Model: _____

Current Regeneration Time Setting: _____

Adjusted Regeneration Time Setting: _____

Current lbs. Salt per Regeneration: _____

Adjusted lbs. Salt per Regeneration: _____

Current Estimated Salt User Per Month (lbs/month): _____

Adjusted Estimated Salt User Per Month (lbs/month): _____

VILLAGE OF TWIN LAKES
RESOLUTION NO. R2023-12-2

A RESOLUTION TO APPOINT ELECTION INSPECTORS FOR THE 2024-2025 TERM

WHEREAS, Wisconsin State Statutes require the appointment of election inspectors; and

WHEREAS, the below individuals have indicated their willingness to serve the Village of Twin Lakes in the capacity of Election Inspector; and

NOW, THEREFORE BE IT FURTHER RESOLVED that the Village Board of the Village of Twin Lakes hereby appoints the following individuals as Election Inspectors for a two-year term which will run from January 1, 2024 to December 31, 2025:

<u>Republican</u>	<u>Democrat</u>	<u>Unaffiliated</u>
John Bamber	Maria Krasel	Yolanda Coyer
Brian Eavey	Roberta Levinson	Cathy Cullen
Jacqueline Gross		Steve Cullen
Jeffrey Gross		Jane Erickson
Jacquie Jahnke		Pat Gremler
Rob Lees		Anna Hoggard
Greta Martin		Nevenka Karedes
Rosemary Perron		Christine Martin
Robert Perron		Jeff Martin
Harry Peters		Emily Olszak
Steven Rasinskis		Alice Ranker
Herman Riddle		Richard Schneider
Dawn Santoro		Karah Segar
Julie Serak		Guy Trussell
Susan Swanger		
Kathy Ticha		

Adopted by the Village Board of the Village of Twin Lakes, Wisconsin this 18th day of December, 2023.

Sabrina Waswo
Village Clerk

Howard K Skinner
Village President

Members Voting:

_____ Aye _____ Nay _____ Absent _____ Abstained



VILLAGE OF TWIN LAKES

105 East Main Street P O Box 1024 Twin Lakes, Wisconsin 53181
Phone (262) 877-2858 Fax (262)333-3286

Short Term Rental Application

License Expires on December 31st

\$150 Annual Fee

Application must be submitted with all required documents and fees in order to be accepted.

Short Term Rental House Information

Property Address: 359 Indian Point Rd

Property Tax Parcel #: 86-4-119-282-2295

Maximum Occupancy for Premise 12
(Total number of occupants licensed by the State of Wisconsin or two per bedroom plus two additional occupants, whichever is less)

Tourist Rooming House License Attached WI Seller's Permit or AirBNB / VRBO Contract Attached

Short Term Rental Applicant/Operator Information

Applicant/Operator Identity:

Name: Mario Gonzalez Jr

Mailing Address:
1676 Kennsington Lane Crystal Lake IL 60014

Phone #: _____ E-mail: _____

Property Owner Information: Same as Applicant

Name: Infinex LLC Date of Birth: _____

Mailing Address:
1676 Kennsington Lane, Crystal Lake IL 60014

24-Hour Phone #: _____ E-mail: _____

Short Term Rental Property Manager Information: Same as Applicant

Name: Mario Gonzalez Jr

Mailing Address:
1676 Kennsington Lane Crystal Lake IL 60014

359 Indian Point Road
BUILDING INSPECTION DATE: 10/31/23
PASS? Y SIGNATURE: [Signature]

24-Hour Phone #: 530 570 7000 E-mail: _____

359 Indian Point Road
FIRE INSPECTION DATE: 10-31-2023
PASS? Yes SIGNATURE: [Signature]

359 Indian Point Date to PD 10/17 Pass/Fail Pass
Outstanding Fines/Forfeitures? 0 10/24/23: Arwa
PD Chief Signature: [Signature] Date: 10/31/23 ct. 2022


Please include the following REQUIRED items with this application to the Clerk's Office

1. Completed Village of Twin Lakes Short Term Rental Application with \$150.00 Fee. Issued for a 1-year period, from January 1st to December 31st. No proration for partial year.
2. [State of Wisconsin Tourist Rooming House License](#) as required by Wis. Stat. 66.1014(2)(d)2.a. issued by the Wisconsin Department of Agriculture, Trade, and Consumer Protection or agent thereof, Kenosha County Public Health.
3. [State of Wisconsin Seller's Permit](#) issued by the Department of Revenue or AirBNB / VRBO Contract
4. Floor Plan showing bedrooms, doors, and fire exits
5. Parking Plan
6. Property Manager Agreement

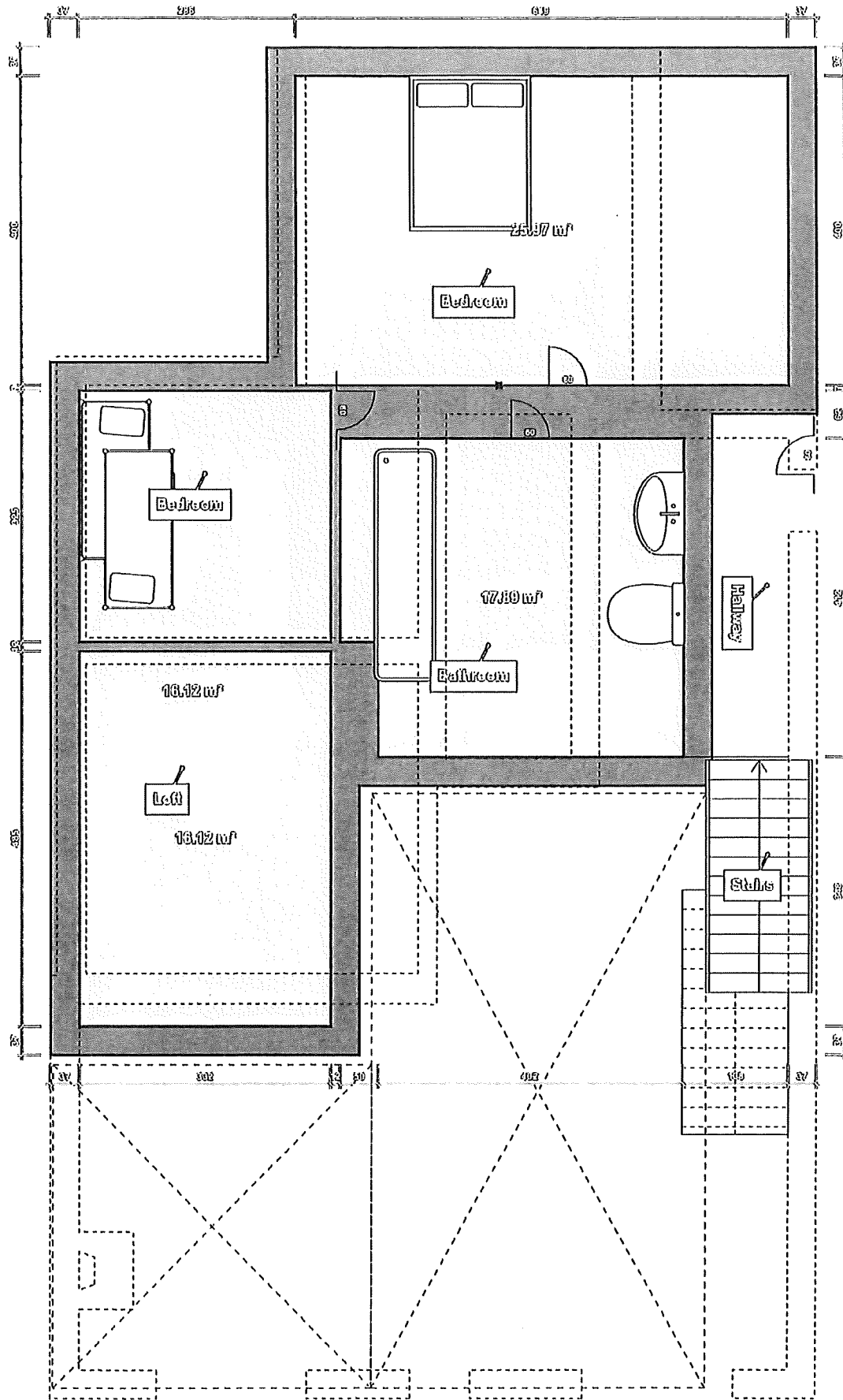
Applications may be submitted by email to the Village Clerk (clerk@twinlakeswi.gov) with payment online or by mail: PO Box 1024, Twin Lakes, WI 53181.

