

Larsen Tavern

8348 County Road T
Larsen, WI 54947

Attachment A

REQUIREMENTS FOR ISSUANCE OF LIQUOR AND/OR TOBACCO LICENSE(S)

- Application form **AT-115** for renewal applications or form **AT-106** for new applicants
- Auxiliary Questionnaire form **AT-103**
 - One form must be submitted for each officer/member listed on the AT-106 and/or AT-115
 - Complete the top sections and questions 1-6
 - Each officer/member listed on the AT-106 and/or AT-115 needs to provide a copy of their valid Driver's License for background checks
- ~~NA~~ Schedule for Appointment of Agent form **AT-104**—required for Corporations and LLCs
- Copy of valid Wisconsin Seller's Permit Certificate – License cannot be issued if applicant is unable to provide the Seller's Permit
- Proof of Completing the Responsible Beverage Course within the past 2 years
- Copy of a Valid Federal Identification Number (FEIN).
- ~~NA~~ Cigarette License Application Form **CTP-200**, if applicable.
- Evidence of Control of Premises, Ownership, or a copy of a Lease Agreement or Land Contract.
- A Current Fire Inspection Certification free of any violation(s)
- Payment of Applicable Fees
- Real Estate Taxes Paid to date with no delinquencies*
- Personal Property Taxes Paid to date with no delinquencies* pd 5/10/23

*The Town Board will **not** renew licensees with delinquent taxes as set forth in the Town of Clayton Ordinance 2014-001.

background check done

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Clayton
 Village of }
 City of }

County of Winnebago Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Sweere</u>	(First) <u>Stephanic</u>	(Middle Name) <u>Jean</u>	Home Address (Street, City or Post Office, & Zip Code) <u>7991 Pleasant Valley Rd, Larsen 54947</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name The Larsen Tavern Business Phone Number 920-585-2462
- Address of Premises 8338 County Rd T, Larsen Post Office & Zip Code 54947
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st floor front of building Est 2,000 sq ft., front parking lot and Northside grass area

Applicant's Wisconsin Seller's Permit Number <u>456-1027083399-05</u>	
FEIN Number <u>47-1729726</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>75-</u>
TOTAL FEE	\$ <u>575.00</u>

CL# 5263 8575.00 100 510ms
 20.146

5. Legal description (omit if street address is given on previous page): 2000 Westwood @ Interb David
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>Sweere Stephanie J</u>	Title / Member <u>owner</u>	Date <u>5-10-23</u>
Signature <u>Steph A Sweere</u>	Phone Number <u>920-585-2462</u>	Email Address <u>StephanicSweere5@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/10/23</u>	Date reported to council / board	Date license granted
License number issued <u>BLB-2023-03</u>	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Sweere		Stephanie		Jean	
Home Address (street/route)		Post Office	City	State	Zip Code
7991 Pleasant Valley Rd		Larsen	Larsen	WI	54947
Home Phone Number			Age	Date of Birth	Place of Birth
920-585-2462			33	8-20-89	Neenah

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

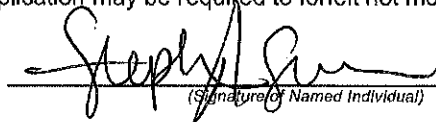
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 33
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
OWI March 2014 1st offense loss of license for 7mo / Fine
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Salon Aura	928 S Green Bay Rd, Neenah	Nov. 2022	Present
Employer's Name	Employer's Address	Employed From	To
Larsen Tavern	8368 County Rd T	Sept. 2009	Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

USA NOT FOR FEDERAL PURPOSES

WISCONSIN CLASS D

DRIVER LICENSE REGULAR

1 SWEERE
2 STEPHANIE JEAN SWEERE
8 7991 PLEASANT VALLEY RD
LARSEN, WI 54947



15 SEX F 16 HGT 5'-02" 17 WGT 145 lb 18 EYES BRO 19 HAIR BRO

3 DOB 08/20/1989 4b EXP 08/20/2024 5 DD 07AUW20M05281644051C

9a END NONE

AUG 89

Signature: *Stephanie A. Sweere*



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0693801488

STEPHANIE J SWEERE
7991 PLEASANT VALLEY RD
LARSEN WI 54947-9603

Wisconsin Department of Revenue Seller's Permit

Legal/real name: STEPHANIE J SWEERE
Business name: LARSEN TAVERN
7991 PLEASANT VALLEY RD
LARSEN WI 54947-9603

