

W I S C O N S I N



NOTICE OF PUBLIC MEETING

FINANCE AND PROPERTY COMMITTEE

Matt Zacher, Chairperson  
Dean Veneman, Vice-Chairperson  
Jay Bemke

Notice is hereby given of a meeting of the Finance and Property Committee to be held in the **First Floor Conference Room** at City Hall, 444 West Grand Avenue, Wisconsin Rapids, on **Tuesday, July 11, 2023 at 4:00 p.m.** The meeting will be streamed live on the City of Wisconsin Rapids Facebook page and will also be broadcast live on Charter Cable Channel 985 and Solarus HD Cable Channel 3. If a member of the public wishes to access this meeting live via Zoom audio conferencing, you must contact the City Clerk at least 24 hours prior to the start of the meeting to coordinate your access. This meeting is also available after its conclusion on the City's Facebook page and Community Media's YouTube page, which can be accessed at [www.wr-cm.org](http://www.wr-cm.org). It is possible that members of the Committee may appear remotely via video or audioconferencing for this meeting.

Agenda

1. Call to Order
2. Presentation by the Wisconsin Rapids Area Convention & Visitors Bureau on the state of tourism in Wisconsin Rapids
3. Review bid results for the remodel project at Fire Station #2 and consider award to the low, qualified bidders.
4. Consider a request from China Palace LLC, D/B/A China Palace, Sem Salazar, agent, for Retail Class "B" Fermented Malt Beverages and Retail "Class B" Intoxicating Liquor licenses for the premise located at 2113 8<sup>th</sup> Street South
5. Consider a request from SBG Apple North IX, LLC, D/B/A Applebee's Neighborhood Grill & Bar, Casimir Banaszek, agent, for Retail Class "B" Fermented Malt Beverages and Retail "Class B" Intoxicating Liquor licenses for the premise located at 4311 8<sup>th</sup> Street South
6. Request from the Community Development Department to apply for a 2024 Wood County Economic Development Grant in the amount of \$25,000 to create a Downtown Development Master Plan and to utilize \$50,000 in Tax Increment District 7 for the project.
7. Budget discussion
8. Audit of the bills
9. Set next meeting date
10. In open session, the Committee may vote to go into closed session under Section 19.85(1)(e) of the Wisconsin Statutes, which reads: "Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session".

In closed session, the Committee may discuss negotiations and strategy and consider an offer regarding the sale of vacant City-owned land located at an unaddressed parcel southeast of Angle Drive between 6<sup>th</sup> Street South and 8<sup>th</sup> Street South, Parcel ID: 34-12985.

11. The Committee may adjourn in closed session, or may return to open session
12. If the Committee returns to open session, the Committee may take action regarding the sale of vacant City-owned land located at an unaddressed parcel southeast of Angle Drive between 6<sup>th</sup> Street South and 8<sup>th</sup> Street South, Parcel ID: 34-12985.
13. Adjournment.

The City of Wisconsin Rapids encourages participation from all its citizens. If participation at any public meeting is not possible due to a disability, notification to the city clerk's office at least 48 hours prior to the scheduled meeting is encouraged to make the necessary accommodations. Call the clerk at (715) 421-8200 to request accommodations.



## Finance & Property Committee

**Date of Request:** 6/29/23

**Requestor:** Joe Eichsteadt on behalf of the Fire Department

**Request/Referral:** Review bid results for the remodel project at Fire Station #2 and consider award to the low, qualified bidders.

**Background information:**

The bid opening is scheduled for July 11<sup>th</sup> and results will be provided at the committee meeting.

Each trade is submitting their own bid and bids will be awarded for each trade.

Electrical Bid	LS	1
HVAC Bid	LS	1
Plumbing Bid	LS	1
General Trade Bid (Framing/Drywall/Ceiling Tile)	LS	1
Flooring/Wall Tile Bid	LS	1
Painting Bid	LS	1

**Options available:**

**Action you are requesting the committee take:** Award the project to the low, qualified bidders.

**How will the item be financed?** This will be financed through Fire Department accounts.

6095 6/16/2023 \$520

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

To the Governing Body of the:  Town of } WISCONSIN RAPIDS  
 Village of }  
 City of }

County of WOOD Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031185924-04</u>	
FEIN Number <u>30-1326767</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>20</u>
<b>TOTAL FEE</b>	<b>\$ <u>520</u></b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Salazar, Sem - China Palace LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Salazar</u>	(First) <u>Sem</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>90 Cherry St. WI Rapids, WI 54494</u>
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)
Agent Last Name <u>Salazar</u>	(First) <u>Sem</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>90 Cherry St WI Rapids, WI 54494</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name China Palace Business Phone Number 715 423-7939

2. Address of Premises 213 B St. South Post Office & Zip Code 54494

3. 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.)  
alcohol would be stored in the Bar and served throughout restaurant for consumption.  
only stored in front of building in the bar, and bar closet cooler. Records stored in office.

