



## NOTICE OF PUBLIC MEETING

### FINANCE AND PROPERTY COMMITTEE

Matt Zacher, Chairperson  
Dean Veneman, Secretary  
Jay Bemke

Notice is hereby given of a regular meeting of the Finance and Property Committee to be held in the Council Chambers at City Hall, 444 West Grand Avenue, Wisconsin Rapids, and via remote videoconferencing on Tuesday, May 3, 2022 at 5:00 p.m. **The public may listen to the meeting by calling 1-312-626-6799, Meeting ID: 836 0608 5462.** The meeting will also be streamed LIVE on the City of Wisconsin Rapids Facebook page. 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).

### Agenda

1. Call to Order
2. Initial Review of Alcohol License Renewals
3. Consider a request from Gordie's Pub & Grille LLC, d/b/a Gordie's Pub and Grille, Adam P. Hofer, agent, for Retail Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquor licenses for the premises located at 2962 State Hwy 73 South
4. Consider a request from GPW, LLC, d/b/a Wurk, Alan G. Worzella, agent, for Retail Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquor licenses for the premises located at 212 West Grand Avenue
5. Consider a request from Wisconsin Rapids Ranger Baseball, Inc., d/b/a Wisconsin Rapids Ranger Baseball, Christina L. Sering, agent, for a 6-month Retail Class "B" Fermented Malt Beverages license, for the premises located at 1801 16<sup>th</sup> Street South
6. Consider for approval the appointment of Christine Engelhardt as successor agent for the Retail Class "A" Fermented Malt Beverages and "Class A" Intoxicating Liquor licenses for DolgenCorp, LLC, d/b/a Dollar General Store #21068, for the premises located at 820 8<sup>th</sup> Street South
7. Consider for approval the appointment of Christine Engelhardt as successor agent for the Retail Class "A" Fermented Malt Beverages and "Class A" Intoxicating Liquor licenses for DolgenCorp, LLC, d/b/a Dollar General Store #10309 for the premises located at 951 West Grand Avenue
8. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Central Wisconsin Cultural Center, 2651 Eighth Street South, for a Live Music on the Patio event to be held on Friday, May 20, 2022 from 6:00 p.m. to 9:00 p.m.
9. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Central Wisconsin Cultural Center, 2651 Eighth Street South, for an Open Mic event to be held on Friday, May 27, 2022 from 7:00 p.m. to 10:00 p.m.
10. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Central Wisconsin Cultural Center, 2651 Eighth Street South, for an Open Mic event to be held on Friday, June 24, 2022 from 7:00 p.m. to 10:00 p.m.

11. Consider a Special Event application from Central Wisconsin BMX Club, Inc., including requests for closure of the Eastside Compost Site on Saturday, July 30, 2022, and use of compost site property for excess parking during the event, for a Badger State 3-Day National Event to be held on Friday, July 29 through Sunday, July 31, 2022 at the BMX facility at 2220 East Riverview Expressway
12. Consider Phase 2 of the Wayfinding Sign Project with Graphic House for fabrication and install
13. Consider for approval an agreement with Advanced Disposal Services Cranberry Creek Landfill, LLC for solid waste disposal services
14. Consider for approval an agreement with Spielbauer Fireworks Co., Inc. (display operator Skypainter Fireworks, LLC) for the City's 2022 Fourth of July fireworks display
15. Review and update Grant Management Policy
16. Discussion regarding creating a comprehensive capital improvement program
17. Review American Rescue Plan Act grant fund requests
18. Audit of the Bills
19. Set next meeting date
20. 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.

5592 4/20/2022 \$20.00

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning June 1<sup>st</sup> 20 22 ;  
ending June 30<sup>th</sup> 20 22

TO THE GOVERNING BODY of the: ☐ Town of  
☐ Village of } Wis. Rapids  
☒ City of

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

1. The named ☐ Individual ☐ Partnership ☒ Limited Liability Company  
☐ Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Hofer, Adam Patrick Gordick Pub & Grille 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 name, title, and place of residence of each person.

President/Member OWNER Title Hofer, Adam P Name (Last, First, M.I.) 1641 Kingswood Trl, NeKosau WI 54457 Home Address 54457 Post Office & Zip Code

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Adam Hofer 1641 Kingswood Trl, NeKosau WI 54457

Directors/Managers \_\_\_\_\_

3. Trade Name Gordick's Pub & Grille Business Phone Number \_\_\_\_\_  
4. Address of Premises 2962 ST Hwy 73 Wis. Rapids, WI 54495 Post Office & Zip Code Wis. Rapids, WI 54495

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No  
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No  
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 4/19/22 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No  
(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  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Entire Building

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (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? Layla's Pub and Grille  
12. 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  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. ☒ Yes ☐ No  
14. 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.

[Signature]  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/20/2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>Sue Branick</u>
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 Gordies Pub and Grille 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  
Gordies Pub and Grille  
(Trade Name)

located at 2962 State Hwy 73 wis. Rapids, WI 54495

appoints ADAM HOFER  
(Name of Appointed Agent)

1641 Kingswood Trl, NeKosaa, WI 54457  
(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).

Gordies Pub and Grille LLC

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? 36 years

Place of residence last year 1641 Kingswood Trl, NeKosaa WI 54457

For: Gordies Pub and Grille LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(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, ADAM HOFER, 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.

[Signature] 4/20/22 Agent's age 36  
(Signature of Agent) (Date)  
1641 Kingswood Trl NeKosaa, WI 54457 Date of birth 04/26/85  
(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 4-21-2022 by [Signature] Title POLICE CHIEF  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06/30/2022  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Wisconsin Rapids

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>456-1030909437-04</u>	
FEIN Number <u>88-0545707</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<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	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Worzeila Alan G GPW, 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>Worzeila</u>	(First) <u>Alan</u>	(Middle Name) <u>Gerald</u>	Home Address (Street, City or Post Office, & Zip Code) <u>7760 Hwy 186 Appleton 54910</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	(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)

1. Trade Name WURK Business Phone Number 715 498 6205  
2. Address of Premises 212 W Grand Ave Post Office & Zip Code 54481

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.)

