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 <u>only</u>.
- **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 Kerns

# **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 <a href="mailto:deputyclerk@twinlakeswi.gov">deputyclerk@twinlakeswi.gov</a>.
- 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 preapproved by the Village prior to the project and salt reduction calculations will be required.

Name		 Email	
Address			
Telephone _			
	79		

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:	40
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):	

7.)A.) 1.

## **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 Boar 2023.	d of the Village of Twin Lak	es, Wisconsin this 18 <sup>th</sup> day of December,
Sabrina Waswo Village Clerk		d K Skinner President
Members Voting:	village	rresident
AyeNay	AbsentAbs	tained



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 31<sup>st</sup>

## \$150 Annual Fee

Applicat	ion must be submitted wit	h all required dod	cuments and fees	in order to be accepted.
Short Term Rental H	ouse Information			
Property Address: 3	59 Indian Poi	nt Rd		
	86-4-119-28			
Froperty Tax Parcer	10			
Maximum Occupand (Total number of occupa	ry for Premise ants licensed by the State of the st	 Wisconsin or two p	er bedroom plus tv	wo additional occupants, whichever is les
☐ Tourist Rooming	House License Attached	□ WI Se	ller's Permit or <i>F</i>	AirBNB / VRBO Contract Attached
Short Term Rental A	pplicant/Operator Info	rmation		
Applicant/Operator	dentity:			
Name: Mario G	ionzalez Jr	/		
Mailing Address: 1676 Kennsington	Lane Crystal Lake IL (	60014		
Phone #:		E-mail:	-	** ·
Property Owner Info		Applicant		
Name: Infinex	LLC			Date of Birth:
Mailing Address: 1676 Kennsington	Lane, Crystal Lake IL	60014		
24-Hour Phone #:		E-ma	د: از	
Short Term Rental P	roperty Manager Inforn	nation: $\square$ Sa	me as Applican	t
Name: Mario G	ionzalez Jr		359 Indian Point Road	
Mailing Address:	Lane Crystal Lake IL (	60014		Inspection Date: 10/31/23
	LUUT UTU TUUJ		il: <u>•</u>	
		359 Indian Point	Date to PD	
NSPECTION DATE: <u>Yen</u> SIGNATUI	10.31-2023		nes/Forfeitures? uture:_ <i> Kahu li</i>	0' 10 24 33 Mills ct. 2022
CLOSS LATEL II			TUIC. ICAN LED	VVV Duic. (VI )II 25

#### 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 1<sup>st</sup> to December 31<sup>st</sup>. 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.
- 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

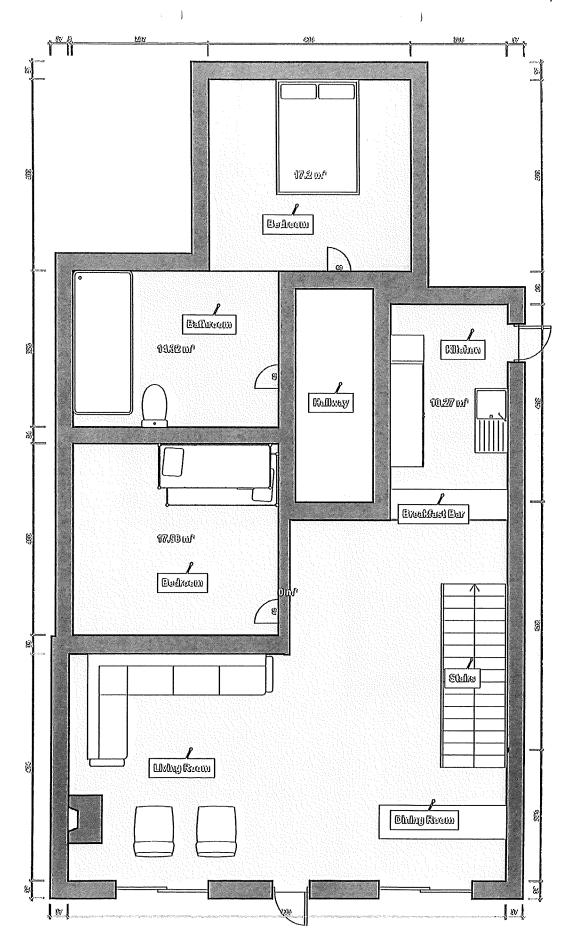
Applications may be submitted by email to the Village Clerk (clerk@twinlakeswi.gov) with payment online or by mail: PO Box 1024, Twin Lakes, WI 53181.