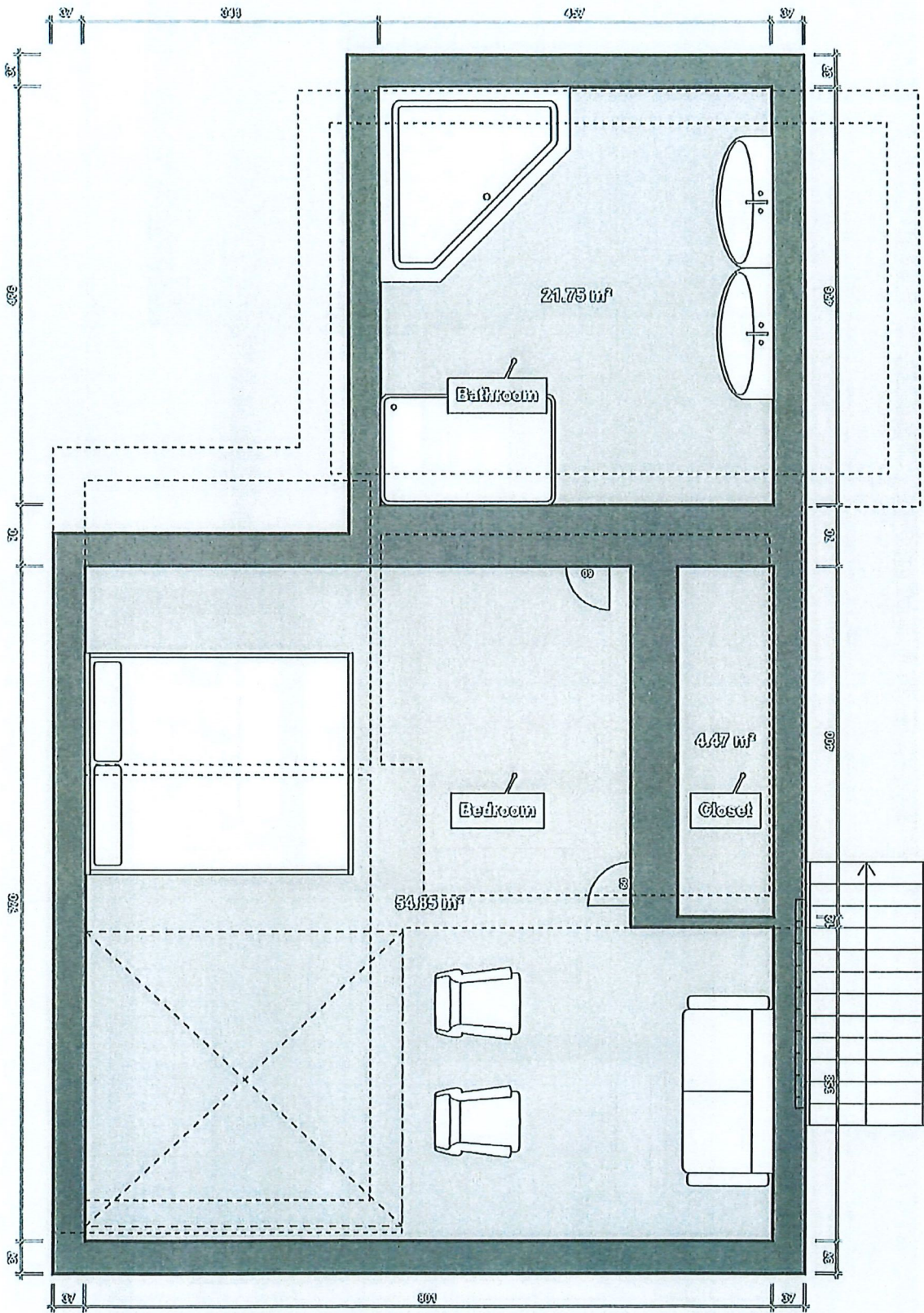
After submission, applicant will be contacted for inspections by the Village of Twin Lakes Building Inspection Department and Fire Department. Final approval is by the Village Board. Process may take up to 8 weeks based on inspection timeline.