1st floor  
walk in cooler in basement  
Records in basement

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? Door 212

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  
*form attached*
7. Is the applicant an employee 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 WI and date 2/7/22 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☐ Yes ☒ No
- (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? **If yes, explain.** ☐ Yes ☒ No
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.) <i>Worzella Alan G</i>	Title/Member <i>owner</i>	Date <i>3/10/22</i>
Signature <i>[Signature]</i>	Phone Number <i>715 448 6205</i>	Email Address <i>agw.alanw@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>3/10/2022</i>	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 WI Rapids County of WOOD  
☒ City

The undersigned duly authorized officer/member/manager of GPN 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 WURK  
(Trade Name)

located at 212 W Grand Ave WI Rapids WI 54495

appoints Alan Wozzelle  
(Name of Appointed Agent)  
7760 Hwy 186 Arpin WI 54410  
(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? 50yr

Place of residence last year 7760 Hwy 186 Arpin WI 54410

For: GPN LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(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, Alan C. Wozzelle, 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.

[Signature] 3/10/22 Agent's age 50  
(Signature of Agent) (Date)  
7760 Hwy 186 Arpin WI 54410 Date of birth 5/24/1971  
(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 10 MARCH 2022 by [Signature] Title Chief of Police  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

5621 4/26/22 \$20.00

**Original Alcohol Beverage Retail License Application**

(Submit to municipal clerk.)

For the license period beginning: May 17, 2022 ending: Oct. 31, 2022  
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of  
☐ Village of } Wisconsin Rapids  
☒ City ofCounty of WoodAldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)Check one: ☐ Individual ☐ Limited Liability Company  
☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030842537-03</u>	
FEIN Number <u>39-1811557</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Wisconsin Rapids Ranger Baseball, Inc.

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>Nowak</u>	(First) <u>Joseph</u>	(Middle Name) <u>Alan</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1811 16th Street South Wis. Rapids 54494</u>
Vice President / Member Last Name <u>Lewis</u>	(First) <u>Chad</u>	(Middle Name) <u>Alan</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3810 Heritage Ridge Dr. Wis Rapids 54494</u>
Secretary / Member Last Name <u>Sering</u>	(First) <u>Christina</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5230 Breezy Pine Dr. Wis Rapids 54494</u>
Treasurer / Member Last Name <u>Sering</u>	(First) <u>Christina</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5230 Breezy Pine Dr. Wis Rapids 54494</u>
Agent Last Name <u>Sering</u>	(First) <u>Christina</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5230 Breezy Pine Drive Wis Rapids 54494</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Wisconsin Rapids Ranger Baseball Business Phone Number 715-570-2123
2. Address of Premises 1801 16th Street South Post Office & Zip Code Wis Rapids WI

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 beverages will be sold at the  
Baseball and softball sports complex located  
at 1801 16th St South. The complex has a centrally  
located concession stand where alcohol will  
be stored and served.

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? \_\_\_\_\_



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  
We will have individuals of Wisconsin Rapids  
Rangers obtaining their beverage server  
training course.
7. Is the applicant an employee 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 WI and date 8/30/1994 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ..... ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_
- (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? If yes, explain. ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_
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>Nowak, Joseph A.</u>	Title/Member <u>President</u>	Date <u>4/25/2022</u>
Signature <u>Joseph A. Nowak</u>	Phone Number <u>715-451-1185</u>	Email Address <u>nowakjoe181@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/26/2022</u>	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 ☒ City of Wisconsin Rapids County of Wood

The undersigned duly authorized officer/member/manager of Wisconsin Rapids Ranger Baseball Inc.  
(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

Wisconsin Rapids Ranger Baseball  
(Trade Name)

located at 1801 16th Street Wisconsin Rapids WI 54494

appoints Joe Christina Sering  
(Name of Appointed Agent)

5230 Breezy Pine Dr. WR WI 54494  
(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? 44

Place of residence last year 5230 Breezy Pine Drive WR WI 54494

For: Wisconsin Rapids Rangers Baseball  
(Name of Corporation / Organization / Limited Liability Company)

By: Joseph A Nowak President  
(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, Christina Sering, 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.

Christina Y. Sering 4/26/2022 Agent's age 44  
(Signature of Agent) (Date)

5230 Breezy Pine Drive Wis Rapids WI 54494 Date of birth 1/11/78  
(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 4/27/2022 by [Signature] Title POLICE CHIEF.  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# 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 ☒ City of Wisconsin Rapids County of Wood

The undersigned duly authorized officer/member/manager of DOLGENCORP, 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

DOLLAR GENERAL STORE # 21048  
(Trade Name)

located at 820 8th St. South

appoints CHRISTINE ENGELHARDT  
(Name of Appointed Agent)

3189 W 3RD AVE OXFORD WI 53952  
(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).

AGENT OF 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? 40+ YEARS

Place of residence last year OXFORD WI

For: DOLGENCORP, LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(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, CHRISTINE ENGELHARDT, 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.

Christine Engelhardt 3/18/2022  
(Signature of Agent) (Date)

Agent's age 49

3189 W 3RD AVE OXFORD WI 53952  
(Home Address of Agent)

Date of birth 06/23/1972

## 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 4-21-2022 by [Signature] Title POLICE CHIEF  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# 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 ☐ City of WISCONSIN RAPIDS County of WOOD

The undersigned duly authorized officer/member/manager of DOLGENCORP, 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 DOLLAR GENERAL STORE # 10309  
(Trade Name)  
located at 951 West Grand Ave

appoints CHRISTINE ENGELHARDT  
(Name of Appointed Agent)  
3189 W 3RD AVE OXFORD WI 53952  
(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).

AGENT OF 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? 40+ YEARS

Place of residence last year OXFORD WI

For: DOLGENCORP, LLC

By:

[Signature]  
(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, CHRISTINE ENGELHARDT, 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.

Christine Engelhardt 3/18/2022 Agent's age 49  
(Signature of Agent) (Date)  
3189 W 3RD AVE OXFORD WI 53952 Date of birth 06/23/1972  
(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 4-21-2022 by [Signature] Title POLICE CHIEF  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



# 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 \$ 500

☐ Town ☐ Village ☒ City of Wisconsin Rapids

Application Date: 4/12/22  
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 May 20 and ending May 20 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  
(b) Address 2651 8th St South Wisconsin Rapids WI 54494  
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized 1996

(d) If corporation, give date of incorporation 12/13/1996

(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 Steve Kipter 5213 Black Dan Rd Winter WI 54986  
Vice President Jim Lucas 1930 1st St North Wis Rapids WI 54494  
Secretary Stephany Hartman 3130 45th Ct Wis Rapids WI 54494  
Treasurer

(g) Name and address of manager or person in charge of affair: Connie Tomski-Faville  
441 2nd St South Wis 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 South (see above)  
(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 Live Music on the Patio at CWCC  
(b) Dates of event May 20, 2022 6:00 p.m. to 9:00 p.m.