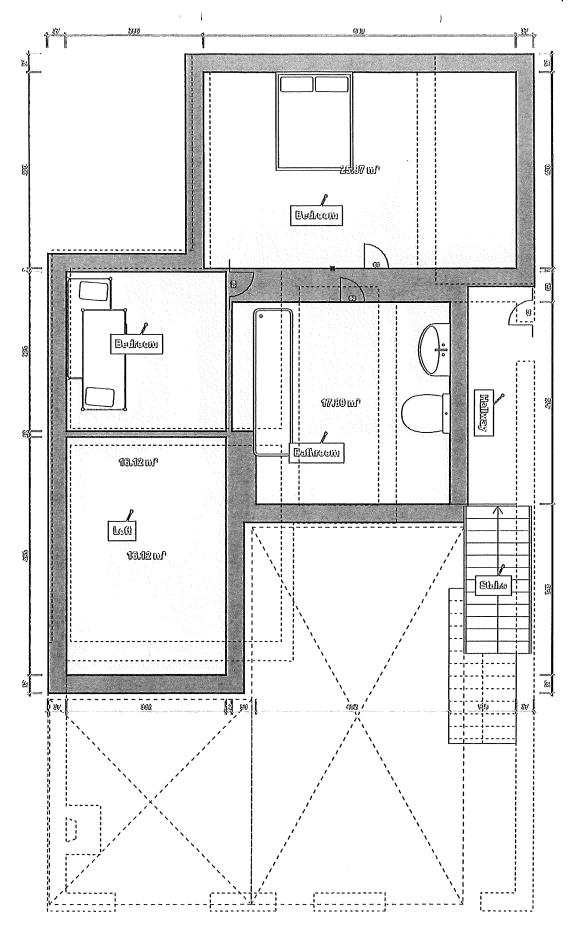
After submission, applicant will be contacted for inspections by the Village of Twin Lakes Building Inspection Department and Fire Department. Final approval is by the Village Board. Process may take up to 8 weeks based on inspection timeline.

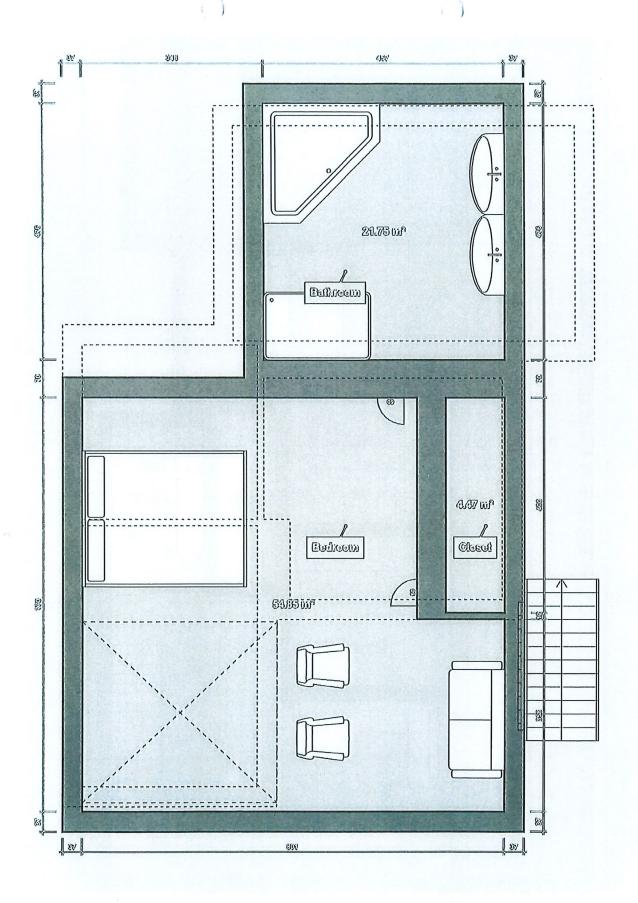
I hereby certify that I have answered all the questions contained herein and know the same to be true and correct. I understand that any short term rental license shall comply with all provisions of Village of Twin Lakes Code Chapter 5.40, and I hereby certify the property meets those requirements. I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