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027083399-03

QuickBooks E-Filing Confirmation

Company Name: Larsen Tavern - Stephanie Sweere

EIN: 47-1729726

Submitted on: 10/26/2021

Form: Federal Form 941 (Reporting Agents)

QB Tracking #: 55647074214

Agency/Recipient: United States Treasury

Period: 7/1/2021 - 9/30/2021

Lease Agreement

The parties , Chris Clauson , Lessor . And Stephanie Clauson Lessee agree as follows.

1. That the Tavern located at 8338 cty hwy T in Larsen , Wisconsin . In the Town of Clayton . Is agreed to be leased for a period of 2 years 6 months.

2. That the Lessee Stephanie ~~Clauson~~ ^{Sweere} . is to pay rent in the sum of \$1,400.00 Per month Starting on the 6th of January , ~~2023~~ ²⁰²³ . Then due on the 1st Of each month following.

4. Outside maintenance of the outside of the building is to be done by the lessee .

5. Both parties agree that this lease can be terminated with out cause. With 6 month written notice.



Lessor

Lessee

 5-10-23

WISCO



FIRE INSPECTION REPORT
 CORRECTION ORDER



8338 Cty Rd T
 LOCATION (Legal address of building)
 5-19-2023
 INSPECTION DATE

Larsen Tavern / Stephanie Clausen
 NAME (Business owner / occupant / building owner / owner's representative)
 8338 Cty Rd T
 MAILING ADDRESS
 Larsen
 CITY
 WI
 STATE
 54947
 ZIP CODE

COMPLIANCE DATE
 * §101.14 Wisconsin Statutes constitutes every Fire Chief a deputy of the Wisconsin Department of Safety & Professional Services, and requires the chief or appointed inspectors to make inspections periodically for the purpose of ascertaining and causing to be corrected any conditions liable to cause fire, or any violation of any law or local ordinance relating to fire hazards or prevention of fires per SPS 314 and NFPA 1

