

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 Council Chambers at City Hall, 444 West Grand Avenue, Wisconsin Rapids, on **Tuesday, January 3, 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. It is possible that members of the Committee may appear remotely via video or audioconferencing for this meeting.

Agenda

1. Call to Order
2. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Central Wisconsin Cultural Center, Inc., 2651 Eighth Street South, for an Exhibit Opening event to be held from 5:30 p.m. to 7:30 p.m. on Friday, January 20, 2023
3. Consider a request from GameStop, Inc. d/b/a GameStop #3254, Diana Saaheh-Jajeh, agent, located at 930 Kuhn Avenue for a renewal of a Secondhand Article Dealer license
4. Consider for approval 2022 Budget Amendment Resolution No. 4
5. Audit of the bills
6. Set next meeting date
7. Adjourn

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.

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 5.00

Application Date: 12/20/22

Town Village City of Wisconsin Rapids

County of Wood

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 1/20/23 and ending 1/20/23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Central WI Cultural Center - 501(c)(3) non-profit org

(b) Address 2651 8th St S
(Street) Town Village City

(c) Date organized 12/16/1996

(d) If corporation, give date of incorporation 12/16/1996

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Jim Lucas, 1930 1st St N, Wisconsin Rapids, WI 54494
Vice President Alison Bruener, 3385 George Rd, Wisconsin Rapids WI 54494
Secretary Jack Watkins, 2420 Crystal Ln, Wisconsin Rapids, WI 54494
Treasurer Scott Kellogg, 511 Elm St Wisconsin Rapids, WI 54494

(g) Name and address of manager or person in charge of affair: Stephany Hartman
3130 45th Ct Wisconsin Rapids WI 54494

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 2651 8th St S

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Exhibit Opening

(b) Dates of event January 20, 2023 5:30 - 7:30 pm

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer: Stephany Hartman
(Signature / Date)

Central Wisconsin Cultural Center
(Name of Organization)

Date Filed with Clerk 12/20/2022

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

LICENSE APPLICATION

for

**PAWNBROKER
SECONDHAND JEWELRY DEALER
SECONDHAND ARTICLE DEALER
SECONDHAND ARTICLE DEALER MALL or FLEA MARKET**

CHECK ALL THAT APPLY:

<input type="checkbox"/> Original application	<input type="checkbox"/> Renewal
TYPE: <input type="checkbox"/> Pawnbroker (\$210)	<input type="checkbox"/> Secondhand Jewelry Dealer (\$27.50)
<input checked="" type="checkbox"/> Secondhand Article Dealer (\$30)	<input type="checkbox"/> Mall or Flea Market

INSTRUCTIONS:

NATURAL PERSON (INDIVIDUAL) LICENSE – Complete Sections 1, 2, 3 and 6
 PARTNERSHIP LICENSE – Complete Sections 1, 2, 3, 4 and 6
 CORPORATE LICENSE – Complete Sections 1, 2, 3, 5, and 6

(SECTION 1) APPLICANT INFORMATION

Applicant Name (Last, First, MI) <i>Saadah-Jayeh Diana H.</i>	Sex <i>F</i>	Race <i>W</i>	Date of Birth <i>7-10-69</i>	Place of Birth (City, State, Country) <i>Libya</i>
Street Address <i>12690 Condit Ranch Rd.</i>	City <i>Frisco</i>	State <i>Tx</i>	ZIP <i>75035</i>	Home Telephone Number <i>817-424-2000</i>
List all states applicant previously resided: <i>CA</i>				
Is applicant a: <input type="checkbox"/> Natural Person (Individual) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership				

(SECTION 2) CONVICTION RECORD

Has the applicant, been convicted or adjudicated of any of the following within the last 10 years where the circumstances of the offense substantially relate to the circumstances of the licensed activity :

a felony?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a misdemeanor?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a statutory violation punishable by forfeiture?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a county or municipal ordinance violation?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction or penalty information:
 Attach additional sheets if necessary.