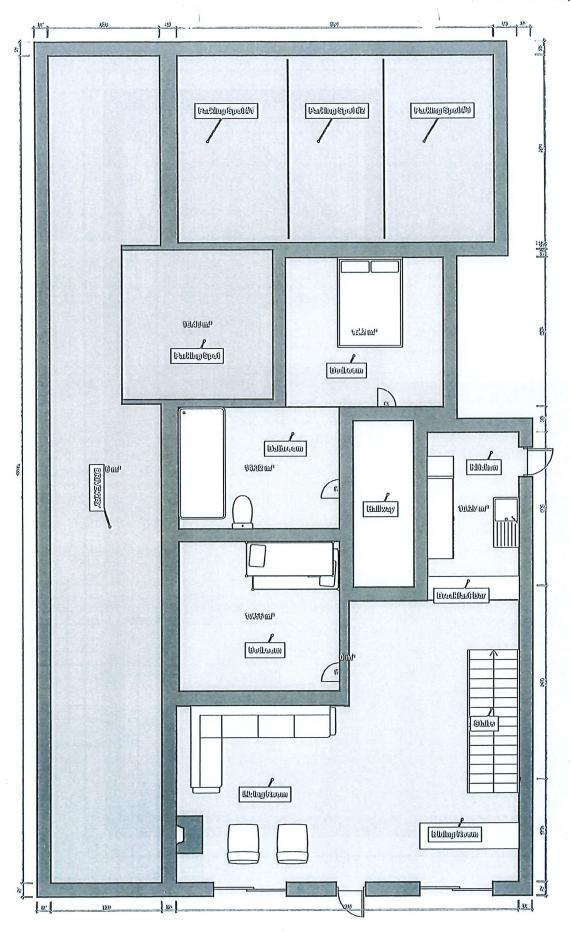
Owner Signature:_	111-1			Date: <u>09/26/2023</u>
				☐ Taxes & Sewer Paid In Full
Forwarded to Fire Dept.:			Fire Inspection Date:	
Corrections and re-inspe	ction required:			
PASS 🗌	FAIL 🔲	Signature:		
Forwarded to Building D	ept.:		Building Inspection Date:_	
Corrections and re-inspec	ction required:	1-11-1-1-1-1		
	FAIL 🗌			
Forwarded to Police Chief:			Outstanding Fines	or Forfeitures: \$
PASS	FAIL 🔲	Signature:		Date;
Board Approval:		License #:		
Conv to: Fire Dept., Build	ina & Zonina. Po	lice Chief		

00/00/000











STATE OF WISCONSIN

## Lodging Inspection Report

Establishment Information

**Facility Name** 

INFINEX PROPERTIES LLC

Facility ID#

ABAM-CW9K32

Facility Address

359 İNDIAN POINT RD TWIN LAKES, WI 53181

Licensee Name

MARIO GONZALEZ

Facility Type Tourist Rooming House (LTR)

Facility Telephone #

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

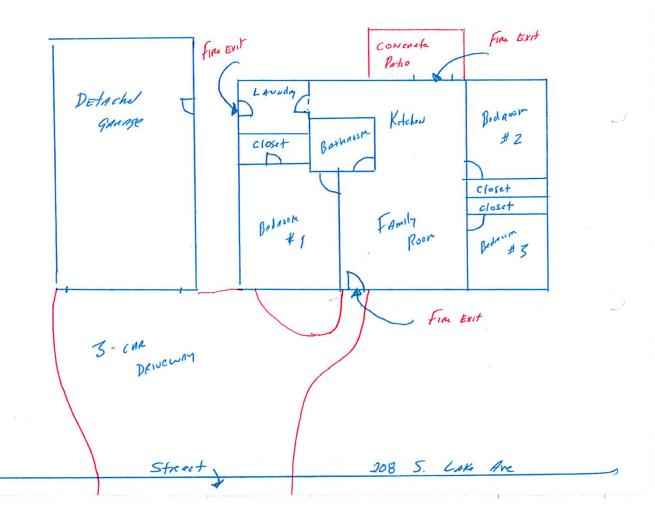
(262) 605-6746



Phone (26)	2) 877-2858 Fax (262) 333-3286			
Short Ter	m Rental Application			
WISCONSIN License	es Expires on December 31st			
New App	olication 🗸 Renewal			
Application must be filled out	t completely and include the following items:			
Completed Village of Twin Lakes Short Term Rental Application December 31st. No proration for partial year.	with \$150.00 Fee. Issued for a 1-year period, from January 1st to			
	by Wis. Stat. 66.1014(2)(d)2.a. issued by the Wisconsin Department of Kenosha County Public Health. State of Wisconsin Seller's Permit issued			
Floor Plan showing bedrooms, doors, fire exits and available par	king (see example) Property			
Manager Agreement (if applicable)				
Property Address: 208 S. Lake Ave. Twin Lake	es, WI Parcel Number: 85-4-119-214-1058			
Property Address: 208 S. Lake Ave, Twin Lake				
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: EVOIVE			
Property Owner Information	Property Manager Information			
NameJames E. Burke	NameBrigid M Miller (James' daughter)			
Physical Address	Physical Address743 Stoecker Farm Ave			
State, ZipElgin, IL 60124	State ZipMukwonago, WI 53149			
Mailing Address	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			
Pass/Fail? Signature g no licens Inspection. If the property were to fail the Building and/or Fire Inspection Inspector and Fire Inspector recommend along with a \$65 re-inspection for	d know the same to be true and correct. I understand and shall comply with all the property meets those requirements. I understand and shall comply with all se shall be issued to any person who owes any taxes to the State of Wisconsin or aply with the provision that the Village will conduct a Building Inspection and Firens, I understand and shall comply with making any modifications the Building see. I understand and shall notify the Village within 24 hours should there be a llage of Twin Lakes Code Chapter 5.40.020(c)(9).			
Owner Signature	Date 10 - 23 - 27			