<p>EXTERIOR</p> <p><input type="checkbox"/> Fire lanes marked/unobstructed 18.2.3.5.1</p> <p><input type="checkbox"/> Address visible from roadway 10.12.1.1</p> <p><input type="checkbox"/> Fire Hydrant(s) accessible 18.5.2</p> <p><input type="checkbox"/> Fire Hydrant clear space 38" 18.5.3</p> <p><input type="checkbox"/> Combustible accumulation 10.19.1, 19.2</p> <p><input type="checkbox"/> Gas meter/piping protected 11.4.2, 60.5.1.9</p> <p><input type="checkbox"/> FD connections visible/condition caps/OK, Post Indicator Valve/OK 13.1.3, 13.1.4</p> <p><input type="checkbox"/> Lock box/Current keys 18.2.2.1</p> <p><input type="checkbox"/> Exits clear 14.4.1</p> <p>EXIT FEATURES</p> <p><input type="checkbox"/> Exits, aisles & corridors free of obstructions 14.4.1</p> <p><input type="checkbox"/> Exit hardware proper/operational 14.5.3.4.1</p> <p><input type="checkbox"/> Exit signs present/operational 14.14.1.5.1</p> <p><input type="checkbox"/> Exit corridors/stairways protected 14.2</p> <p><input type="checkbox"/> Emergency lighting present & operational 14.13.1.1</p> <p><input type="checkbox"/> Occupant load posted/maintained 20.1.1.10.3.1</p> <p>BUILDING FEATURES</p> <p><input type="checkbox"/> Fire separations properly maintained 6.1, 14.4.1, 12.7.2.1</p> <p><input type="checkbox"/> Structural elements properly maintained 10.1.4.1</p> <p><input type="checkbox"/> Rated fire doors operational 12.4, 12.4.6</p> <p> Last Test date: _____</p> <p><input type="checkbox"/> Vertical openings properly maintained 4.4.6, 12.4.6.8.1</p> <p><input type="checkbox"/> Interior finish proper 12.5.3, 12.6</p> <p>STORAGE</p> <p><input type="checkbox"/> Storage neat/orderly 10.16, 34.4, 60.4</p> <p><input type="checkbox"/> Combustibles in boiler/mechanical rooms 10.19.5.1</p> <p><input type="checkbox"/> Combustibles under unprotected stairways 10.19.1, 10.19.6</p> <p><input type="checkbox"/> Storage 2' below ceiling (no sprinklers) 10.19.3.1</p> <p> 18" below sprinkler heads 10.19.3.2</p>	<p>STORAGE (continued)</p> <p><input type="checkbox"/> Aisle width maintained 34.7.3.3.1, 34.7.3.3.2</p> <p><input type="checkbox"/> City rage, properly stored/disposed 16.2.2.3</p> <p><input type="checkbox"/> Combustible waste material properly stored 19.1.2, 19.1.3</p> <p>FLAMMABLE/COMBUSTIBLE LIQUIDS</p> <p><input type="checkbox"/> Proper storage/dispensing 66.18</p> <p><input type="checkbox"/> No sources of ignition 66.5.5.4.1</p> <p><input type="checkbox"/> Adequate ventilation 66.9.14</p> <p><input type="checkbox"/> Proper electrical equipment/wiring 66.7.3.1</p> <p>UTILITY, MECHANICAL, HVAC EQUIPMENT</p> <p><input type="checkbox"/> Adequate clearances from appliances 34.4.2.4</p> <p><input type="checkbox"/> Clean ducts & filters 4.5.8</p> <p>FIRE EXTINGUISHERS</p> <p><input type="checkbox"/> Readily accessible/suitable location 13.6.8.1.3.1, 13.6.8.1.3.2</p> <p><input type="checkbox"/> Proper type 13.6.7.1, 13.6.8.1.1</p> <p><input type="checkbox"/> Routine inspection & labelling 13.6.9.2.12</p> <p><input type="checkbox"/> Visible, no obstruction 13.6.8.1.3.3.1</p> <p><input type="checkbox"/> Properly serviced / maintained 13.6.9.1.1</p> <p> Last Service Date: 2023</p> <p>HAZARDOUS