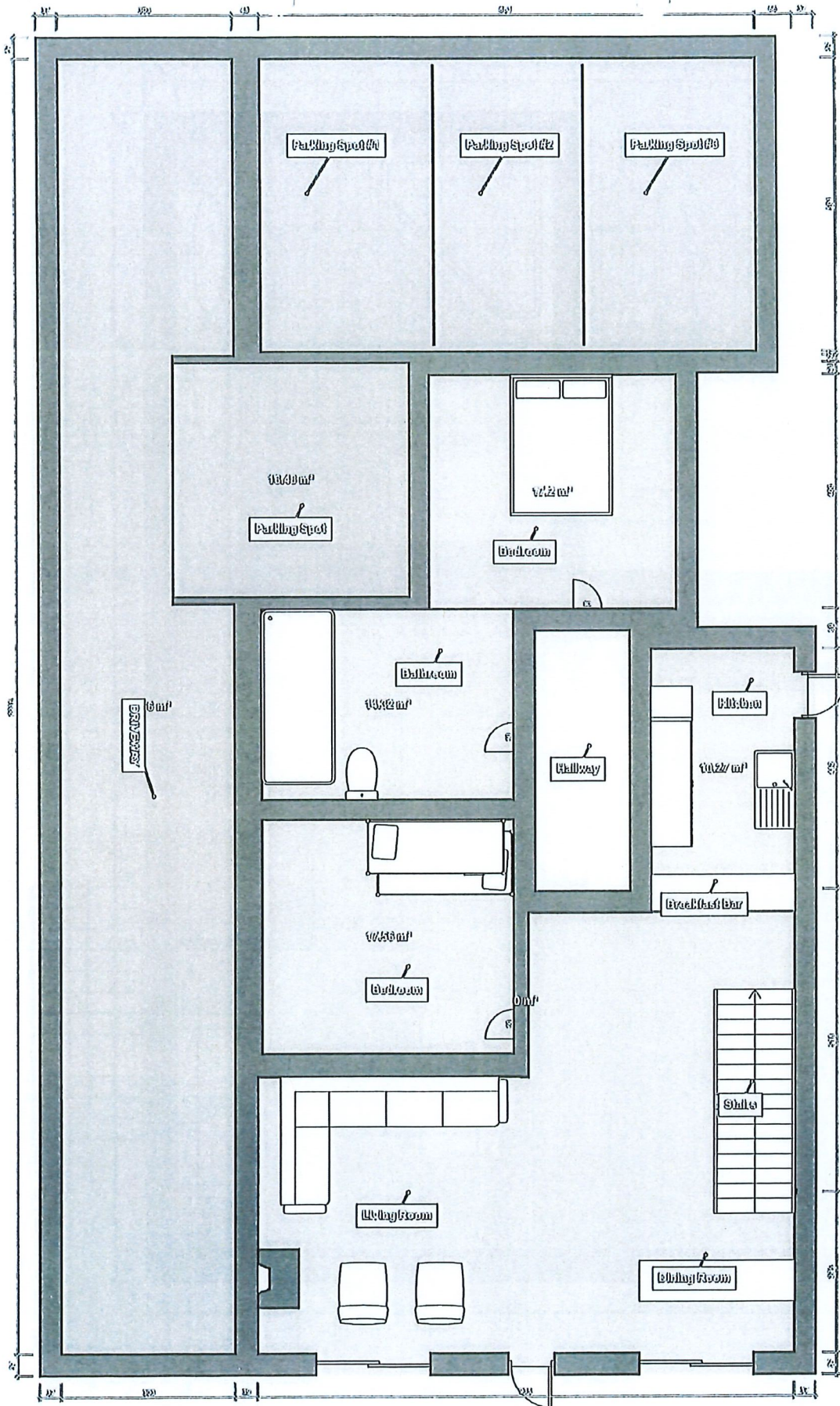
I hereby certify that I have answered all the questions contained herein and know the same to be true and correct. I understand that any short term rental license shall comply with all provisions of Village of Twin Lakes Code Chapter 5.40, and I hereby certify the property meets those requirements. I hereby designate the Property Manager, if any, as an agent for the purpose of accepting service of process in any civil action arising out of/or in conjunction with the use of this license. I understand and shall comply with all provisions of Village of Twin Lakes Code Chapter 5.20.120(e) stating no license shall be issued to any person who shall owe any taxes to the State of Wisconsin or owe any taxes, fines, or forfeitures to the Village. I understand and shall comply with the provision that the Village will conduct a Building Inspection and Fire Inspection. If the property were to fail the Building and/or Fire Inspections, I understand and shall comply with making any modifications the Building Inspector and Fire Inspector recommend along with a \$65 re-inspection fee.

Owner Signature:  Date: 09/26/2023

For Office Use Only			
Filed: _____	Receipt: _____	Paid: \$ _____	<input type="checkbox"/> Taxes & Sewer Paid In Full
Forwarded to Fire Dept.: _____		Fire Inspection Date: _____	
Corrections and re-inspection required: _____			
PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	Signature: _____	
Forwarded to Building Dept.: _____		Building Inspection Date: _____	
Corrections and re-inspection required: _____			
PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	Signature: _____	
Forwarded to Police Chief: _____		Outstanding Fines or Forfeitures: \$ _____	
PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	Signature: _____	Date: _____
Board Approval: _____		License #: _____	
Copy to: Fire Dept., Building & Zoning, Police Chief			









Lodging Inspection Report

Establishment Information	
Facility Name INFINEX PROPERTIES LLC	Facility Type Tourist Rooming House (LTR)
Facility ID # ABAM-CW9K32	Facility Telephone # 262
Facility Address 359 INDIAN POINT RD TWIN LAKES, WI 53181	
Licensee Name MARIO GONZALEZ	Licensee Address 1676 KENNSINGTON LN CRYSTAL LAKE, IL 60014

Inspection Information		
Inspection Type Pre-inspection	Inspection Date October 16, 2023	Total Time Spent 0.50

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
No violations noted. CO detector installed near furnace at the time of inspection. Approved to operate per KCDOH. Please comply with all local ordinances and obtain any necessary permits. Signatures attached on hard copy report. Water results in note to file.

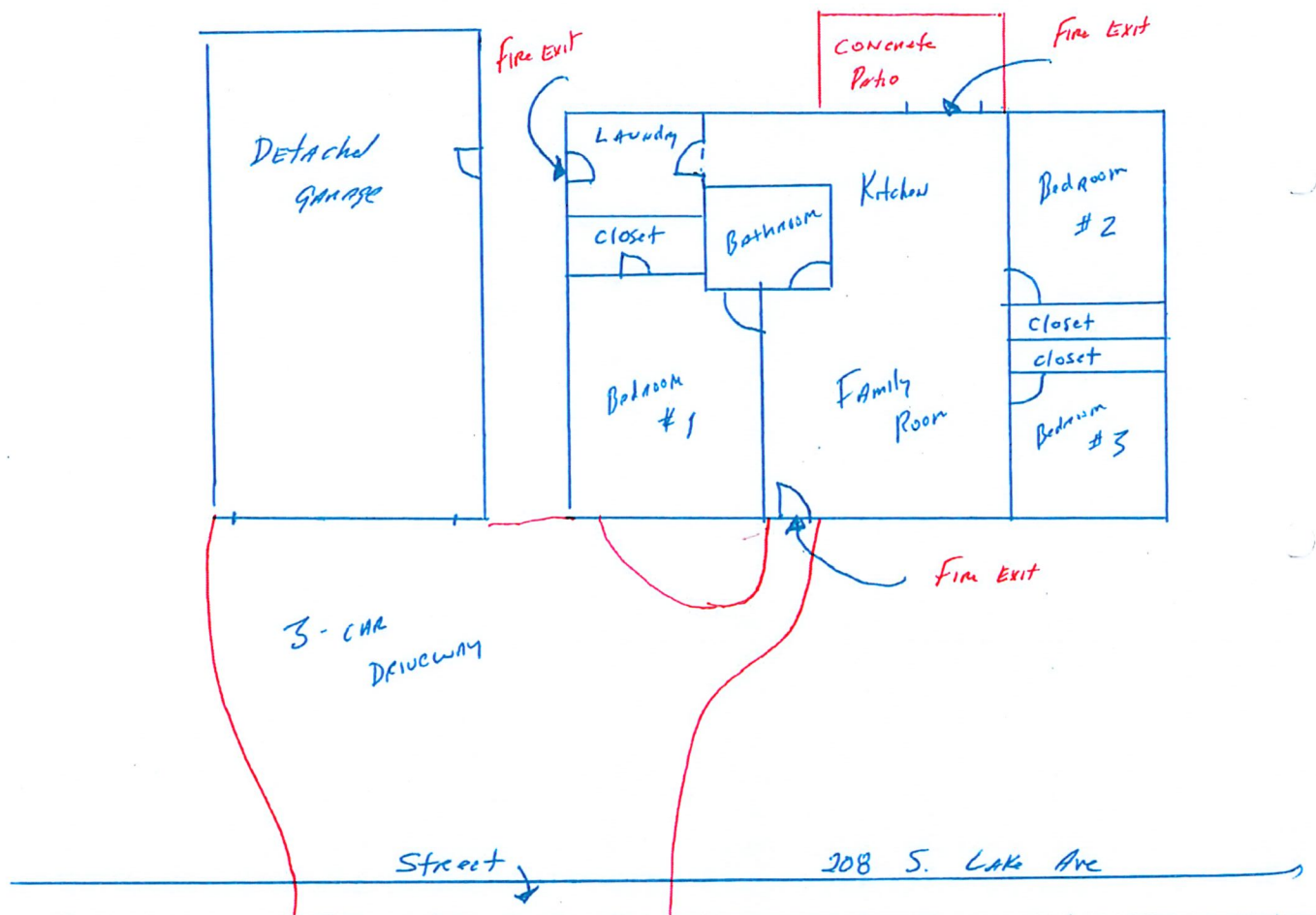
Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