## 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 STEPHEN KIPTER  
(Signature / Date) 4/12/22

CWCC  
(Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

CK# 8179 3/20/2022  
#5497

# Application for Temporary Class "B" I "Class B" Retailer's License

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

FEE \$5.00

City of Wisconsin Rapids  
County of Wood

Application Date: 2/22/2022

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. 125.81 (10), Wis. Stats.

at the premises described below during a special event beginning May 27, 2022 at 7pm and ending at 10pm 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

☒ A Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181.1 Wis. Stats. **501(c)(3) corporation**

(a) Name      **Central Wisconsin Cultural Center**

(b) Address      **2651 8<sup>th</sup> St South, Wisconsin Rapids, WI 54494**

(c) Date organized      **1996**

(d) If corporation, give date of incorporation      **Dec 13, 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      **Stephen Kipfer, 5213 Black Dan Rd, Winter, WI 54986**

Vice President      **Jim Lucas, 1930 1<sup>st</sup> St North, Wisconsin Rapids, WI 54494**

Secretary      **Stephany Hartman, 3130 45<sup>th</sup> Ct, Wisconsin Rapids, WI 54494**

Treasurer

(g) Name and address of manager or person in charge of affair: **Connie Tomski-Faville, 441 Second St South, 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      **Same as above.**

(b) Lot      Block

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

(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: **Open Mic**

(b) Dates of event

**May 27, 2022 7-10pm**

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 \$1000.

**Stephen Kipper** **2/22/2022**  
\_\_\_\_\_  
**PRESIDENT** (Officer Signature / Date)

**Central Wisconsin Cultural Center** (Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_

CK # 8179  
3/22/2022 #5497

# Application for Temporary Class "B" I "Class B" Retailer's License

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

FEE \$5.00

City of **Wisconsin Rapids**  
County of **Wood**

Application Date: 2/22/2022

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. 125.81 (10), Wis. Stats.

at the premises described below during a special event beginning June 24, 2022 at 7pm and ending at 10pm 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

☒ A Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181.1 Wis. Stats. **501(c)(3) corporation**

(a) Name      **Central Wisconsin Cultural Center**

(b) Address      **2651 8<sup>th</sup> St South, Wisconsin Rapids, WI 54494**

(c) Date organized      **1996**

(d) If corporation, give date of incorporation      **Dec 13, 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      **Stephen Kipfer, 5213 Black Dan Rd, Winter, WI 54986**

Vice President      **Jim Lucas, 1930 1<sup>st</sup> St North, Wisconsin Rapids, WI 54494**

Secretary      **Stephany Hartman, 3130 45<sup>th</sup> Ct, Wisconsin Rapids, WI 54494**

Treasurer

(g) Name and address of manager or person in charge of affair: **Connie Tomski-Faville, 441 Second St South, 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      **Same as above.**

(b) Lot      Block



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

(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: **Open Mic**

(b) Dates of event

**June 24, 2022 7-10pm**

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 \$1000.

**Stephen Kipper** **2/22/2022**  
(Officer Signature / Date)

**PRESIDENT**

**Central Wisconsin Cultural Center** (Name of Organization)

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

CITY OF WISCONSIN RAPIDS  
SPECIAL EVENTS/STREET CLOSURE  
PERMIT APPLICATION

FOR OFFICE USE ONLY	
License Fee <u>25.00</u>	Receipt # <u>5599</u>
Date <u>4/21/2022</u>	

FULL LEGAL NAME OF ORGANIZATION Central Wisconsin BMX Club, Inc.

MAIN CONTACT Chris Severin PHONE NUMBER 715-572-2075

ADDRESS 3020 12th St. So. Wisconsin Rapids, WI 54494

EVENT DAY CONTACT Chris Severin CELL PHONE NUMBER 715-572-2075

DATE OF EVENT (WITH EXACT START & END TIMES) July 29th thru July 31st 2022  
Friday 7am-6pm Saturday 7am-6pm Sunday 8am-2pm

EVENT TITLE AND DESCRIPTION OF EVENT  
Badger State 3-day National Event. Conduct BMX Practice and  
Race Competition for USA National Series

ACCURATE DESCRIPTION OF STREET(S) OR PUBLIC AREAS TO BE USED FOR EVENT  
East Side Compost Site for Parking.

DETAILED DESCRIPTION OF USE FOR WHICH STREET CLOSURE PERMIT IS REQUESTED  
Using Compost site entrance as main entrance for Event We will  
use Area around Compost piles for event Parking.

CHECK ALL THAT APPLY:

- ☒ Liability Insurance Attached
- ☒ IRS 501(c) Exempt Letter Attached
- ☐ Vending at Event
- ☐ Temporary Class "B"/Class "B" Retailers License
- ☐ Request Open Container Ordinance Suspension
- ☐ Affected Residence Contacted Regarding Street Closure

To ensure appropriate review of your Event, your site/route plan should be demonstrated in a clear and legible manner on a separate sheet of paper.

If the Organization is a bona fide tax exempt, non-profit entity, please attach a copy of your IRS 501(C) tax exemption letter.

Organization shall be responsible for set-up and clean-up; clean-up must be completed within 12 hours of event or by start of business week.

I certify that the information contained in the forgoing application, including the information contained in the event questionnaire and any other supporting documentation or forms, is true and correct to the best of my knowledge and that I have read, understand and agree to abide by the rules and regulations governing the proposed Event. I understand that this application is made subject to the rules and regulations established by the Common Council. The applicant agrees to comply with all other City, County, State, or Federal requirements which may pertain to the use of the event venue and the conduct of the event. I agree to abide by these rules, and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore, agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Wisconsin Rapids.

I, on behalf of the organization, am also authorized to commit that the organization shall indemnify, defend, and hold harmless the city and its officers, employees, elected and appointed officials, and agents from and against any and all causes of action, claims, liabilities, obligations, judgments, or damages, including reasonable attorneys fees and costs of litigation, arising out of this event.