MATERIALS</p> <p><input type="checkbox"/> Proper quantities 60.1.3.1</p> <p><input type="checkbox"/> Proper storage/dispensing 60.4.1.1, 60.5.1.4.2.2</p> <p><input type="checkbox"/> Proper separation/compatibility 60.6.1.12.1</p> <p><input type="checkbox"/> Marking/identification system (NFPA 704) 60.5.1.8.2</p> <p><input type="checkbox"/> Compressed gas cylinders secured 63.3.1.6.4</p> <p>MISCELLANEOUS</p> <p><input type="checkbox"/> No smoking ss.101.123</p> <p>SPRINKLER SYSTEMS</p> <p><input type="checkbox"/> Controls readily accessible 13.7.1.4.13</p> <p><input type="checkbox"/> Valves locked, open, or supervised 13.4.3.1</p>	<p>SPRINKLER SYSTEMS (continued)</p> <p><input type="checkbox"/> Properly serviced & maintained 13.3.3.1</p> <p><input type="checkbox"/> Heads in good condition 13.3.3.5.1.8</p> <p><input type="checkbox"/> Wrench/spare heads present 13.3.3.5.1</p> <p><input type="checkbox"/> Central station monitoring provided 13.3.1.7.1</p> <p> Last Date inspected, tested: _____</p> <p>FIRE ALARM EQUIPMENT</p> <p><input type="checkbox"/> Smoke/Heat detectors properly maintained 13.7.1.2</p> <p><input type="checkbox"/> Pull stations properly maintained 13.7.1.4.8.3</p> <p><input type="checkbox"/> Alarm equipment serviced/maintained 13.7.4.4.1</p> <p><input type="checkbox"/> Tests/drills conducted 13.7.1.4.3, 13.7.3.1.1.2</p> <p> Date inspected, tested: _____</p> <p><input type="checkbox"/> Carbon monoxide alarms (R occupancies) ss. 101.149</p> <p>OTHER FIRE PROTECTION EQUIPMENT</p> <p><input type="checkbox"/> Standpipe/hose condition good 13.2.3.1</p> <p><input type="checkbox"/> Hood extinguishing system-fuel shutoff present 50.4.6.1</p> <p><input type="checkbox"/> Hood extinguishing system serviced 50.5.2.3</p> <p> Last Date system serviced: _____</p> <p><input type="checkbox"/> Hood properly cleaned/maintained 50.5.6.1</p> <p><input type="checkbox"/> Cooking equipment maintenance 50.6.7.1</p> <p>ELECTRICAL</p> <p><input type="checkbox"/> Panels/appliances/fixtures in good condition 11.1.1</p> <p><input type="checkbox"/> Clear access to electrical panel 11.1.9.2</p> <p><input type="checkbox"/> Covers present, condition good 11.1.10</p> <p><input type="checkbox"/> Overcurrent protection present 11.1.3</p> <p><input type="checkbox"/> Proper use of wiring, connections & equipment 11.1.2</p> <p><input type="checkbox"/> Extension cords used properly, condition good 11.1.7.6</p> <p><input type="checkbox"/> Power strips, taps, listed & in good condition 11.1.6.1</p> <p><input type="checkbox"/> Photovoltaic system shut-off present, marked 11.12.2.1.1</p> <p><input type="checkbox"/> Elevator access, operation & testing 11.3.4, 11.3.4.2</p> <p> Last Test Date: _____</p>
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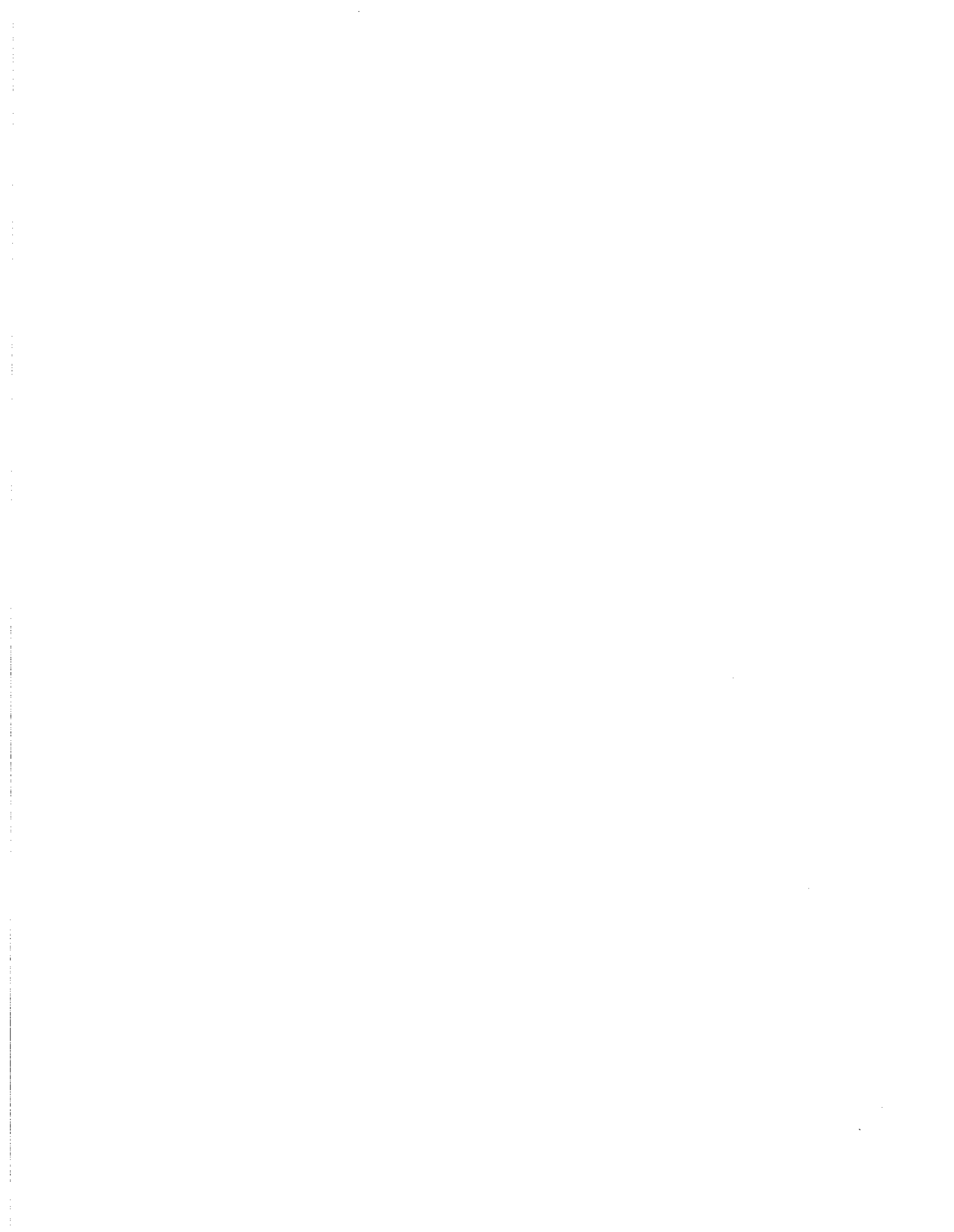
Correction order: Pursuant to section 101.14 Wis. Stats. you are hereby ordered to correct the items marked or listed by the compliance date.
Right to Appeal: An appeal to any orders must be submitted in writing within 10 days of the date of the order to:
Petition for Variance: The department may grant a variance to a provision of ch. SPS 314 Wis Admin Code in accordance with ch. SPS 303.