Dale to PD\_1112 Pass/Fail\_ Fire Inspection Date <u>//~2-2023</u> Pass/Fail? <u>/A65</u> Signature <u>Duso Amro</u> Outstanding Fines/Forfeitures? W ANUS
PD Chief Signature: Da \_\_\_\_ Date: !! / 7

n Date: Sept 2023





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

# **Short Term Rental Application**

WISCONSIN License	es Expires on December 31st				
New App	olication				
Application must be filled ou	t completely and include the following items:				
Completed Village of Twin Lakes Short Term Rental Application December 31st. No proration for partial year.	with \$150.00 Fee. Issued for a 1-year period, from January 1st to				
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 pa	rking (see example) Property				
Manager Agreement (if applicable)					
Property Address: 610 Cafe	5T. Parcel Number 854/19223030				
Maximum Occupancy for premise: (The total number of occupants licensed by the State of Wisconsin or two per bedroom plus two additional occupants, whichever is less)	Contracted with a 3rd Party? Yes No No Company Name:				
Property Owner Information	Property Manager Information				
Name (Varistine Kerroec	Nome (I)				
Physical Address Collo Carto St.					
State, Zip TCUIN COTER F3181	State Zip				
Mailing Address	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.				
I hereby certify that I have answered all the questions contained herein an	d know the same to be true and correct. I understand and shall comply with all the property meets those requirements. I understand and shall comply with all				
	se 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					
inspector and the inspector reconfigent along with a 202 re-inspection f	ee. I understand and shall notify the Village within 24/nours should there be a				
changé in contact information pursuant to V	illage of Twin Lakes Code Chapter 5.40.020(c)(9).				
Owner Signature	Date ()3)				
Fire Inspection Date 11-16-23 Outstan	Date to PD 112 Pass/Fail P=55				
Dans / Fail / ACA Ciana at man	nding Fines/Forfeitures? White n Date: Sept 2023				

PD Chief Signature: K

# 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

NOT TRANSFERABLE

(SUMMA .........

Trainet Roomsing House (LTR)

NATURE DEPOSITION OF THE STREET OF THE STREE

CHRISTINE KERNES PO BOX 168

WCFENRY, L 60051

EXPIRATION DATE

I.D. NUMBER

30-Jun-2024

MMEK-CJVRZ2

BUSINESS / ESTABLISHMENT ADDRESS 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.



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

# **Short Term Rental Application**

# Licenses Fynires on December 31st

AJCON-	es rybues ou peceumet 212f			
New Ap	plication Renewal			
Application must be filled or	at completely and include the following items:			
	with \$150.00 Fee. Issued for a 1-year period, from January 1st to			
State of Wisconsin Tourist Rooming House License as required Agriculture, Trade, and Consumer Protection or agent thereof, by the Department of Revenue or AirBNB / VRBO Contract	by Wis. Stat. 66.1014(2)(d)2.a. Issued by the Wisconsin Department of Kenosha County Public Health. State of Wisconsin Seller's Permit issued			
Floor Plan showing bedrooms, doors, fire exits and available pa	arking (see example) Property			
Manager Agreement (if applicable)	dies sample, respectly			
Property Address: 705 Legion Drive	Parcel Number: <u>85-4-119-223-2465</u>			
Maximum Occupancy for premise: $ m{artheta} $	Contracted with a 3rd Party?			
(The total number of occupants licensed by the State of Wisconsin or two per	(i.e. Alrbnb/VRBO) Yes No			
bedroom plus two additional occupants, whichever is less)	Company Name:			
Property Owner Information	Property Manager Information			
Name Petite Retreat Cottage LLC	Name David Wagner			
Physical Address 705 Legion Drive	Physical Address 705 Legion DC			
State, Zip WI 53181	State Zip			
Mailing Address 2704 Kendall Crossing, Johnsburg	Mailing Address			
State, Zip IL 60051	State Zip			
Phone	Phone			
Email	Email			
Is this property managed by a 3rd party corporate entity	d know the same to be true and served by			
provisions of vininge of Twin bakes code chapter 5.40, and Thereby Certify	the property meets those requirements. Lunderstand and shall comply with all			
ting no license shall be issued to any person who owes any taxes to the State of Wisconsin Building Inspection Date 1/21/27  Pass/Fail? 1444 Signature 1 Inspection fee. 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 Vi	llage of Twin Lakes Code Chapter 5.40.020(c)(9).			
Owner Signature Anglung	Date 10/30/23			
	spection Date 11-9-23 il? <u>PASS</u> Signature <u>Buster Claw</u> ell			