Signature of Event Organizer  
On behalf of Organization

4/20/2022  
Date:

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services LLC</b> 2375 E. Camelback Rd, Suite 250 Phoenix, AZ 85016		<b>CONTACT NAME:</b> Jessica Quiroz <b>PHONE (A/C, No, Ext):</b> 602-374-1327 <b>E-MAIL ADDRESS:</b> Jessica.Quiroz@usi.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> American Bicycle Association dba: USA BMX 1645 W Sunrise Blvd Gilbert, AZ 85233		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 18058	

## COVERAGES

CERTIFICATE NUMBER: 35680470

REVISION NUMBER:


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	PHPK2382444	03/01/2022	03/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2382444	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			PHUB804152	03/01/2022	03/01/2023	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder and any other entities listed below are listed as additional insured under the General Liability on a primary & Non Contributory Basis including waiver of subrogation with respect to the American Bicycle Association/USA BMX sanctioned events/competitions/practices and other operations conducted by American Bicycle Association/USA BMX track operators on behalf of the American Bicycle Association/USA BMX.  
 (See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

City of Wisconsin Rapids 444 West Grand Ave Wisconsin, WI 54495-2780	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## DESCRIPTIONS (Continued from Page 1)

Description of Operations: RE: Central Wisconsin BMX Track #862. City of Wisconsin Rapids is an additional insured July 26-31, 2022 for the Badger State Nationals.

# EVENT QUESTIONNAIRE

Please answer all questions:		NO	YES	Describe Specifically and Fully (how many, what, where, why)	Are you expecting the City to provide this service? Please indicate who or what you expect.
1.	Is the event open to the general public? List your estimated attendance.		✓	700-800 Athletes Per day 2500-3500 Spectators Per day. at BMX Track by Watertower	No
2.	Have you reserved or rented your event's location? (Parks Department @ 421-8240 for park facilities)		✓	leased From City/Contract	No
3.	Do you charge an admission or entry fee?	✓	✓	No Admission Fee Parking Fee	No
4.	Will there be wine or beer served?	✓			
5.	If there will be wine/beer served, have you applied for and obtained a temporary liquor license with the City Clerk (421-8200) and arranged for licensed bartenders at the event?	N/A			
6.	If there will be wine/beer served, have you obtained and erected fencing to comply with the City's enclosure policy?	N/A			
7.	Are you planning to erect a stage(s)? City staging may not be available.	✓			
8.	Are you planning to have tents or temporary structures for the event? (This would require receiving a temporary structure permit from the Planning and Economic Development Department at 421-8228, and a safety inspection by the Fire Department. Have all underground utilities been located prior to pounding stakes or fence posts into the ground? Call Diggers Hotline (1-800-242-8511) for property at least 10 days prior to set up.	✓			

9.	Will there be food or beverage vending? Have vendors passed inspection, received approval and been permitted by the Wood County Health Department? (421-891.1)		✓		NO
10.	Will there be other types of vending? Describe what and how many. Have you completed registration information to submit with your events application?		✓		NO
11.	Have you provided sufficient restroom facilities or portable toilets for your event, in accordance with Wood County Health Department (421-891.1) requirements?		✓	Crockett Septic Hand Sanitizers & Wash Stations	NO
12.	Have you provided sufficient refuse collection bins and arranged for cleanup of the premise after the event? Contact Parks Department (421-8240)		✓	Provided by Advance Disposal	NO
13.	Is there entertainment such as bands, amplifiers, performances, etc., Have you notified neighboring residences in writing of the noise expectations of your event?	✓			
14.	Does your event occur at night or continue into evening (dark) hours? If so, what is your plan for lighting and security?	✓			
15.	Will there be fireworks or pyrotechnics at your event? Have you obtained permission from the Mayor and Fire Department? (423-1150)	✓			

16.	Do you have an emergency plan in place for accidents, injuries, fires, severe weather, etc.?		✓	WRFO	No
17.	Will your event require street closure? Have you notified your neighbors of your request to temporarily close the street and the affected times? Have you detailed the street closing plan on the events application to the city clerk?		✓	Request Eastside Compost Site Closure for Saturday July 30th 2022	
18.	Have you obtained orange safety vests and provided training for route guides on runs/walks?		N/A		
19.	Do you have traffic control, crossing assistance, security or parking issues with your event? Have you consulted with the Police Dept (423-4444)?		✓	Auxiliary Police Availability if Needed.	
20.	Have you obtained and provided to the Clerk adequate liability insurance with the City of Wisconsin Rapids named as the additional insured?		✓	On file	
21.	Have you provided a complete time schedule and location itinerary of the parade staging & route?		N/A		



Please list all vendors participating in your event.  
(You may attach additional pages if necessary.)

Vendor Business Name	USABMX
Individual Contact Name	
Streets Address	
City/State/Zip	
Type of Merchandise being sold	Clothing
State of Wisconsin Seller's Permit (Sales Tax) Number	
Wood County Health Department Permit (Food/Beverage Products) Number	

Vendor Business Name	
Individual Contact Name	
Streets Address	
City/State/Zip	
Type of Merchandise being sold	
State of Wisconsin Seller's Permit (Sales Tax) Number	
Wood County Health Department Permit (Food/Beverage Products) Number	

Vendor Business Name	
Individual Contact Name	
Streets Address	
City/State/Zip	
Type of Merchandise being sold	
State of Wisconsin Seller's Permit (Sales Tax) Number	
Wood County Health Department Permit (Food/Beverage Products) Number	

City Department Reviews  
For Office Use Only

City Clerk: \_\_\_\_\_

\_\_\_\_\_

Police Department:

- ☐ Private security and/or police on site
- ☐ First aid services and/or EMS on site
- ☐ Communication System
- ☐ Public Address System
- ☐ Night Lighting
- ☐ Exit Signage
- ☐ Emergency plan including an evacuation plan

\_\_\_\_\_

Fire Department: \_\_\_\_\_

\_\_\_\_\_

Planning and Economic Development: \_\_\_\_\_

\_\_\_\_\_

Street Department: \_\_\_\_\_

\_\_\_\_\_

Park and Recreation Department: \_\_\_\_\_

\_\_\_\_\_

City Attorney: \_\_\_\_\_

\_\_\_\_\_

Engineering: \_\_\_\_\_

\_\_\_\_\_

Wood County Health Department: \_\_\_\_\_

\_\_\_\_\_



## Committee Referral

**Name of Committee:** Property and Finance Committee

**Date of Request:** April 28, 2022

**Requestor:** Kyle Kearns, Community Development Department

**Request/Referral:** Consider Phase 2 of the Wayfinding Sign Project with Graphic House for fabrication and install.

**Background information:** In June, 2021 City Council approved Graphic House to fabricate and install Phase 1 (23 signs) of the wayfinding sign project at a total cost of \$81,499. Graphic house anticipates to complete phase 1 during the first week of May. Thereafter, the Street Department will assist to concrete around a few of the trailhead and pedestrian Kiosks.