No violations observed during this inspection. Violations observed during this inspection were corrected while inspector on site.

A COPY OF THIS NOTICE WILL BE KEPT ON FILE IN THE OFFICE OF THE FIRE INSPECTOR FOR FURTHER ACTION
 Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Scott Rieckmann Clayton Fire Rescue
 INSPECTING OFFICER/FIRE DEPARTMENT

OWNER/OCCUPANT/AGENT/MANAGER REPRESENTATIVE





GENERAL BEER NORTHEAST, INC.

1825 ROSEHILL ROAD

KAUKAUNA, WISCONSIN 54130-1360

PHONE (920) 462-0330

1-800-731-5541

Wholesaler's Report of Delinquent Retail License

To the Authority of:

Winnebago County of Larsen, WI

This Is To Certify That Stephanie Clavson a Licensed Beer

Retailer Doing Business As: Larsen Tavern

Located At: 8338 Cty Rd T Larsen WI 54947

Is indebted in excess of 15 days to General Beer NE, Inc., Kaukauna, WI for beer purchases by and delivered to him/her on the dates and in the amounts as shown by the attached statement.

The accuracy of the attached report is verified by Marie Shilt, whose signature appears below.

Please withhold the Class B License of the enclosed debtor until the debtor has remitted in full.

Wholesaler's Verification:

I declare under penalties of law that I have examined the record maintained in the normal course of business as wholesaler of intoxication beers and that each of the invoices listed above is unpaid as of: May 23, 2022.

Marie Shilt

Marie Shilt
Office Manager
General Beer Northeast, Inc.
920-759-4051

GENERAL BEER DIST-NE

1825 ROSEHILL ROAD
KAUKAUNA WI 54130-1360
920)462-0330

*** BILLING STATEMENT ***

ACCOUNT BILLING DATE LICENSE GROUP SALESMEN
41258 5/23/23 E-MAIL X 456

CLAUSON, STEPHANIE
LARSEN TAVERN
8338 CTY RD T
LARSEN WI 54947

DATE	TYPE		AMOUNT	CREDIT	BALANCE
4/06/23	INVOICE #	459630	60.65		60.65
4/06/23	INVOICE #	459632	125.60		186.25
4/20/23	INVOICE #	469404	121.95		308.20
4/20/23	INVOICE #	469405	195.20		503.40
4/27/23	INVOICE #	473970	176.80		680.20
5/04/23	INVOICE #	479480	210.35		890.55
5/18/23	INVOICE #	488979	226.85		1117.40