## KENOSHA COUNTY PUBLIC HEALTH

## License, Permit or Registration

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

Tourist Rooming House (LTR)
LICENSEE MAILING ADDRESS PETITE RÉTREAT COTTAGE LLC 2704 KENDALL CROSSING JOHNSBURG IL 60051

NOT TRANSFERABLE

EXPIRATION DATE 30-Jun-2024

I.D. NUMBER MMEK-OB3L9H

BUSINESS/JESTABLISHMENT ADDRESS
PETITE RETREAT COTTAGE
7,05 LEGION DR
TWIN/LAKES WI 53181

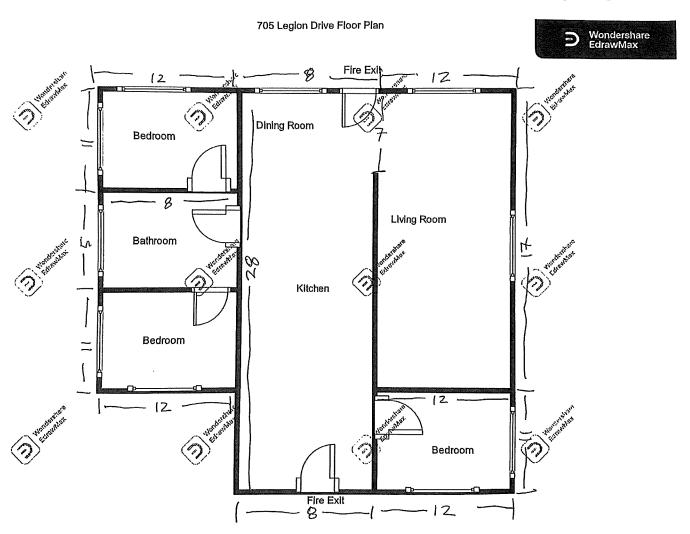
All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

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.

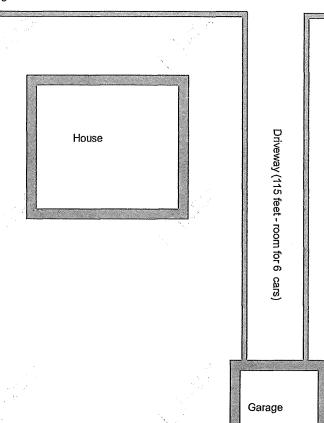
705 Legion - Wagner



705 Legion - Wagner



### Legion Drive



Parking Plan



Outstanding Fines/Forfeitures?

PD Chief Signature:\_\_\_

\_ Date: 11 7 23

## **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 App	Renewal			
	t completely and include the following items:			
Completed Village of Twin Lakes Short Term Rental Application December 31st. No proration for partial year.	with \$150,00 Fee. Issued for a 1-year period, from January 1st to			
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 pa	rking (see example) Property			
Manager Agreement (if applicable)				
Property Address: 1518 Skinner Dr.	Parcel Number: 86 - 4- 119 - 322 - 520c			
Maximum Occupancy for premise:	Contracted with a 3rd Party?			
(The total number of occupants licensed by the State of Wisconsin or two per	(i.e. Alrbnb/VRBO)  Yes No			
bedroom plus two additional occupants, whichever is less)	Company Name: Evolve Property			
Property Owner Information	Property Manager Information			
Name Helen Myroky	Name Helen Murphy			
Physical Address 4023 Targlewood Trail	Physical Address 4023 Tangle wood Trail			
State, Zip Chesapeake, 1/A 23325	State Zip (hesa peake, VA 23325			
Malling Address 4023 Targlewood Trail	Mailing Address Samo			
State, Zip Chesupeake NA 23325	State Zip			
Phone	Phone			
Email	Email			
Is this property managed by a 3rd party corporate entity	? If yes, attach property manager agreement.			
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	Date 10-70-2073			
Short Term Rental Application Building Pass/Fo	g Inspection Date <u>11/30/23</u> nate: Sept 2023 til? <u>1945</u> Signature <u>198</u>			
Date to PD_10/26 Pass/Fail_ Pass/	10 21 2022			

Fire Inspection Date 10-31-2023
Pass/Fail? 1955 Signature Busto Ames 2

## BACTERIOLOGICAL ANALYSIS (ENCLOSE FORM WHEN RETURNING SAMPLE)

For private wells only.	We do not test new or re-constructioned wells or wells in which pump work is done.	See
	VOUR Well driller or numn installantes were to	

