

## Plan of Operation Form

Tax Key No. 1 MUKT1911018

CU File No. \_\_\_\_\_

1. Name of Business Prescott Brands LL C  
Address S77W30745 Mosher Drive  
Mukwonago WI, 53149 Daytime  
Phone # 414-702-8744

2. Name of Owner Michael Prescott Name of Operator  
Michael Prescott

Address

Address Same as above

3. Legal Description  
LOT 18 SAVANNAH OAKS BEING A SUBDIVISION PT SW1/4 SE C 10 T5N R18E

Lot size Depth \_\_\_\_\_ Width \_\_\_\_\_ Acres 1.1

4. Zoning District  
Residential

5. Please explain and describe use of property in detail.  
Residential Property  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Dimensions and levels of all buildings (Label on Site Plan).

	<u>Dimensions</u>	<u>Levels</u>	<u>Use</u>
Building A	<u>2,783 sq ft</u>	<u>2</u>	<u>Home</u>
Building B	<u>10'6" x 16'4"</u>	<u>1</u>	<u>Shed</u>
Building C	_____	_____	_____

Total Floor Area 2,783 sq ft

7. Exterior Uses (Locate on Site Plan)

Outside Storage yes X no \_\_\_\_\_ Customer Dockage yes \_\_\_\_\_ no x  
If yes, please explain type \_\_\_\_\_ If yes, locate on site plan, state length of  
\_\_\_\_\_ the piers and the number.

Outside Events yes \_\_\_\_\_ no x Boat Moorings yes \_\_\_\_\_ no x

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please state number and locate  
the moorings, location, and length of  
the piers on the site plan.

8. Maximum number of employees Full-time 1 (OWNER) Part-time \_\_\_\_\_
9. Days of Operation E-  
commerce, 7 days a week
10. Parking (Location on Site Plan) \_\_\_\_\_
- A. Number of spaces  
2-4 on lot, and 2 in garage. Existing residential driveway and attached garage only; no changes proposed.
- B. Dimensions of Parking Lot \_\_\_\_\_
- C. Construction: Paved X Gravel \_\_\_\_\_ Grass \_\_\_\_\_
- D. Employee Parking \_\_\_\_\_
- E. Screening: Fencing \_\_\_\_\_ Plantings \_\_\_\_\_
11. Outdoor Lighting (Locate on Site Plan)
- Type N/A Location N/A
12. Signs (Locate on Site Plan)
- Free Standing Number N/A # Attached to Building N/A
- Size N/A Size N/A
- Lighted yes N/A no N/A Lighted yes N/A no N/A
- Single or Double Faced N/A Single of Double Faced N/A
- Location N/A Location N/A
13. Is there any food or bar service? yes \_\_\_\_\_ no X
- If yes \_\_\_\_\_ Vending Machine Number \_\_\_\_\_ Bar Seats \_\_\_\_\_
- Table Seating Capacity \_\_\_\_\_ Outside Food Service \_\_\_\_\_  
(Locate on Interior or Exterior Site Plan)
14. Are there game machines? yes \_\_\_\_\_ no X
- How many \_\_\_\_\_ Type \_\_\_\_\_

15. Is there any type of music? yes \_\_\_\_\_ no X
- If yes:
- Juke Box \_\_\_\_\_ Where \_\_\_\_\_ Hours & Days \_\_\_\_\_
- Live \_\_\_\_\_ Where \_\_\_\_\_ Hours & Days \_\_\_\_\_
- Non-Amplified Live \_\_\_\_\_ Where \_\_\_\_\_ Hours & Days \_\_\_\_\_
16. Refuse Disposal (Locate Dumpster and Screening Type on Site Plan)
- Public \_\_\_\_\_ Private \_\_\_\_\_  
John's Disposal - Garbage & Recycling cans
17. Is Highway access permit needed? yes \_\_\_\_\_ no X
- Date issued \_\_\_\_\_
18. Is security fencing necessary? yes \_\_\_\_\_ no X (If yes, locate on Site Plan)
- Type of Fencing \_\_\_\_\_
19. Date of DNR well approval \_\_\_\_\_ N/A
20. Date of Septic System Approval \_\_\_\_\_ N/A
21. Do you feel there are any problems such as odor, smoke, or noise resulting from this operation? yes \_\_\_\_\_ no X
- If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Surface water drainage facilities (Designate storm water retention, flow of surface water, amount of impervious surfaces on the site plan).
23. Is there a liquor license or any other special license to obtained form the local Town Board or State licensing agencies: yes \_\_\_\_\_ no X
- If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
24. Did the Wisconsin State Department of Industry, Labor, and Human Relations approve building plans? yes N/A no N/A

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

25. Is this an expansion of an existing operation? yes \_\_\_\_\_ no x

If yes, are there currently any permits under other names other than that which are indicated on this application? \_\_\_\_\_  
\_\_\_\_\_

26. Does this operation involve the sale of any item: yes x no \_\_\_\_\_

If yes, please submit list of all items sold.

27. Does this operation involve the production of any items? yes \_\_\_\_\_ no x

If yes, please attach a detailed description of the production process.

28. Are there any chemicals, hazardous wastes or solvents stored on the site and how are they disposed of? yes \_\_\_\_\_ no x

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Does this operation involve the storage or sale of gasoline or other petroleum products? yes \_\_\_\_\_ no x

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

30. Does this operation involve the boarding of horses? yes \_\_\_\_\_ no x

If yes, please indicate the \_\_\_\_\_ maximum number of horses boarded,  
\_\_\_\_\_ maximum number of horses owned by the petitioner \_\_\_\_\_.

31. If this plan of operation is for a boarding stable, has a conservation plan been prepared by the Land Conservation Committee? yes \_\_\_\_\_ no x

32. Have the premises been inspected by the local fire department?  
yes N/A no N/A If yes, when? \_\_\_\_\_

Along with the completion of the form a scaled plan of the interior of the structure and a site plan must be submitted indicating size and location of all existing and proposed structures and additions, dimensions of the parcel, location of all parking stalls, location and size of all signs, lights, dumpsters, fencing and screening, surface water drainage patterns and storm water retention facilities, outside seating and location of any special outdoor activities, piers, and any other items requested by the Town and County for this operation.

Operator Signature Michael Prescott Date 9/18/25

Owner Signature Michael Prescott Date 9/18/25

Town Approval \_\_\_\_\_ Date \_\_\_\_\_

County Approval Signature \_\_\_\_\_ Date \_\_\_\_\_