Adam Barningham
(262) 605-6746

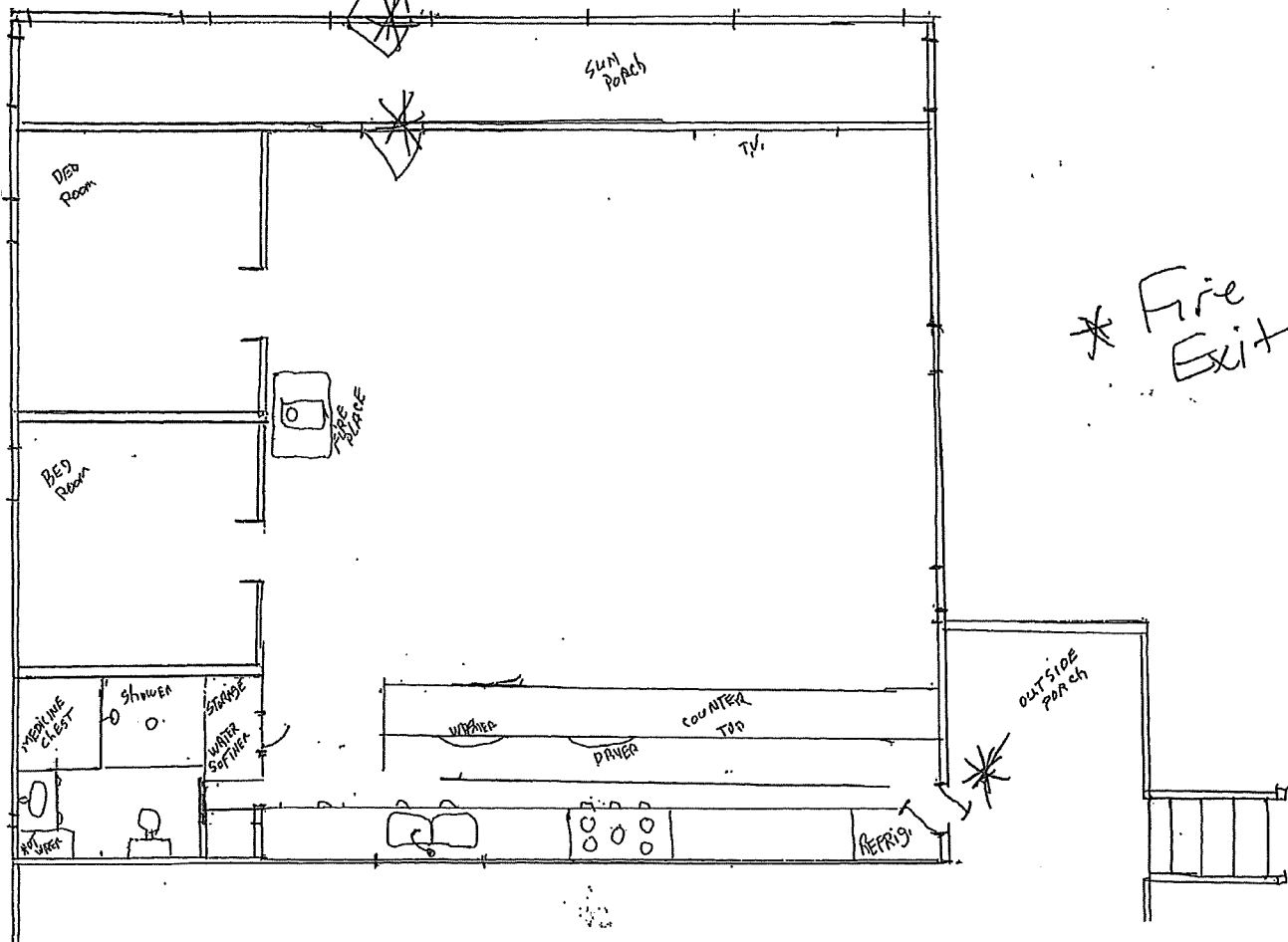
208 S Lake - Burke



LAKE 51

616 Lake - Kernes

GIL LAKE ST





KENOSHA COUNTY PUBLIC HEALTH

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY	EXPIRATION DATE	I.D. NUMBER
Food and Beverage House (LTR)	30-Jun-2024	MMEK-CJVRZ2
LICENSE MAILING ADDRESS	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS
CHRISTINE KERNES PO BOX 168 MC HENRY, WI 53051		KERNES 616 LAKE ST TWIN LAKES WI 53181

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

KENOSHA COUNTY PUBLIC HEALTH
8600 SHERIDAN RD SUITE 600
KENOSHA, WI 53143-6515
(262)605-6700

* Include the name of your facility and the ID number.



KENOSHA COUNTY PUBLIC HEALTH

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY	EXPIRATION DATE	I.D. NUMBER
Tourist Rooming House (LTR)	30-Jun-2024	MMEK-OB3L0H
LICENSEE MAILING ADDRESS	NOT TRANSFERABLE	BUSINESS/ESTABLISHMENT ADDRESS
PETITE RETREAT COTTAGE LLC 2704 KENDALL CROSSING JOHNSBURG IL 60051		PETITE RETREAT COTTAGE 705 LEGION DR TWIN LAKES WI 53181

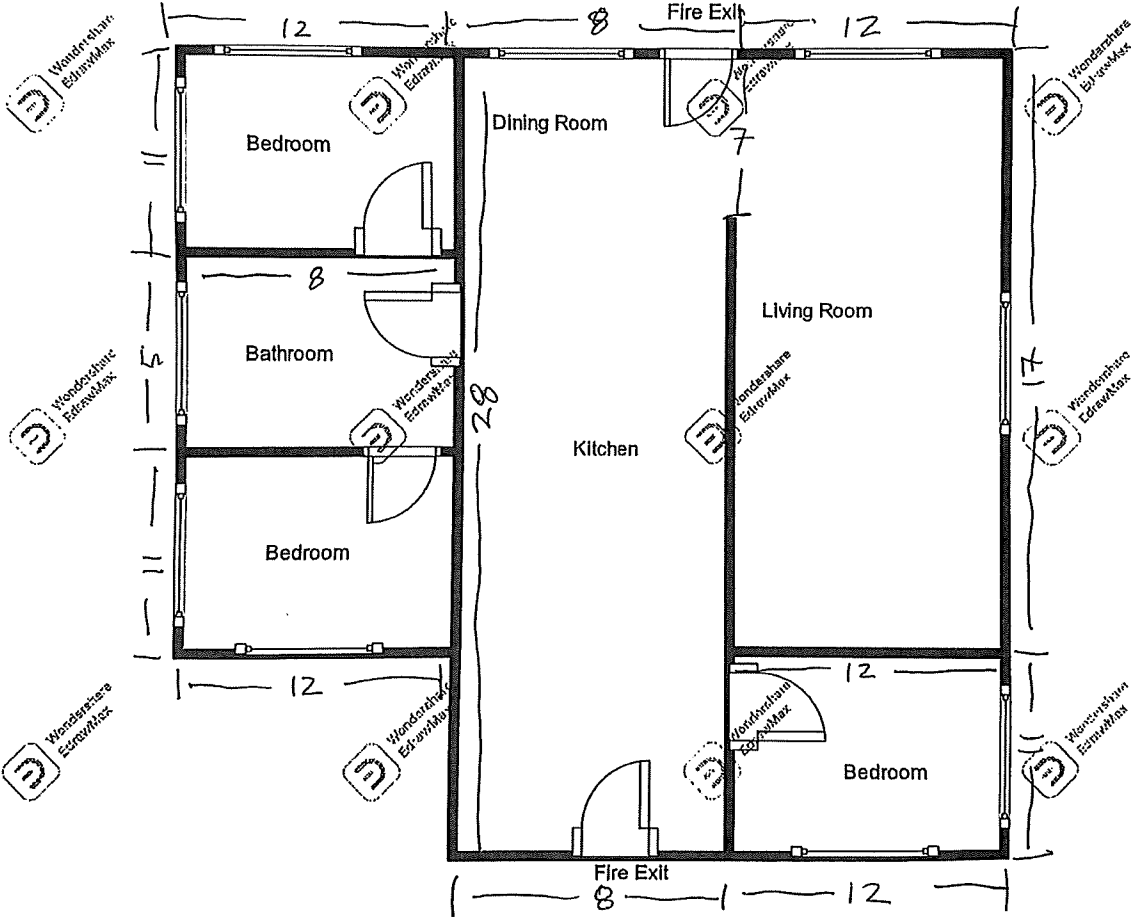
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KENOSHA COUNTY PUBLIC HEALTH
8600 SHERIDAN RD SUITE 600
KENOSHA, WI 53143-6515
(262)605-6700