Moreover, Phase 1 was most of the larger signs and was funded from the Economic Development Room Tax Account. Phase two consists of 15-18 signs and is anticipated to be half the cost of phase 1. The sign designer, Corbin, submitted a \$53,820 cost estimate for phase 2, however staff have removed a few signs and suggested another three that could possibly be omitted. Therefore, the Corbin estimate (attached) has been adjusted accordingly, which reduces the cost between approximately \$31,000-



## Committee Referral

\$49,000. Staff hopes to maintain Graphic House as the sign contractor for phase 2, which could possibly reduce costs further, due to some of the work being done for phase 1, such as shop drawings. Staff has requested a bid from Graphic House for phase 2 which will be provided at the meeting.

### Options available:

1. Fund Phase 2 via Economic Development Room Tax
2. Fund Phase 2 via another source
3. Postpone or Deny funding Phase 2

**Staff recommendation:** Staff recommends funding phase 2 of the wayfinding sign project using dollars within the Economic Development Room Tax account:

- a. Cost: Corbin Design Estimate – AMENDED: \$48,932.5
- b. Graphic House sign contractor estimate anticipated to be provided at the meeting.

**Action you are requesting the committee take:** Recommend funding phase 2 of the wayfinding project, total amount be determined via a bid from Graphic House sign contractor.

### How will the item be financed?

Economic Development Room Tax Account:

- Carry over amount: \$59,265
- Budget amount: \$33,525 (2022)
- Total (2022): \$92,790
- Expense (2022): \$18,660.75 (Graphic House phase 1)
- Remaining Total: \$74,129.25

*Please attach all supporting documentation.*

### ATTACHMENTS

1. Corbin Design Phase 2 Cost Estimate
2. Phase 2 Sign Count
3. Phase 2 Detailed Sign Count
4. Graphic House Bid (TBD)

# Wisconsin Rapids Phase 2 Budgetary Estimate

Type	Description	Qty	Unit	Total	Lighting
Kt-1	Trailhead Kiosk, Primary <b>Possibly Omit</b>	1	\$	5,250.00	\$ 5,250.00
	<del>Solar Lighting Option</del>	<del>1</del>	<del>\$</del>	<del>3,500.00</del>	<del>\$ 3,500.00</del>
	<del>Pull from Existing Electrical Source</del>	<del>1</del>	<del>\$</del>	<del>2,000.00</del>	<del>\$ 2,000.00</del>
<del>Kt-2</del>	<del>Trailhead Kiosk, Secondary</del>	<del>1</del>	<del>\$</del>	<del>4,250.00</del>	<del>\$ 4,250.00</del>
Gt-1	Trail Guide	4	\$	3,250.00	\$ 13,000.00
Gt-2	Trailblazer	4	\$	2,000.00	\$ 8,000.00
It-1	Mile Marker	0	\$	1,500.00	\$ -
Kp-1	Pedestrian Kiosk (2 alternata locations 2 & 19) <b>Possibly Omit</b>	1	\$	5,800.00	\$ 5,800.00
Gp-2	Pedestrian Guide	2	\$	1,000.00	\$ 2,000.00
Ip-1	Parking Identification	0	\$	2,750.00	\$ -
Ix-1	Identification, Large <b>Possibly Omit</b>	1	\$	4,500.00	\$ 4,500.00
<del>Ix-1a</del>	<del>Identification, Custom (Zoo)</del>	<del>1</del>	<del>\$</del>	<del>4,500.00</del>	
Ix-2	Identification, Medium	0	\$	4,000.00	\$ -
Ix-3	Identification, Small	0	\$	3,500.00	\$ -
Gt-3	On-Street Bike Signs	5	\$	800.00	\$ 4,000.00
<b>Total: 15-18</b>				Subtotal	<del>\$ 46,800.00</del>
				Contingency (15%)	<del>\$ 7,020.00</del>
				Total Budget Cost	<del>\$ 53,820.00</del>
					<b>\$27,000 - \$42,550</b>
					<b>\$4,050 - \$6,382.5</b>
					<b>\$31,050 - \$48,932.5</b>

---

Gp-2 Trailblazer	2
Gt-1 Trail Guide - Multi-message	4
Gt-2 Trailblazer	2
Gt-3 On-street Bike Guide	5
Ix-1 Municipal Identification - Large	3 or 2
<del>Ix-1a Municipal Identification - Custom</del>	<del>1</del>
Kp-1 Pedestrian Kiosk	1 or 0
Kt-1 Trailhead Kiosk - Roof	1 or 0
<del>Kt-2 Trailhead Kiosk</del>	<del>1</del>

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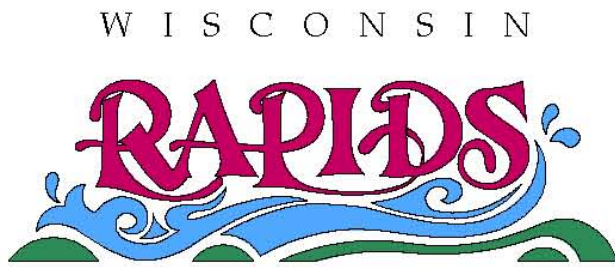
~~20~~

Total Signs: 15-18

Gp-2 Trailblazer		2
02a	29	
Gt-1 Trail Guide - Multi-message		4
26	28	35
36		
Gt-2 Trailblazer		2
30	33	
Gt-3 On-street Bike Guide		5
31	31a	32
32a	37	
Ix-1 Municipal Identification - Large		3
22a	possibly omit	25
22a		34a
<del>Ix-1a Municipal Identification - Custom</del>		1
<del>24</del>		
Kp-1 Pedestrian Kiosk		1
07	possibly omit	
Kt-1 Trailhead Kiosk - Roof		1
18	possibly omit	
<del>Kt-2 Trailhead Kiosk</del>		1
<del>24a</del>		

~~Total Signs: 20~~

Total Signs: 15-18



**PUBLIC WORKS  
DEPARTMENT**

1411 CHASE STREET  
WISCONSIN RAPIDS, WI 54495  
(715) 421-8218 FAX (715) 421-8281

**Requestors Name:**

Paul Vollert, Public Works Superintendent

**Referral Language:**

Review and approve agreement with Advanced Disposal Services Cranberry Creek Landfill, LLC for solid waste disposal

**Background Information:**

This is an agreement that we are renewing with Advanced; the fees have increased slightly but overall billings will decrease.

**Recommendation:**

Approve the proposed agreement with Advanced; this agreement has been reviewed by City Attorney Schill and Public Works Superintendent Vollert.

**If financing is needed, how will it be financed?**

The 2022 budget reflects the rates that are part of this agreement.