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? .....  Yes  No

(b) If yes, under what name was license issued? China Palace  
Peter Huang

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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.) <i>Sam Salazar</i>	Title / Member <del>owner</del> <i>Member</i>	Date <i>4/27/2023</i>
Signature <i>Sam Salazar</i>	Phone Number <i>715 315 4271</i>	Email Address <i>samsalazar@me.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of WISCONSIN RAPIDS County of WOOD  
 City

The undersigned duly authorized officer/member/manager of China Palace LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as China Palace Restaurant & Lounge  
(Trade Name)

located at 2113 8 Street South - WIS. Rapids

appoints Sam Salazar  
(Name of Appointed Agent)

90 CHERRY STREET WIS. RAPIDS  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 12 years

Place of residence last year 90 CHERRY STREET WIS. RAPIDS

For: China Palace  
(Name of Corporation / Organization / Limited Liability Company)

By: Sam Salazar  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, Sam Salazar, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Sam Salazar 4/27/23 Agent's age 38  
(Signature of Agent) (Date)

90 CHERRY STREET WIS. RAPIDS Date of birth 4/2/85  
(Home Address of Agent)

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 05/17/23 by [Signature] Title Police Chief  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

6090 6/14/2023 \$20  
 6/09 6/22/2023 \$500

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 6/30/2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } WISCONSIN RAPIDS  
 City of }

County of WOOD Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456103095721702	
FEIN Number 88-1024695	
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>4.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$ <u>10</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20
<b>TOTAL FEE</b>	\$ <u>520</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
SBG APPLE NORTH IX, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LEVY	ANDREW	MARDER	437 S. HARBOR DRIVE, KEY LARGO, FL 33037
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)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BANASZEK	CASIMIR	JOSEPH	829 E SYLVAN AVE., WHITEFISH BAY, WI 53217
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name APPLEBEE'S NEIGHBORHOOD GRILL + BAR Business Phone Number 715-421-3290  
 2. Address of Premises 4311 8TH STREET SOUTH Post Office & Zip Code WI RAPIDS, WI 54494

3. 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.)

RESTAURANT AND FREE STANDING BAR  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

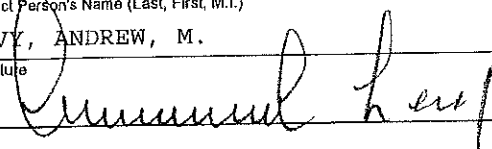
4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? .....  Yes  No

(b) If yes, under what name was license issued? WISCONSIN APPLE, LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No
9. (a) Corporate/limited liability company applicants only: Insert state FLORIDA and date 02/21/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No  
SBG APPLE NORTH IX, LLC IS A WHOLLY OWNED SUBSIDIARY OF SBG APPLE OPCO, LLC
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
If yes, explain.  
CASIMIR BANASZEK IS AN AGENT FOR, AND ANDREW LEVY IS AN OFFICER OF, MULTIPLE OTHER APPLEBEE'S LOCATIONS AND ONE FUZZY'S TACO SHOP LOCATION IN WISCONSIN THAT HAVE OR ARE APPLYING FOR ALCOHOL BEVERAGE LICENSES.
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>LEVY, ANDREW, M.</u>	Title/Member <u>MANAGER</u>	Date <u>06/08/2023</u>
Signature 	Phone Number <u>952-255-2266 x102</u>	Email Address <u>alevy@starboardgroup.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of WISCONSIN RAPIDS County of WOOD  
 City

The undersigned duly authorized officer/member/manager of SBG APPLE NORTH IX, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as APPLEBEE'S NEIGHBORHOOD GRILL & BAR

(Trade Name)

located at 4311 8TH STREET SOUTH, WISCONSIN RAPIDS, WI 54494

appoints CASIMIR BANASZEK  
(Name of Appointed Agent)

829 E SYLVAN AVE., WHITEFISH BAY, WI 53217  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

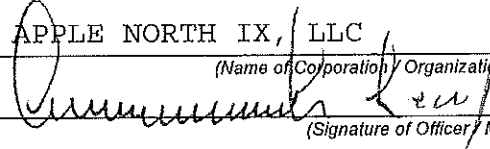
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
SEE ATTACHED LIST.

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 9 MONTHS

Place of residence last year 2705 W 140TH STREET, LEAWOOD, KS 66224

For: SBG APPLE NORTH IX, LLC  
(Name of Corporation / Organization / Limited Liability Company)

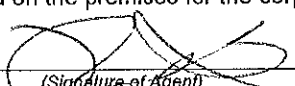
By:   
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

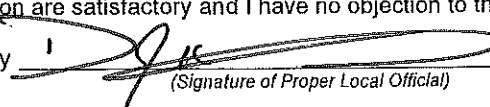
I, CASIMIR BANASZEK, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 6/1/23 Agent's age 51  
(Signature of Agent) (Date)  
829 E SYLVAN AVE., WHITEFISH BAY, WI 53217 Date of birth 08/04/1971  
(Home Address of Agent)

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 06/13/23 by  Title Police Chief  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# 2023 City of Wisconsin Rapids Grant Request Form

Upon the Department completing the grant application assessment as outlined in the Grant Management Policy, the Department will prepare the grant application according to the grantor's guidelines and requirements and complete this Grant Request Form. The completed documents will be delivered to the Finance Director and the appropriate approval process will be determined. No grant applications shall be submitted to the funding agency or organization without the prior approvals defined in the Grant Management Policy.