* Include the name of your facility and the ID number.

705 Legion Drive Floor Plan

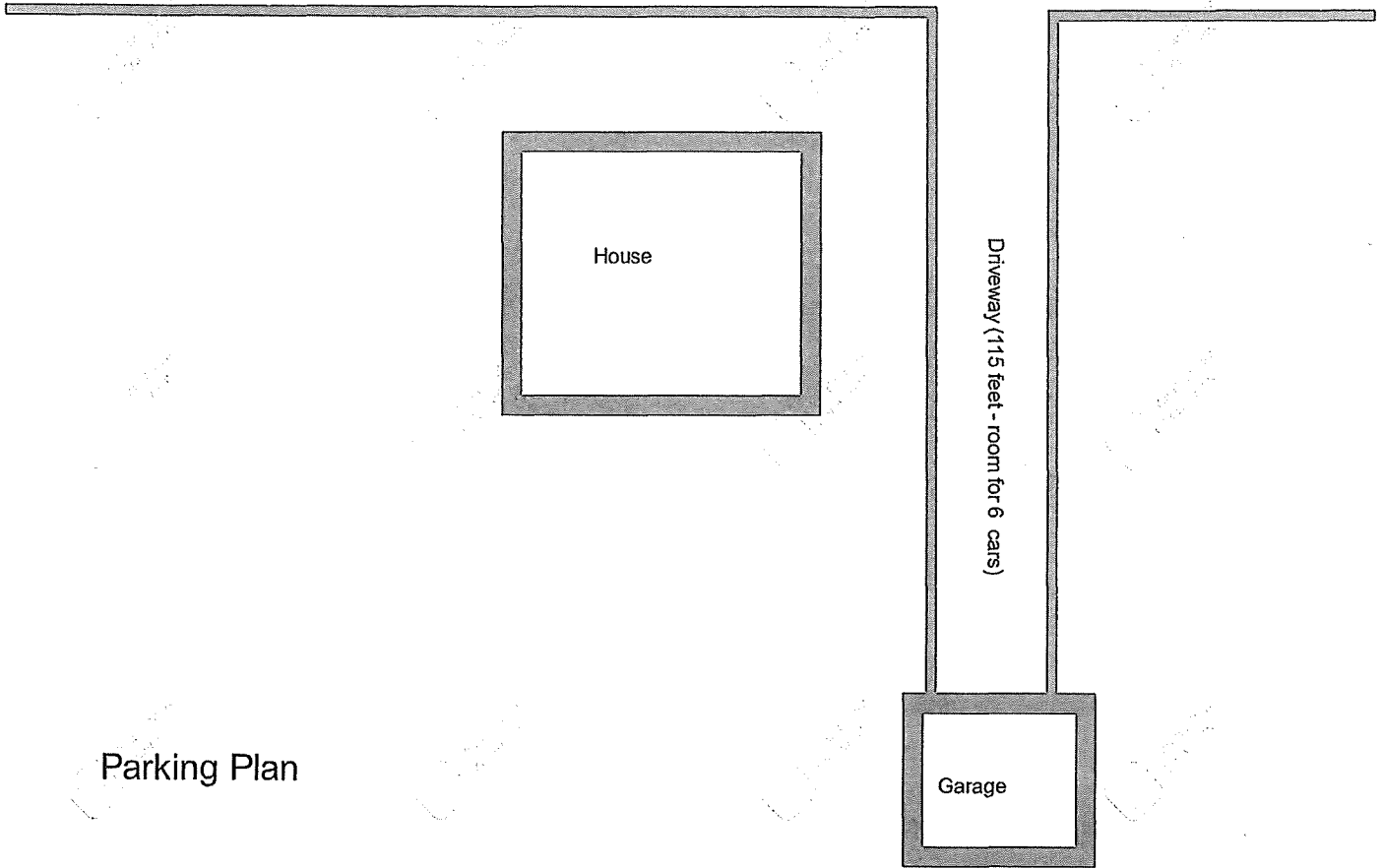


705 Legion - Wagner



Wondershare
EdrawMax

Legion Drive



Parking Plan



VILLAGE OF TWIN LAKES

105 East Main St. PO Box 1024 Twin Lakes, WI 53181
 Phone (262) 877-2858 Fax (262) 333-3286

Short Term Rental Application

Licenses Expires on December 31st

New Application Renewal

Application must be filled out completely and include the following items:

- Completed Village of Twin Lakes Short Term Rental Application with \$150.00 Fee. Issued for a 1-year period, from January 1st to December 31st. No proration for partial year.
- State of Wisconsin Tourist Rooming House License as required by Wis. Stat. 66.1014(2)(d)2.a. Issued by the Wisconsin Department of Agriculture, Trade, and Consumer Protection or agent thereof, Kenosha County Public Health, State of Wisconsin Seller's Permit issued by the Department of Revenue or AirBNB / VRBO Contract
- Floor Plan showing bedrooms, doors, fire exits and available parking (see example) Property
- Manager Agreement (if applicable)

Property Address: 1518 Skinner Dr. Parcel Number: 86-4-119-322-3200

Maximum Occupancy for premise: 8 Contracted with a 3rd Party? Yes No
 (i.e. Airbnb/VRBO)

(The total number of occupants licensed by the State of Wisconsin or two per bedroom plus two additional occupants, whichever is less)

Company Name: Evolve Property

Property Owner Information	Property Manager Information
Name <u>Helen Murphy</u>	Name <u>Helen Murphy</u>
Physical Address <u>4023 Tanglewood Trail</u>	Physical Address <u>4023 Tanglewood Trail</u>
State, Zip <u>Chesapeake, VA 23325</u>	State Zip <u>Chesapeake, VA 23325</u>
Mailing Address <u>4023 Tanglewood Trail</u>	Mailing Address <u>Same</u>
State, Zip <u>Chesapeake, VA 23325</u>	State Zip
Phone	Phone
Email	Email

Is this property managed by a 3rd party corporate entity? If yes, attach property manager agreement. Yes No

I hereby certify that I have answered all the questions contained herein and know the same to be true and correct. I understand and shall comply with all provisions of Village of Twin Lakes Code Chapter 5.40, and I hereby certify the property meets those requirements. I understand and shall comply with all provisions of Village of Twin Lakes Code Chapter 5.20.120(e) stating no license shall be issued to any person who owes any taxes to the State of Wisconsin or owe any taxes, fines, or forfeitures to the Village. I understand and shall comply with the provision that the Village will conduct a Building Inspection and Fire Inspection. If the property were to fail the Building and/or Fire Inspections, I understand and shall comply with making any modifications the Building Inspector and Fire Inspector recommend along with a \$65 re-inspection fee. I understand and shall notify the Village within 24 hours should there be a change in contact information pursuant to Village of Twin Lakes Code Chapter 5.40.020(c)(9).