## LANDFILL DISPOSAL AGREEMENT

THIS AGREEMENT is made this \_ day of May, 2022, by and between the City of Wisconsin Rapids, a Municipal Corporation of the County of Wood, State of Wisconsin ("City"), and Advanced Disposal Services Cranberry Creek Landfill, LLC ("Advanced"), a Wisconsin limited liability company, with its offices located in Wisconsin Rapids, Wisconsin.

### RECITALS

Whereas, Advanced is duly licensed by the Wisconsin Department of Natural Resources under DNR License No. 02967, for the operation of a sanitary landfill and the performance of sanitary landfill services on its site located at 2510 Engel Road, Wisconsin Rapids, County of Wood, State of Wisconsin (the "Advanced Landfill"); and,

Whereas, the City has need for sanitary landfill services rendered by Advanced for the disposal of solid waste generated by its residents;

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

### TERMS AND CONDITIONS

1. Acceptance of Solid Waste
  - A. The City agrees to deliver all of its acceptable solid waste to the Advanced Landfill, except yard waste, which is disposed at the City's compost site.
  - B. "Acceptable Solid Waste" shall mean municipal solid waste allowed by landfill permit which is the only type of waste subject to this Agreement, and which Advanced will accept pursuant to its permit and applicable law and regulations at the Advanced Landfill. Advanced reserves the right to refuse any waste that it has reason to believe is not municipal solid waste.
  - C. "Unacceptable Solid Waste" shall mean any waste which consists of hazardous, explosive, highly flammable, infectious, medical, pathological, radioactive, toxic or illegal waste, as defined under any applicable law or regulations, any waste not allowed by the Advanced Landfill permit and any other waste not specifically provided for herein. The City shall not deliver for disposal at the Advanced Landfill any Unacceptable Solid Waste. In addition, all waste delivered to the Advanced Landfill must conform to all applicable federal, state and local laws, rules, regulations and orders relating at any time to the transportation and disposal of waste, as applicable at the time of delivery.

- D. Advanced agrees to accept solid waste delivered to the Advanced Landfill by the City during its usual business hours of disposal, which may be modified from time to time based on its Plan of Operations. The Advanced Landfill is also closed Sundays and Holidays, which include: Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day and New Year's Day. Operations hours on Saturdays following a Holiday may be reasonably extended to accommodate City vehicles so long as a 48 hour written notice is given to Advanced prior to the Holiday. Advanced may close the Landfill early on the day before a holiday after all City trucks have dumped for the day.

2. Fees for Solid Waste

- A. The City agrees to pay Advanced a rate of \$56.00 per ton for Municipal Solid Waste (MSW); \$56.00 per ton for demolition material generated from razed homes and buildings; \$45.00 per ton for waste water treatment plant grit; and \$25.00 per ton for street sweepings approved and acceptable for use as daily cover. The street sweepings and waste water treatment plant grit must not contain free liquids and must pass any and all testing required by Advanced or by any law, rule or regulation, such that they do not contain any hazardous or toxic materials.
- B. Commencing on September 1, 2022, and every 12 months thereafter, the rates shall be increased by the 12-month rolling average percentage change in the Water, Sewer, Trash Collection Consumer Price Index (WST CPI) (not seasonally adjusted, all areas). All rates and adjustments apply to any approved expansion licensed by the WDNR.
- C. Rates charged to the City may be increased as a result of any new or increased governmental fees or taxes imposed upon Advanced (excluding fines, penalties or forfeitures). Prior to said increase, Advanced shall give the City notice and explanation of any governmental fees or taxes that it purposes to use as a basis for increasing the City's rate.
- D. Advanced shall invoice the City on a monthly basis, and the City shall pay Advanced on or before the 15<sup>th</sup> day of each month following the month in which services were rendered.

3. Reporting Requirements

- A. Advanced shall furnish the City, upon request, with any reports or documentation which Advanced is obligated to provide to the Advanced Landfill Standing Committee.

4. Term

This Agreement shall commence on September 1, 2021, and shall remain in full force and effect for a term of five (5) years, ending August 31, 2026.

5. General Provisions

A. Force Majeure

The performance of this Agreement may be suspended by either party in the event that either the transportation of Solid Waste or the disposal of Solid Waste is prevented by a cause or causes beyond the reasonable control of a party. Such causes shall include, but not be limited to acts of God, acts of war, riot, fire, explosion, accident, flood or sabotage; lack of adequate fuel, power, raw materials, labor or transportation facilities; governmental laws, regulations, requirements, order or actions; breakage or failure of machinery or apparatus; national defense requirements; injunctions or restraining orders; labor trouble and strike. The party asserting a right to suspend performance under this section must, within a reasonable time after it has knowledge of the effective cause, notify the other party in writing, specifically of the cause for suspension, the performance suspended and the anticipated duration of suspension. The party asserting a right to suspend performance hereunder shall advise the other party when the suspending event has ended and when performance shall be resumed. Once the suspending event ends, the party which has suspended performance shall promptly resume performance.

B. Binding Effect.

This Agreement shall inure to the benefit of, and shall be binding upon, the parties hereto and their respective affiliates, successors, assigns and transferees.

C. Severability

If this Agreement or any part thereof is determined to be invalid or unenforceable or shall become a violation of a local, state or federal law, then the same as so applied shall no longer be a part of this Agreement, but the remainder of the Agreement and the application of the affected provisions to other parties and circumstances shall not be affected thereby and this Agreement as so modified shall continue in full force and effect.

D. Venue

This Agreement is made and entered into in the State of Wisconsin and the law of the State of Wisconsin shall govern the Agreement's validity and interpretation and the Parties' performance of their respective duties and obligations under the Agreement, and any action concerning same shall be venued in Wood County, Wisconsin.

E. Notices

Any notice, request, information or other document to be given hereunder to any of the parties by any other party shall be in writing and hand delivered or sent by certified mail, postage paid or via facsimile as follows:

If to Advanced, addressed to:

Attn: District Manager  
Advanced Disposal Services Cranberry Creek Landfill, LLC  
2510 Engel Road  
Wisconsin Rapids WI 54495

with a copy to:

Attn: Legal Counsel  
Advanced Disposal Services Cranberry Creek Landfill, LLC  
W132 N10487 Grant Dr.  
Germantown, WI 53022

If to City, addressed to:

City Clerk  
City of Wisconsin Rapids  
444 West Grand Avenue  
Wisconsin Rapids WI 54495

with a copy to:

City Attorney  
City of Wisconsin Rapids  
444 West Grand Avenue  
Wisconsin Rapids WI 54495

Any notice shall be deemed given upon receipt by a party. Any party may change the address to which notices are to be sent to it by giving written notice of such change of address as herein provided.