Sample Name & Mailing Address:   Phone:	your well dr	iller or pump inst	taller for	more infor	mation.		
Sample Source (Location):    Must Check One:	Panipier Name & Walling Address	ł.	Phone: -708 - 431-9701				
Sample Source (Location):   Must Check One:   Property Transfer Well Inspection (also requires nitrate & arsenic testing - not done here)	Helen Murphy	Í					
Sample Source (Location):   Must Check One:   Property Transfer Well Inspection (also requires nitrate & arsenic testing - not done here)	4023 Tangle Wood Ti	iet//	l			esuits By:	
Sample Source (Location):    Must Check One:	Chrisa Deale. MA 7	337 6	Email:			,	n. ,
Private Well Only  Address request for testing  Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)  Sample Collection Date: 29 197203 Time: 2 20 4 AM A.M. P.M.  Address where sample was collected: 15 18 SN INDEC DOINE TWO Cokes Wiresample: "Yak Water Street")  Location of Sample Tap: Kirchen Sinit")  Name of Sample Tap: Kirchen Sinit")  Name of Sample Tap: Kirchen Sinit")  Name of Sample Tap: 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  Storet Code Parameter SDWA Method RESULTS MRDL UNITS  Source Code Parameter SDWA Method RESULTS MRDL UNITS  Source Code Parameter SDWA Method RESULTS MRDL UNITS  Source Code CHLORINE FREE AVAIL 4.0 MG/L  Lab Test Results (to be completed by LAB)  Laboratory Results  Lab Test Results (to be completed by LAB)  Laboratory Results  Approved Enzyme Substrate Method (Each method requires 100 mL of sample) (Eolilert* Readycult* Readycult* Collicure* Co			Fax:	()			
Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)	Sample Source (Location): Must (						
Special Instructions If Any:    Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)   Sample Collection Date:   29   19   20   3   Time:   2   29   4   A.M.   P.M.     Address where sample was collected:   15   18   5   15   10   10   10   10   10   10	Bul	Property Tr	ansfer W	/ell Inspecti	ion		
Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)  Sample Collection Date: Qq	Private Well Only	(also requir	es nitrat	e & arsenic	testing - not	done here	)
Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)  Sample Collection Date: QQ / YY QC). Time: S : QY AM. P.M.  Address where sample was collected:   5 18	I  V	/					
Sample Information (to be completed by SAMPLER - ALL ITEMS REQUIRED)  Sample Collection Date: Qq / // JQ JQ JS Time: Z : Q Y JA AM. P.M.  Address where sample was collected: 15 // SW SWINDER DOI VE TWO COKES WATER SAMPLER DOI VE TWO COKES WATER DOI VE	Special Instructions If Any	Owner requ	jest for to	esting			
Address where sample was collected:   STR   STYNDER   Drive   Twy Cakes   U/2	ap court moti detions it Arry.						
Address where sample was collected:   STR   STYNDER   Drive   Twy Cakes   U/2	Sample Information It	to he completed	h C A A AF				
Address where sample was collected:   15 1R   SV   SV   SV   SV   SV   SV   SV   S	Sample Collection Date: 09 / 191	() 2) 2 Times	uy SAIVIF	LEK - ALL	IEMS REQUI		etati etatua eta eta eta eta eta eta eta eta eta et
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Storet Code   Parameter   SDWA Method   RESULTS   MRDL   UNITS	System Test Result Information for Sur	/					
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Source   Children	Divict Code Parameter Cours As a constant of the control of the code of the co						
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Lab Test Results (to be completed by LAB)  Laboratory Results  Approved Enzyme Substrate Method  (Each method requires 100 mL of sample)  Louisafe (Coliform Present) and:  Fecal/E Coli Present  Date PWS Notified of Unsafe  Colisure  Colisure  Colisure  Coliscan  Coliscan  Colitag  MI Agar  Overgrown  Lab Accident  Chlorine Present  Shipping Problem  Time Received:  Approved Enzyme Substrate Method  Chlorine Present  Time Received:  Sample ID:  Time Received:  Approved Enzyme Substrate Method  Notified By:  Coliscan  Colitag  Time Received:	The state of the s			**************************************			
Lab Test Results (to be completed by LAB)  Laboratory Results  Approved Enzyme Substrate Method  (Each method requires 100 mL of sample)  (Collierto Readyculto Chromoculto Coliscano Coliccano Coliccan	50066 COMBINED AVAILABLE CHLORINI	+					
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Safe (Coliform Absent)  Unsafe (Coliform Present) and:  Fecal/E Coli Present   Fecal/E Coli Absent   Colilert-18°   Chromocult°    Invalid (Submit another Sample)   E* Colite°   Coliscan°    Invalid (Submit another Sample)   E* Colite°   Colitag™    Old   Frozen   MI Agar    Overgrown   Lab Accident   Other:    Chlorine Present   Shipping Problem   Chlorine Present   Shipping Problem    Comments:   Time Received: 08:30   XA.M.   P.M.    Baboratory Name: Lake Geneva Utility Commission   Date Received: 09-14-2023   Sample ID: 09-15-2013   12-45    MI Bacteriological Certification Number: 105-436   Lab Phone Number: 262-248-2311   Date/Time: 09-15-2013   12-45    Colilert - 18°   Chromocult°   Coliscan°   Coliscan°   Coliscan°   Coliscan°   Coliscan°   Coliscan°   Colitag™   Colitag™   Other:   (Print Approved Enzyme Substrate Method)    Comments:   Time Received: 08:30   XA.M.   P.M.   P.M.   Coliscan°   Co			complete	d by LAB)			
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Date PWS Notified of Unsafe    Colisure   Coliscan   C	F-1	Paralle C. C.A.		- waayean			
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/I Bacteriological Certification Number: 105-436 Lab Phone Number: 262-248-2311 Notified By: □Call □Fmail □Fax Date/Time: 09-15-2073 12: 45	aboratory Name: Lake Geneva Utility Commission	Date Received:	09-14	-2023	Sample ID: (	91422	Hm
1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	VI Bacteriological Certification Number: 105-436				Notified By: E	Call SEn	nail 🗆 Fax
					<u> </u>		