Owner Signature [Signature] Date 10.20.2023

Short Term Rental Application

Building Inspection Date 11/30/23 Date: Sept 2023
 Pass/Fail? Pass Signature [Signature]

Date to PD 10/26 Pass/Fail Pass
 Outstanding Fines/Forfeitures? 0 None
 PD Chief Signature: [Signature] Date: 11/7/23

Fire Inspection Date 10-31-2023
 Pass/Fail? Pass Signature [Signature]

BACTERIOLOGICAL ANALYSIS
(ENCLOSE FORM WHEN RETURNING SAMPLE)

For private wells only. We do not test new or re-constructed wells or wells in which pump work is done. See your well driller or pump installer for more information.

Sampler Name & Mailing Address: Helen Murphy 4023 Tanglewood Trail Chesapeake, VA. 23325		Phone: 703-431-9701 Sampler Wants Results By: Email: Fax:
Sample Source (Location): Private Well Only	Must Check One: <input type="checkbox"/> Property Transfer Well Inspection (also requires nitrate & arsenic testing - not done here) <input checked="" type="checkbox"/> Owner request for testing	
Special Instructions If Any:		

Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)

Sample Collection Date: 09/14/2023 Time: 8:04 AM <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. <small>mm dd yy</small>
Address where sample was collected: 1518 Skinner Drive Twin Lakes WI <small>(Example: "114 Water Street")</small>
Location of Sample Tap: Kitchen Sink <small>(Example: "Kitchen Sink")</small>
Name of Sampler: Helen Murphy

System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)
Systems who do not continuously chlorinate may skip this section.

Storet Code	Parameter	SDWA Method	RESULTS	MRDL	UNITS
50060	CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064	CHLORINE FREE AVAIL	N/A		4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Lab Test Results (to be completed by LAB)

Laboratory Results <input checked="" type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent _____/_____/_____ Date PWS Notified of Unsafe <input type="checkbox"/> Invalid (Submit another Sample) <input type="checkbox"/> Old <input type="checkbox"/> Frozen <input type="checkbox"/> Overgrown <input type="checkbox"/> Lab Accident <input type="checkbox"/> Chlorine Present <input type="checkbox"/> Shipping Problem		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <input type="checkbox"/> Collert® <input type="checkbox"/> Readycult® <input type="checkbox"/> Collert-18® <input type="checkbox"/> Chromocult® <input checked="" type="checkbox"/> Colisure® <input type="checkbox"/> Coliscan® <input type="checkbox"/> E* Colite® <input type="checkbox"/> Colitag™ <input type="checkbox"/> MI Agar <input type="checkbox"/> Other: _____ (Print Approved Enzyme Substrate Method)
Comments:		Time Received: 08:30 AM <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Laboratory Name: Lake Geneva Utility Commission	Date Received: 09-14-2023	Sample ID: 091423HM
WI Bacteriological Certification Number: 105-436	Lab Phone Number: 262-248-2311	Notified By: <input checked="" type="checkbox"/> Call <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax Date/Time: 09-15-2023 12:45 pm VM DEET TR



Lodging Inspection Report

Establishment Information	
Facility Name WISCONSIN HOME RENTAL	Facility Type Tourist Rooming House (LTR)
Facility ID # MMEK-CKHSB4	Facility Telephone # 262
Facility Address 1518 SKINNER DR TWIN LAKES, WI 53181	Licensee Address 2252 S 5TH AVE NORTH RIVERSIDE, IL 60546
Licensee Name HELEN MURPHY	

Inspection Information		
Inspection Type Routine	Inspection Date October 6, 2023	Total Time Spent 0.50

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Comments:
No violations noted. Approved to continue operation. Please comply with all local ordinances and obtain any necessary permits. Operator indicated there would be no food available while guest occupy the home. Operator was available remotely during inspection. Access gained with keyless entry code.

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person In Charge

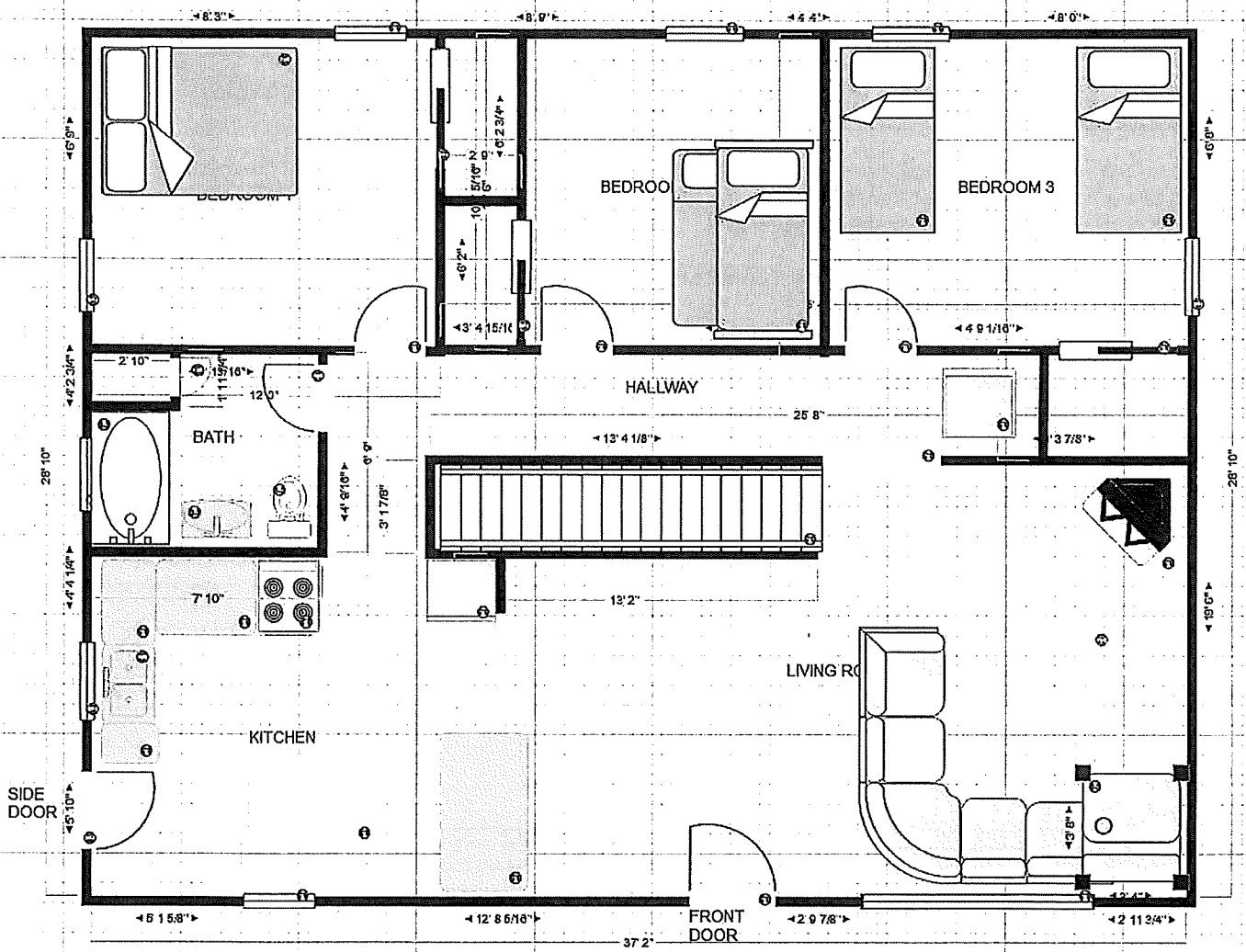
Sanitarian

Adam Barningham
(262) 605-6746

1518 SKINNER MAIN FLOOR PLAN

1518 Skinner Dr

37'2"