*** PLEASE PAY THIS AMOUNT *** 1117.40

AGEING: OVER 46 31- 45 16- 30 0- 15
186.25 317.15 387.15 226.85

Check all invoices being paid

- _____ 459630
- _____ 459632
- _____ 469404
- _____ 469405
- _____ 473970
- _____ 479480
- _____ 488979
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Amount of Remittance

Winnebago County

Owner (s):
CLAUSON, CHRISTOPHER R

Location:
SW-NW,Sect. 20, T20N,R16E

Mailing Address:
**CHRISTOPHER R CLAUSON
PO BOX 55
LARSEN, WI 54947-0055**

School District:
6608 - WINNECONNE SCHOOL DIST

Tax Parcel ID Number:Tax District: Status:
05350302 006-TOWN OF CLAYTON Active

Alternate Tax Parcel Number:Government Owned:Acres:
1.0800

Description - Comments (Please see Documents tab below for related documents. For a complete legal description, see recorded document.):
PT SW NW DESC AS LOT 2 OF CSM-7588 1.08 A.

Site Address (es): (Site address may not be verified and could be incorrect. DO NOT use the site address in lieu of legal description.)
8338 HICKORY AVE LARSEN, WI 54947

Taxes

1 Lottery credit claimed effective 1/1/2020

Tax History

* Click on a Tax Year for detailed payment information.

Tax Year*	Omitted	Tax Bill	Taxes Paid	Taxes Due	Interest	Penalty	Fees	Total Payoff
2022		\$3,576.83	\$2,307.69	\$1,269.14	\$50.77	\$0.00	\$0.00	\$1,319.91
2021		\$5,102.47	\$5,102.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total								\$1,319.91

If taxes are 3 years or more delinquent, please contact the Treasurer's office for additional fees due. (920) 232-3420.

NOTE: Current year tax bills may not be processed by the county.

Interest and penalty on delinquent taxes are calculated to **May 31, 2023.**

Assessments

Districts

Documents

Notes

Parcel History

Sales History

TOWN OF CLAYTON
8348 COUNTY RD T
LARSEN WI 54947

WINNEBAGO COUNTY - STATE OF WISCONSIN
PROPERTY TAX BILL FOR 2022
REAL ESTATE

CLAUSON, CHRISTOPHER R



Parcel Number: 006 05350302
Bill Number: 480657

Important: Be sure this description covers your property. Note that this description is for tax bill only and may not be a full legal description. See reverse side for important information.

480657/006 05350302
CHRISTOPHER R CLAUSON
PO BOX 55
LARSEN WI 54947-0055

Location of Property/Legal Description
8338 HICKORY AVE
Sec. 20, T20N, R16E
PT SW NW DESC AS LOT 2 OF CSM-7588 1.08 A.
1.080 ACRES

Please inform treasurer of address changes.