### Lodging Inspection Report

Establishment Information

Facility Name

WISCONSIN HOME RENTAL

Facility ID#

MMEK-CKHSB4

Facility Address

1518 SKINNER DR

TWIN LAKES, WI 53181

Licensee Name

HELEN MURPHY

Facility Type

Tourist Rooming House (LTR)

Facility Telephone #

262

Licensee Address

2252 S 5TH AVE

NORTH RIVERSIDE, IL

60546

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:

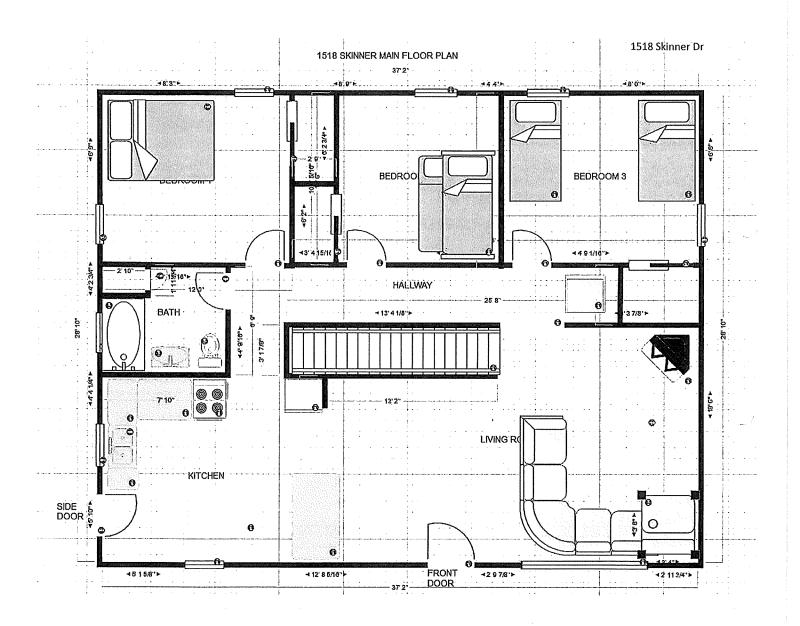
No violations noted. Approved to continue operation. Please comply with all local ordinances and obtain any necessary permits. Operator indicated there would be no food available while guest occupy the home. Operator was available remotely during inspection. Access gained with keyless entry code.

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





Dale to PD 10 17

Outstanding Fines/Forfeitures? 10 20103 Angle
PD Chief Signature: Lake Half Date: 10/31/23