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the day and year first above written.

ADVANCED DISPOSAL SERVICES CRANBERRY CREEK LANDFILL, LLC  
A Wisconsin Limited Liability Company

By: \_\_\_\_\_  
\_\_\_\_\_

CITY OF WISCONSIN RAPIDS  
A Wisconsin Municipal Corporation

By: \_\_\_\_\_  
\_\_\_\_\_

Attest: \_\_\_\_\_  
\_\_\_\_\_



# SPIELBAUER FIREWORKS CO., INC.

DISTRIBUTORS & EXHIBITORS

## WISCONSIN'S OLDEST EXHIBITION FIREWORKS CO.

Office: 1976 Lane Road  
Green Bay, WI 54311

Factory & Warehouses: Bellevue

Telephone 1-920-336-0446

Fax 1-920-336-1214

City of Wisconsin Rapids WI  
(Legion Post/ City) (Location)

Contract entered onto this 11<sup>th</sup> day of **April** A.D., **2022** by and between Spielbauer Fireworks Co., Inc. party of the first part, and the **City of Wisconsin Rapids**.

Authorized Agent: Susan Schill  
(Official in Charge)

Party of the first part, agrees to furnish party of the second part Fireworks per program submitted, said display to be given on the evenings of **July 4, 2022** weather permitting. It should be understood that should inclement weather prevent the giving of said display on dates herein mentioned, the program would be given on the next clear night falling during the above week, for the additional sum of two hundred dollars, to cover auxiliary costs suffered by party of the first part. If said display is not rescheduled, a cancellation fee of 20% of the contract price shall be charged.

Party of the second part agrees to furnish party of the first part sufficient space for the proper giving of said display, also to furnish dry space to store and prepare said fireworks, and to furnish necessary police protection to help our expert display man that we send to superintend said display.

The party of the first part agrees that proper protection for the benefit of spectators will be covered by bodily injury and property damage insurance at the time of display, automobiles excluded. It is further agreed and understood that the party of the second part is to pay the party of the first part the sum of **\$4,000.00, with signed contract** and balance due two weeks after the display date.

The parties hereto do mutually and severally guarantee the terms, conditions, and payments of this contract, their articles to be upon the parties themselves, their heirs, executors, administrators and assigns.

IN WITNESS WHEREOF we set our hands and seals in duplicate hereof this **11<sup>th</sup>** day of **April**, A.D., **2022**.

WITNESSES:

ACCEPTED BY X

(Official in Charge)

NA  
NA

[Signature]  
Spielbauer Fireworks Co., Inc. REP  
Patrick W. Spielbauer

REMARKS:

Fireworks program as per itemized proposal



# SPIELBAUER FIREWORKS CO., INC.

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Established in 1952

Office:

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Phone 1-920-336-0446  
Fax 1-920-336-1214

Factory & Warehouses:  
Bellevue

**To:** City of Wisconsin Rapids  
Attn: Susan Schill - City Attorney  
444 West Grand Avenue  
Wisconsin Rapids, WI 54495

**Conf. #** 22Wi6951

**Order Date** 4/11/2022

**Date** 4/26/2022

**Terms**

1% Per Month Interest Charged On Accounts Over 30 Days Old

## Confirmation

**\$20,000.00 Fireworks Display for July 4, 2022 (Mon.)**

### Additional Special Break Shells

230 — 2.5 inch Assorted Import Special Break Shell - Sunny

**Total: 230 — 2.5 inch Special Break Shells**

144 — 3 inch Assorted Import Chrysanthemum & Peony Shell w/ Rising Tail - Lidu

144 — 3 inch Assorted Import Special Break Shell - Sunny

144 — 3 inch Assorted Import Special Break Shell w/ Rising Tail - Sunny

6 — 3 inch Red, White, & Blue Glitter - Sunny

2 — 3 inch Silver Willow - Sunny

16 — 3 inch Import Stacked Double Break - Sunny

2 — 3 inch Golden Palm Tree w/ Gold Tail - Sunny

2 — 3 inch Crackling Coconut w/ Crackling Tail - Sunny

2 — 3 inch Twinkling Kamuro Crown - Sunny

2 — 3 inch Silver Crackling Palm w/ Crackling Tail - Sunny

2 — 3 inch Orange To Popping Flower w/ Silver Tail - Sunny

2 — 3 inch Red Falling Dahlia (leaves) - Sunny

**Total: 468 — 3 inch Special Break Shells**

72 — 4 inch Assorted Import Chrysanthemum & Peony Shell w/ Rising Tail - Lidu

2 — 4 inch Brocade Crown - Sunny

2 — 4 inch Golden Palm Tree w/ Gold Tail - Sunny

2 — 4 inch Glittering Coconut w/ Glitter Tail - Sunny

**Total: 78 — 4 inch Special Break Shells**

### Midlevel Display

## IMPORTANT

This merchandise sold and shipped on the representation of the buyer that the same will be used strictly in accordance with laws of the state of destination.

This merchandise is sold upon the condition that the seller shall not be liable in any civil action for any accident or injury occasioned during the transportation, handling, storage, sale or use of the merchandise.



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**Order Date** 4/11/2022

**Date** 4/26/2022

**Terms**

1% Per Month Interest Charged On Accounts Over 30 Days Old

- 2 — 3 inch Silver Crackling Tiger Tail - Sunny
- 2 — 3 inch Bright Gold Flitter Tiger Tail - Sunny
- 6 — 2" Single Shot Red Tail Comet w/E-Match Connect - Lidu
- 2 — 2.5 inch 25 Shot Brocade Crown Box (30 sec.) - Lidu  
subbed for peanut box
- 2 — 2.5 inch 36 Shot Assorted Ring Box (40 sec.) - Lidu  
Creates perfect variegated color rings in the sky above.
- 2 — 2.5 inch 36 Shot Rising Fish & Whistle w/ Crackling Trail Box (40 sec.) - Lidu  
Loud whistling spinners rise from ground level leaving crackling stars behind.
- 2 — 80 Shot Variegated Falling Leaves Box (30 sec.) - Lidu
- 2 — 225 Shot Golden Mines & Green Glittering & Pink Crossette Box (40 sec.) -  
Lidu
- 2 — 100 Shot Vertical Silver Blink To Green Blink To Blue To Chrysanthemum  
Willow Box (40 sec.) - Crown Pyro
- 2 — 80 Shot Fan Silver Lion To Color Crackling Chrysanthemum Box (30 sec.) -  
Lidu
- 2 — 2.5 inch 36 Shot Brocade Kamuro w/ Tail Box (28 sec.) - Sunny
- 2 — 100 Shot Vertical Assorted Effect Box (40 sec.) - Crown Pyro
- 2 — 300 Shot Fan Red, White, Blue Mines & Peony Box (40 sec.) - Lidu  
Fan shaped box incorporating patriotic color scheme.