Date	July 7, 2023
Department	Community Development
Department Grant Project Manager	Kyle Kearns

Grant Program Name	Wood County Economic Development Grant	Application Deadline	July 7, 2023
Granting Agency Name	Wood County	Grant Amount	\$25,000.00
Agency Contact	Kyle Kearns	Agency Phone No.	(715) 421-8228

Source of Funds					
Federal	State (Federal Pass-thru)	State	Other	Local Match	Total Grant Project Budget
			\$25,000.00	\$50,000.00	\$75,000.00
If source of funds is either Federal or State (Federal Pass-thru), please provide the appropriate Federal Grant Catalog of Federal Domestic Assistance (CFDA) number					CFDA#
If local match is required, are funds available in the department budget?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify budget line item	Name TIF 7 Project Account No. TIF 7

Please provide a concise description of the grant and potential sources of local match if funds are not available in department budget

See attached memo describing the project.

Grant Accounting (Completed by Finance Department)			
Grant Revenue Account No.		Grant Expenditure Account No.	
Budget Resolution Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If a budget resolution is required please attach Date Approved

Grant Request Approvals (Level of approval governed by the Grant Management Policy)			
Department Head - * reference signature guarantee below	Name Kyle Kearns	Signature 	Date 07-06-23
Finance Director	Name Timothy J. Desorcy	Signature 	Date 7/6/23
Mayor	Name Shane Blaser	Signature 	Date 7-6-23
Finance Committee Approval (Attach minutes)	Date	Common Council Approval	Date

\* Department Head Signature Guarantee - By signing the City of Wisconsin Rapids Grant Request Form you guarantee to abide by all elements of the attached City's Grant Management Policy dated 01/16/2018 and the terms and conditions of the grant identified above.



**Community Development  
Department**

City of Wisconsin Rapids  
444 West Grand Avenue  
Wisconsin Rapids, WI 54495  
Ph: (715) 421-8228

## Memo

To: Property and Finance Committee  
From: Kyle Kearns  
Date: 07/06/2023  
Subject: Request from the Community Development Department to apply for a 2024 Wood County Economic Development Grant in the amount of \$25,000 to create a Downtown Development Master Plan and to utilize \$50,000 in Tax Increment District 7 for the project.

The City's current downtown waterfront plan is from 2009, nearly 15 years old. Prior to that the City had a 1994 Downtown Revitalization Plan. Great change has occurred in the downtown under this plan over the last decade, including the mall redevelopment, courthouse expansion, riverfront redevelopment, wayfinding, major street reconstruction, city acquisitions and building demolitions. These changes warrant an updated plan that incorporates them and identifies realistic growth objectives and opportunities for redevelopment. Areas of focus include vacant or underutilized parcels, such as the Triangle Site, East Town Plaza, Northern Steel Castings Foundry, and Tribune Property. Additionally, street function, classification, and streetscape improvement are important aspects of the downtown which assist to define our sense of place. Enhancements to streetscape, event space, aesthetics, and connectivity can be identified and noted in the Plan as well.

Recently the City hosted a developer tour that brought nearly a dozen developers through the Community to showcase redevelopment opportunities. Many questioned the City's vision and guiding planning documents, specifically as it relates to development opportunities, but also any ongoing City investment in the downtown. While the 2009 Waterfront Plan can be referenced, it is aged and doesn't accurately reflect many recent improvements. A new master plan can couple the placemaking of the downtown area as a whole with individual development sites to create a visual guide to entice future private capital, but also City reinvestment. Developers can more accurately witness the capabilities of a site and see how it connects with the downtown fabric, as well as, see the future growth opportunities, thereby increasing the potential for private equity investment.

The City's downtown Tax Increment Finance District (TIF) 7 was amended in 2017 and includes new projects within the district. Neighborhood planning was identified and budgeted for \$50,000. A new downtown development master plan is estimated at \$75,000. This estimate is on the high end, due to the higher level of detail anticipated for redevelopment sites. The expenditure period for TIF 7 ends in 2027 and the TIF closes in 2033. Overall, the TIF is very healthy and is anticipated to close with a few million dollars increment. A gap exists for the project, which has prompted the request for Wood County Economic Development Grant dollars in the amount of \$25,000. If awarded funding, the project would likely begin this fall through the RFP process to hire a consultant. Therefore, the project would then start in early 2024 and would be anticipated to end before the end of the year.