Outstanding Fines/Forfeitures? 10

Pass/Fail\_Ass

1213 W Main

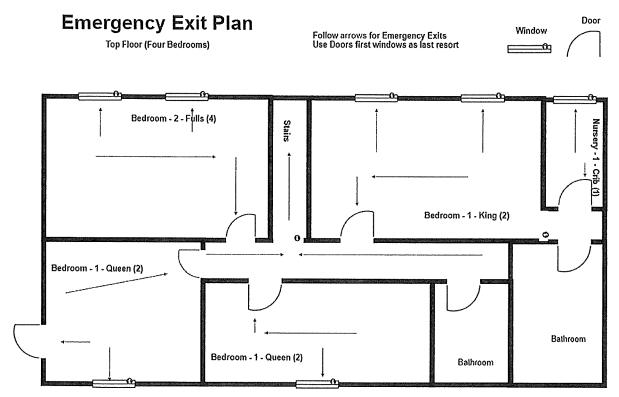
## **VILLAGE OF TWIN LAKES**

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

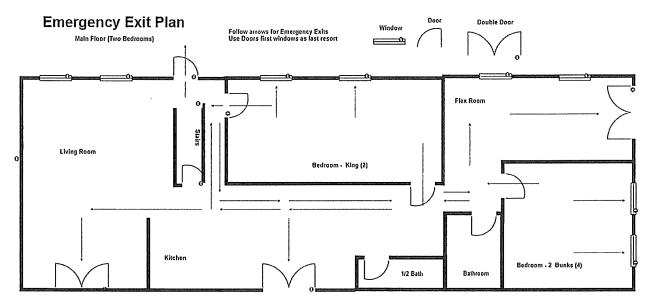
Short Te	rm Rental Application	
W <sub>SCON</sub> SI <sup>N</sup> Licens	es Expires on December 31st	
	plication Renewal	
	it completely and include the following items:	
Completed Village of Twin Lakes Short Term Rental Application December 31st. No proration for partial year.	with \$150.00 Fee. Issued for a 1-year period, from January 1st to	
	by Wis. Stat. 66.1014(2)(d)2.a. issued by the Wisconsin Department of Kenosha County Public Health. State of Wisconsin Seller's Permit issued	
Floor Plan showing bedrooms, doors, fire exits and available pa	rking (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?		
(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	
Building Inspection Date 1, 3, 23 nspection Pass/Fail? Fai Signature 2 Inspection nspection	the property meets those requirements. I understand and shall comply with all use shall be issued to any person who owes any taxes to the State of Wisconsin or mply with the provision that the Village will conduct a Building Inspection and Fireons, I understand and shall comply with making any modifications the Building fee. I understand and shall notify the Village within 24 hours should there be a /illage of Twin Lakes Code Chapter 5.40.020(c)(9).	
Owner Signature	Date 10.2.23	

Fire Inspection Date 10~31~2028
Pass/Fail? <u>1466</u> Signature Bush Charl

Date: Sept 2023



Not to Scale



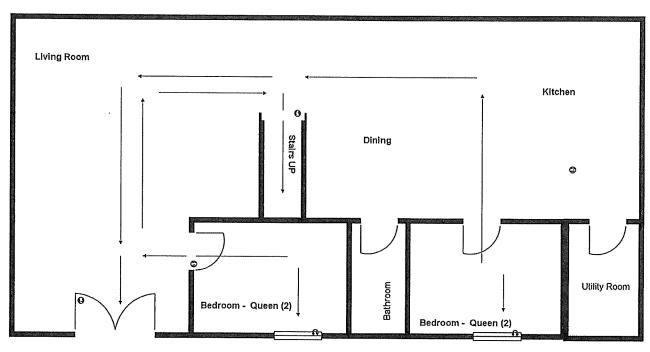
Not to Scale

# **Emergency Exit Plan**

Basement (Two Bedrooms)

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





Not to Scale



Pass/Fail? PASS Signature Buy

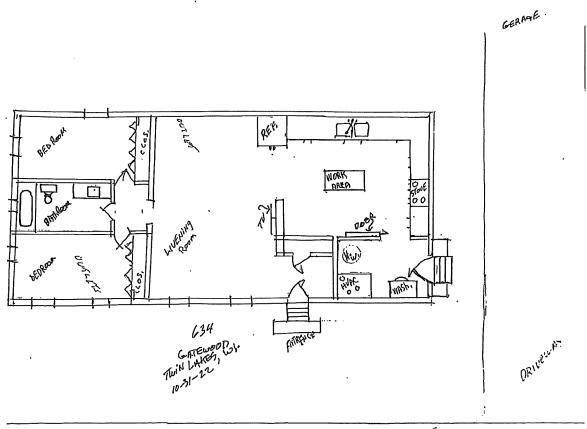
## **VILLAGE OF TWIN LAKES**

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 Renewal **New Application** 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: ( Maximum Occupancy for premise: ontracted with a 3rd Party? (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: **Property Manager Information Property Owner Information** Name Name Physical Address Physical Address State, Zip State Zip Mailing Address Mailing Address State Zip State, Zip Phone Phone Emai Email Is this property managed by a 3rd party corporate entity? If yes, attach property manager agreement. 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 master provisions of Village of Twin Lakes Code Chapter 5.20.120(e) stating no license shall the Building Inspection Date 1 or owe any taxes, fines, or forfeitures to the Village. I understand and shall comply with Fire Inspection. If the property were to fail the Building and/or Fire Inspections, I und Pass/Fail? 445 Signature Inspector and Fire Inspector/recommend along with a \$65 re-inspection fee. I understand and small noting 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** Pass/Fail Fire Inspection Date 11-2-2023 Outstanding Fines/Forfeitures? 🖤 ion Date: Sept 2023

PD Chief Signature:\_



GATE WOOD 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.

NOT TRANSFERABLE

ACTIVITY

Tourist Rooming House (LTR)

LICENSEE MAILING ADDRESS
CHRISTINE KERNES
PO BOX 158

PO BOX 158 MCHENRY IL 60051 EXPIRATION DATE 30-Jun-2024

I.D. NUMBER MMEK-CKQSJ5

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

<sup>\*</sup> Include the name of your facility and the ID number.

## **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	y, 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	