(SECTION 3) BUSINESS INFORMATION

Business Name <i>GameStop #3254</i>	Street Address <i>930 Kuhn Ave</i>	City <i>Wisconsin Rapids</i>	State <i>WI</i>	ZIP <i>54494</i>	Telephone Number <i>715-421-5001</i>
Owner's Name <i>GameStop Inc.</i>	Street Address <i>625 Westport Pkwy</i>	City <i>Grapevine</i>	State <i>Tx</i>	ZIP <i>76051</i>	Telephone Number <i>817-424-2000</i>
Business Manager's Name <i>Alyson Gildenzopf</i>	Street Address <i>1191 Weeping Willow Dr</i>	City <i>Wisconsin Rapids</i>	State <i>WI</i>	ZIP <i>54494</i>	Telephone Number <i>715-323-2045</i>
Building Owner's Name <i>Triton Center LLC</i>	Street Address <i>3412 Millington Drive</i>	City <i>St. Charles</i>	State <i>MO</i>	ZIP <i>63301</i>	Telephone Number <i>314-452-8289</i>

(Over)

(SECTION 4) LIMITED LIABILITY COMPANY INFORMATION

Limited Liability Company Name: _____

List name, address, and date of birth (DOB) of all members. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	ZIP

(SECTION 5) PARTNERSHIP INFORMATION

Partnership Name: _____

List name, address, and date of birth (DOB) of all partners. *Attach additional sheets if necessary.*

Name (Last, First, MI)	DOB	Street Address	City	State	ZIP

(SECTION 6) CORPORATE INFORMATION

Corporation Name: _____

State of Incorporation: _____

List name, address, and date of birth (DOB) of all corporation officers and directors. *Attach additional sheets if necessary.*

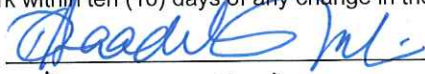
Name (Last, First, MI)	DOB	Street Address	City	State	Zip
See attached list					

(SECTION 7) PENALTY NOTICE

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of Wis. Stat. §§ 134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

Signature of Applicant: _____



Print Name of Applicant: _____

Diana Jajeh

FOR ADMINISTRATIVE USE ONLY

Licensing Authority	License Number Assigned	Date Effective	Clerk
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FEES RECEIVED: Pawnbroker Bond \$ _____ Secondhand Article License \$ _____
Pawnbroker License \$ _____ Secondhand Dealer Mall/Flea Market License \$ _____
Secondhand Jewelry License \$ _____ **TOTAL FEE: \$ _____**

FOR LAW ENFORCEMENT USE ONLY

Recommend Approval Recommend Denial (Attach explanation.)

Investigating Office Signature _____ Date: _____

Print Name of Investigating Officer: _____



WHEREAS, in 2022 the City received non-budgeted revenues from a variety of sources including, but not limited to, grants, donations, General Obligation bond proceeds; and the non-budgeted revenues are designated for a specified purpose or a reimbursement for an existing expenditure and in order to recognize and transfer the revenue to the budget accounts where they will be expended, the non-budgeted revenues need to be appropriated to the specified expenditures accounts; and

THEREFORE, BE IT RESOLVED, by a majority vote of the entire City of Wisconsin Rapids Common Council government body that the 2022 budget be amended as follows:

BE IT FURTHER RESOLVED that the City Clerk is hereby directed to publish a class 1 notice of this resolution in the City's official newspaper within 10 days of the Common Council.

EMS Fund

Revenue Account Name	Account No.	Amount	Expenditure Account Name	Account No.	Amount
State Aid - EMS	20345-41534	\$ 8,563	EMS FLEX Grant	52606-53226	\$ 8,563
Total		\$ 8,563	Total		\$ 8,563

Grants and Donations Fund

Revenue Account Name	Account No.	Amount	Expenditure Account Name	Account No.	Amount
K9 Donations	20647-41559	\$ 7,650	Police Department - K-9 Program	52102-55126	\$ 7,650
Zoo Donations	20647-41560	3,855	City Zoo - Donations	55802.55118	3,855
EDA Grant - CFDA #11.301	20645-51550	89,788	EDA Grant	56212-53501	89,788
Total		\$ 101,293	Total		\$ 101,293

Centralia Center Fund

Revenue Account Name	Account No.	Amount	Expenditure Account Name	Account No.	Amount
Miscellaneous Revenue	20147-41711	\$ 17,736	Memorial Donations	76000-55118	\$ 24,864
Fund Balance Applied	20150-49300	7,128			-
Total		\$ 24,864	Total		\$ 24,864

ARPA Grant Fund

Revenue	Account No.	Amount	Expenditure	Account No.	Amount
ARPA Grant Funds	21245-41550	\$ 494,062	Water Main construction	63225-56101	\$ 494,062
Total		\$ 494,062	Total		\$ 494,062

Adopted the 17th day of January, 2023

Shane Blaser, Mayor

Jennifer Gossick, City Clerk