VILLAGE OF TWIN LAKES

105 East Main St. PO Box 1024 Twin Lakes, WI 53181
 Phone (262) 877-2858 Fax (262) 333-3286

Short Term Rental Application

Licenses Expires on December 31st

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- Floor Plan showing bedrooms, doors, fire exits and available parking (see example) Property
- Manager Agreement (if applicable)

Property Address: 1213 W Main St

Parcel Number: 8541192043802

Maximum Occupancy for premise:

Contracted with a 3rd Party? Yes No

(The total number of occupants licensed by the State of Wisconsin or two per bedroom plus two additional occupants, whichever is less)

(i.e. Airbnb/VRBO)

Company Name: Big Toy Stays LLC

Property Owner Information	Property Manager Information
Name : Mike Clinton	Name
Physical Address 2524 Bluewater Dr	Physical Address
State, Zip IL 60084	State Zip
Mailing Address Same	Mailing Address
State, Zip	State Zip
Phone	Phone
Email	Email

Is this property managed by a 3rd party corporate entity? If yes, attach property manager agreement. Yes No

I hereby certify that I have answered all the questions contained herein and know the same to be true and correct. I understand and shall comply with all Village of Twin Lakes Code Chapter 5.40, and I hereby certify the property meets those requirements. I understand and shall comply with all

Building Inspection Date 11/30/23
 Pass/Fail? Fail Signature [Signature]

no license shall be issued to any person who owes any taxes to the State of Wisconsin or shall comply with the provision that the Village will conduct a Building Inspection and Fire Inspections, I understand and shall comply with making any modifications the Building inspection fee. I understand and shall notify the Village within 24 hours should there be a

change in contact information pursuant to Village of Twin Lakes Code Chapter 5.40.020(c)(9).

Owner Signature [Signature]

Date 10.2.23

1213 W Main Date to PD 10/17 Pass/Fail Pass
 Outstanding Fines/Forfeitures? 0 10/24/23 AKW
 PD Chief Signature: Kate Hall Date: 10/31/23

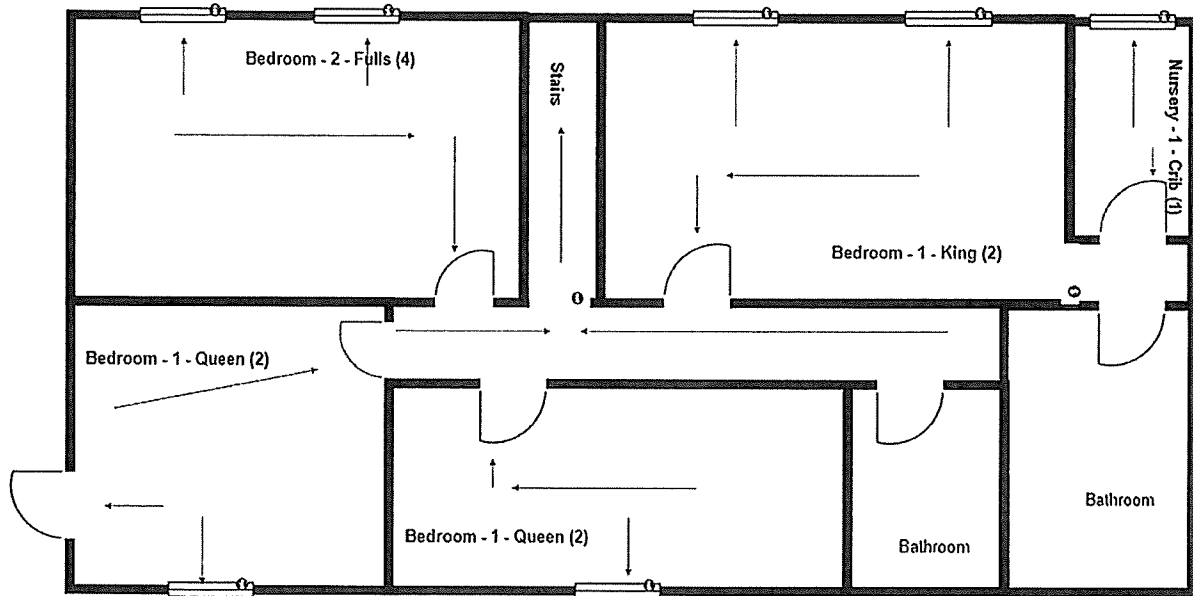
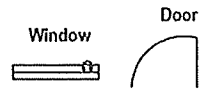
1213 W Main Fire Inspection Date 10-31-2023 Date: Sept 2023
 Pass/Fail? Pass Signature [Signature]

1213 Main

Emergency Exit Plan

Top Floor (Four Bedrooms)

Follow arrows for Emergency Exits
Use Doors first windows as last resort



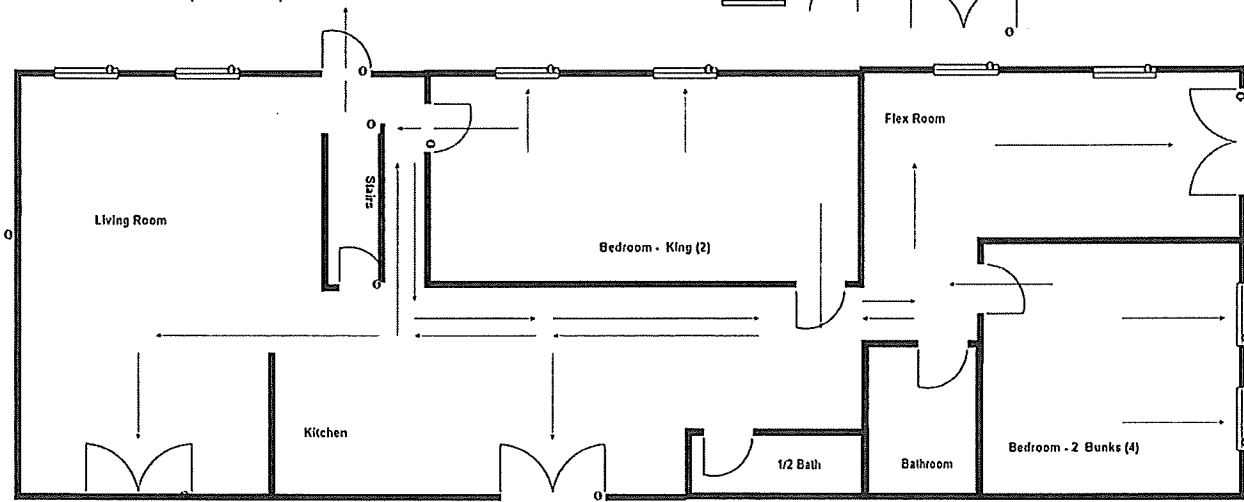
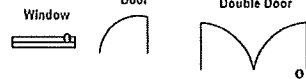
Not to Scale