Drainage District Notification: No Assessment

ASSESSED VALUE LAND 27,300	ASSESSED VALUE IMPROVEMENTS 100,900	TOTAL ASSESSED VALUE 128,200	AVERAGE ASSMT. RATIO 0.882543888	NET ASSESSED VALUE RATE 0.01787837 <small>(Does NOT reflect credits)</small>	NET PROPERTY TAX 2065.47																																										
ESTIMATED FAIR MARKET VALUE LAND 30,900	ESTIMATED FAIR MARKET VALUE IMPROVEMENTS 114,300	TOTAL ESTIMATED FAIR MARKET VALUE 145,200	<input type="checkbox"/> A star in this box means unpaid prior year taxes.	School taxes also reduced by school levy tax credit 163.72	Drain Ditch 13.50 Garbage & Refuse 230.00 Delq Sewer Chg 933.69 Delq Sewer Chg-Int 10.00 Stormwater Mangmt Utility 324.17																																										
<table border="1"> <thead> <tr> <th>TAXING JURISDICTION</th> <th>2021 EST. STATE AIDS ALLOCATED TAX DIST.</th> <th>2022 EST. STATE AIDS ALLOCATED TAX DIST.</th> <th>2021 NET TAX</th> <th>2022 NET TAX</th> <th>% TAX CHANGE</th> </tr> </thead> <tbody> <tr> <td>WINNEBAGO COUNTY</td> <td>190,920</td> <td>196,652</td> <td>643.08</td> <td>644.34</td> <td>0.2%</td> </tr> <tr> <td>TOWN OF CLAYTON</td> <td>239,152</td> <td>257,649</td> <td>532.83</td> <td>536.27</td> <td>0.6%</td> </tr> <tr> <td>WINNECONNE SCHOOL</td> <td>731,673</td> <td>732,569</td> <td>780.72</td> <td>740.40</td> <td>-5.2%</td> </tr> <tr> <td>FOX VALLEY TECH</td> <td>584,317</td> <td>589,458</td> <td>119.19</td> <td>116.80</td> <td>-2.0%</td> </tr> <tr> <td>LARSEN WINCH SAN</td> <td>0</td> <td>0</td> <td>232.88</td> <td>254.21</td> <td>9.2%</td> </tr> <tr> <td>TOTAL</td> <td>1,746,062</td> <td>1,776,328</td> <td>2,308.70</td> <td>2,292.02</td> <td>-0.7%</td> </tr> </tbody> </table>						TAXING JURISDICTION	2021 EST. STATE AIDS ALLOCATED TAX DIST.	2022 EST. STATE AIDS ALLOCATED TAX DIST.	2021 NET TAX	2022 NET TAX	% TAX CHANGE	WINNEBAGO COUNTY	190,920	196,652	643.08	644.34	0.2%	TOWN OF CLAYTON	239,152	257,649	532.83	536.27	0.6%	WINNECONNE SCHOOL	731,673	732,569	780.72	740.40	-5.2%	FOX VALLEY TECH	584,317	589,458	119.19	116.80	-2.0%	LARSEN WINCH SAN	0	0	232.88	254.21	9.2%	TOTAL	1,746,062	1,776,328	2,308.70	2,292.02	-0.7%
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FIRST DOLLAR CREDIT			-53.21	-52.90	-0.6%																																										
LOTTERY AND GAMING CREDIT			-188.72	-173.65	-8.0%																																										
NET PROPERTY TAX			2,066.77	2,065.47	-0.1%																																										

TOTAL DUE: \$3,576.83
FOR FULL PAYMENT
PAY BY:
JANUARY 31, 2023

Warning: If not paid by due dates,
installment option is lost and total tax is
delinquent subject to interest and, if
applicable, penalty.
Failure to pay on time. See reverse.

FOR INFORMATION PURPOSES ONLY • Voter Approved Temporary Tax Increases

Taxing Jurisdiction	Total Additional Taxes	Total Additional Taxes Applied to Property	Year Increase Ends	Taxing Jurisdiction	Total Additional Taxes	Total Additional Taxes Applied to Property	Year Increase Ends
WINNECONNE SCHOOL	154,590	203.86	2036				

PAY 1ST INSTALLMENT OF: \$2,457.83
BY JANUARY 31, 2023

AMOUNT ENCLOSED _____

MAKE CHECK PAYABLE AND MAIL TO:

TOWN OF CLAYTON
8348 COUNTY RD T
LARSEN WI 54947

PIN# 006 05350302
CLAUSON, CHRISTOPHER R
BILL NUMBER: 480657

PAY 2ND INSTALLMENT OF: \$1,119.00
BY JULY 31, 2023

AMOUNT ENCLOSED _____

MAKE CHECK PAYABLE AND MAIL TO:

WINNEBAGO COUNTY TREASURER
112 OTTER AVE
PO BOX 2806
OSHKOSH WI 54903-2806

PIN# 006 05350302
CLAUSON, CHRISTOPHER R
BILL NUMBER: 480657

PAY FULL AMOUNT OF: \$3,576.83
BY JANUARY 31, 2023

AMOUNT ENCLOSED _____

MAKE CHECK PAYABLE AND MAIL TO:

TOWN OF CLAYTON
8348 COUNTY RD T
LARSEN WI 54947

PIN# 006 05350302
CLAUSON, CHRISTOPHER R
BILL NUMBER: 480657



INCLUDE THIS STUB WITH YOUR PAYMENT



INCLUDE THIS STUB WITH YOUR PAYMENT



INCLUDE THIS STUB WITH YOUR PAYMENT