1213 Main

Emergency Exit Plan

Main Floor (Two Bedrooms)

Follow arrows for Emergency Exits
Use Doors first windows as last resort



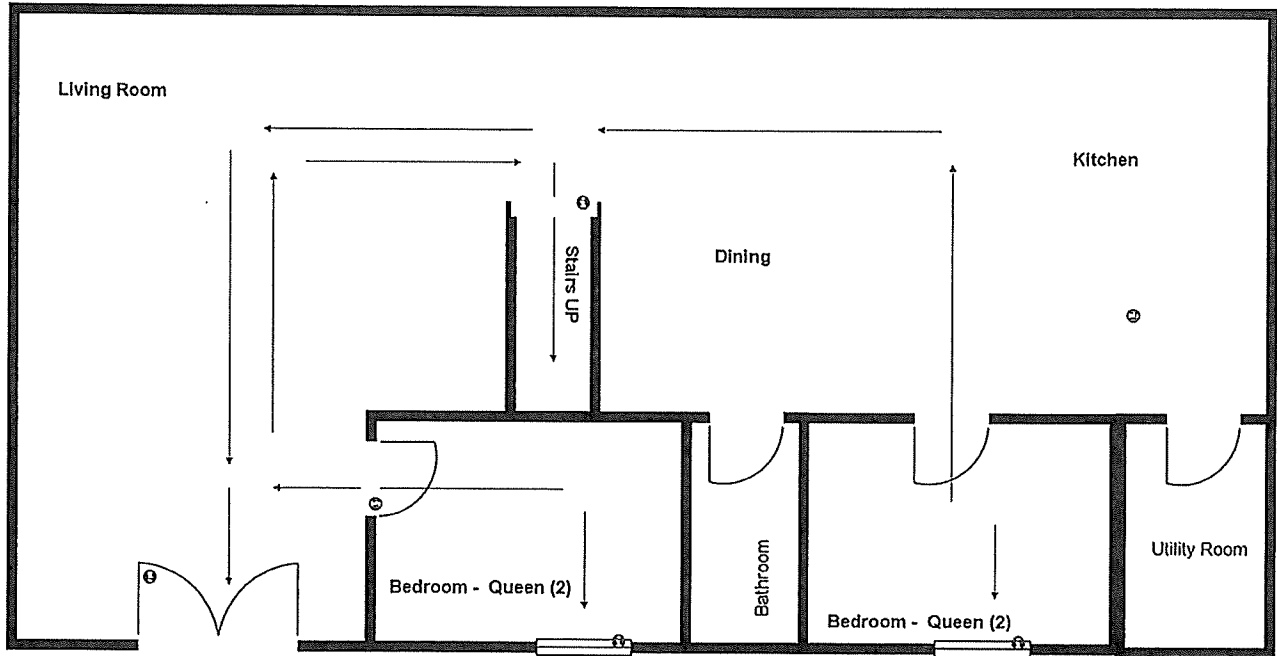
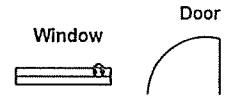
Not to Scale

1213 Main

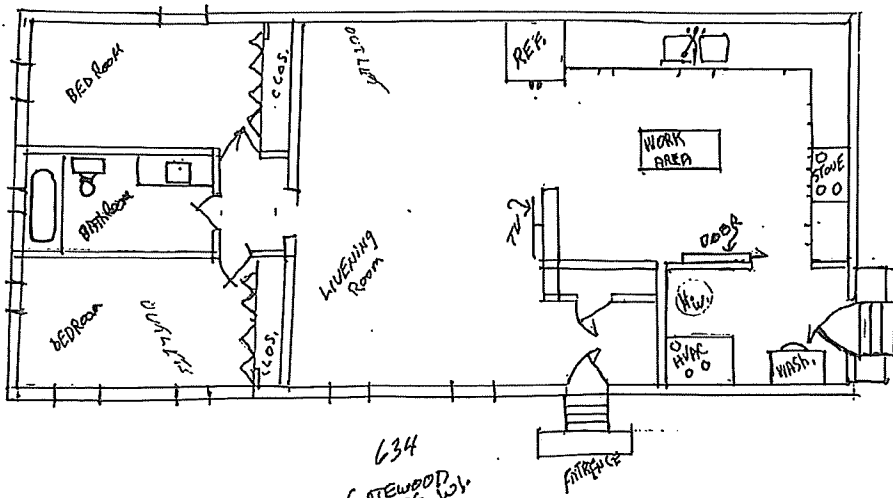
Emergency Exit Plan

Basement (Two Bedrooms)

Follow arrows for Emergency Exits
Use Doors first windows as last resort



Not to Scale



634
GATEWOOD,
TWIN LAKES, W.V.
10-31-22

GARAGE

DRIVEWAY

GATEWOOD ST.



KENOSHA COUNTY PUBLIC HEALTH

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY Tourist Rooming House (LTR)	EXPIRATION DATE 30-Jun-2024	I.D. NUMBER MMEK-CKQSJ5
LICENSEE MAILING ADDRESS CHRISTINE KERNES PO BOX 158 MCHENRY IL 60051	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS CHRISTINE KERNES 634 GATEWOOD TWIN LAKES WI 53181

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

KENOSHA COUNTY PUBLIC HEALTH
8600 SHERIDAN RD SUITE 600
KENOSHA, WI 53143-6515
(262)605-6700

* Include the name of your facility and the ID number.

7.)B.)2.

VILLAGE OF TWIN LAKES

ORDINANCE NO. 2023-12-1

An Ordinance Amending Section 8.36.060 Of The Twin Lakes Code Of Ordinances Pertaining to Launch Permits

The President and the Trustees of the VILLAGE OF TWIN LAKES, Kenosha County, Wisconsin, do herewith ordain as follows, to wit:

SECTION I

Section 8.36.060 of the Twin Lakes Code of Ordinances pertaining to Launch Permits is hereby amended to read as follows:

8.36.060 Launch Permits

B. No person shall launch or remove any watercraft at any boat launch area in the Village between March 1st and ~~September 30th~~ **October 31st** inclusive of any year without first obtaining a boat launching permit and paying the appropriate fee for same, which fee shall be established by the Village Board. Such permit shall be displayed in or on the accompanying motor vehicle in such location as directed by the Village Board.

SECTION II

Except as herein amended, the provisions of Section 8.36.060 are confirmed and shall remain in full force and effect.

SECTION III

All Ordinance or parts of Ordinances contravening the terms and conditions of this Ordinance are hereby to that extent repealed.

SECTION IV

This Ordinance shall take effect immediately upon passage and publication as provided by law, and the Village Clerk/Treasurer shall so amend the Village of Twin Lakes Code of Ordinances and shall indicate the date and number of this creating Ordinance therein.

Dated this 18th day of December, 2023.

ATTEST:

VILLAGE OF TWIN LAKES

Sabrina Waswo, Village Clerk

Howard K. Skinner, Village President

Members Voting:

- ___ Aye
- ___ Nay
- ___ Absent
- ___ Abstained