## Grand Finale

- 10 — 3 inch Titanium Salute - F&F
- 3 — 4 inch Flash Salute - Sunny

### IMPORTANT

This merchandise sold and shipped on the representation of the buyer that the same will be used strictly in accordance with laws of the state of destination.

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Attn: Susan Schill - City Attorney  
444 West Grand Avenue  
Wisconsin Rapids, WI 54495

**Conf. #** 22Wi6951

**Order Date** 4/11/2022

**Date** 4/26/2022

**Terms**

---

1% Per Month Interest Charged On Accounts Over 30 Days Old

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- 1 — 300 Shot Titanium Salute Box (40 sec.) - Lidu
- 6 — 3 inch 10 Shot Import Color & Glitter Finale - Bulk - Lidu  
Creates a dazzling array of color and glitter in the night sky. Ten shell special finale - reloads only.
- 3 — 2.5 inch 36 Shot Titanium Salute w/ Silver Tail Box (25 sec.) - Sunny  
Fires thirty-six earth shaking reports with rising tails in the sky overhead. Thirty-six shell special boxed finale. Self contained box includes mortars.

## Firing Equipment

- 489 — E-Match (15') - MJG
- 65 — E-Match (25') - MJG
- 23 — Chain - Fuse w/ 10 Buckets - Lidu

## Insurance Coverage

\$1 million insurance coverage for public liability and property damage.

## Operator

Experienced pyrotechnic operators to be provided by Spielbauer Fireworks Co., Inc.  
Operators/ employees of Spielbauer Fireworks are covered under our workers compensation policy.

## Delivery

Fireworks to be delivered by Spielbauer Fireworks Co., Inc.

### IMPORTANT

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**Date** 4/26/2022

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1% Per Month Interest Charged On Accounts Over 30 Days Old

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## Equipment

All equipment necessary for the set up and firing of display to be provided by Spielbauer Fireworks Co., Inc.

## Permit Fee

Spielbauer Fireworks to apply for local permit(s) required by authority having jurisdiction. Permit fee will accompany the application.

**Your Price** \$20,000.00

**Display Date:** 7/4/2022

Thank you for your order.

### IMPORTANT

This merchandise sold and shipped on the representation of the buyer that the same will be used strictly in accordance with laws of the state of destination.

This merchandise is sold upon the condition that the seller shall not be liable in any civil action for any accident or injury occasioned during the transportation, handling, storage, sale or use of the merchandise.



# Finance Department

## City of Wisconsin Rapids Grant Management Policy

### Purpose

It shall be the policy of the City of Wisconsin Rapids to identify and apply for grants that provide additional financial resources to the City in carrying out its core services, along with specific initiatives identified by the City Council. Grants applied for must adhere to this policy, be financially feasible to the City's operation, and should not create a financial burden by virtue of funding match requirements. Because grant funding allows the City to leverage local public funds in order to extend and enhance the services it offers to the community, the impact of grant funding upon the City is significant, with the process of grants administration and management a critical and important function.

The purpose of this Policy is to establish internal controls and guidelines for the application, financial and reporting administration for all, regardless of the amount, grants awarded to the City of Wisconsin Rapids and to assist in providing accurate and complete disclosure of the program reporting and financial results of each grant.

This policy applies to all grant applications or requests for funds for which the City of Wisconsin Rapids is the applicant or for which the City is required to act as the sponsor. This is a city-wide policy affecting all persons and departments that research, apply for, and/or manage grants. When the City applies for and receives a grant, it agrees to administer the funding according to the granting agency's (grantor) terms and conditions. Reporting and accounting properly for grant expenditures and providing program documentation and evaluation is critical to the City's success in receiving and maintaining grant awards.

### Grant Application Procedures

The department considering an application for a grant is responsible for performing a grant application assessment, in which the following factors shall be evaluated. The assessment shall be done well in advance of grant submission due dates to avoid last minute delays or problems that could cause the grant deadline to be missed.

Grant Application Assessment:

#### (1) Financial

- i. Total anticipated project cost
- ii. Matching requirements (both financial and in-kind) and sources
- iii. Program income considerations
- iv. Staffing requirements
- v. Verify and document the source of the grant funds – Federal (direct), Federal (pass-thru), State, and local.
- vi. Federal Funds – Obtain the applicable Catalog for Federal Domestic Assistance (CFDA) number
- vii. Documentation of a clear continuation plan. It is required that departments develop continuation plans (plans for sustaining grant funded programs if funding is reduced or terminated) prior to applying for grants, which reflect the potential loss of funding and the subsequent loss of grant funded positions or program components. Departments must plan responsibly for either termination or reduction of the program or seek to secure alternative sources of funding.

#### (2) Programmatic

- i. Alignment with City's and/or department's strategic goals and priorities
- ii. Provision or expansion of services to address critical needs
- iii. Department's capacity to administer the financial and administrative aspects of the grant

Upon the Department completing the grant application assessment, the Department will prepare the grant application as outlined by the grantor's requirements and complete the 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 this policy.

Departments shall adhere to the following grant application approval requirements.

Grant Application Scenario	Department Head	Finance Director	Mayor	Finance and Property Committee
<b>Grants \$5,000 or less</b>				
No local match is required	X	X		
Local match can be found within the Department's adopted budget	X	X	X	
The Department cannot identify funds within its adopted budget to offset 100% of the local match	X	X	X	X
There is no continuing commitment of local funds beyond the grant period	X	X	X	
A continuing commitment of local funds beyond the grant period	X	X	X	X
<b>Grants more than \$5,000 but less than \$25,000</b>				
No local match is required	X	X	X	
Local match can be found within the Department's adopted budget	X	X	X	X
The Department cannot identify funds within its adopted budget to offset 100% of the local match	X	X	X	X
There is no continuing commitment of local funds beyond the grant period	X	X	X	X
A continuing commitment of local funds beyond the grant period	X	X	X	X
<b>Grants \$25,000 or more</b>	X	X	X	X

## Post-Award Procedures

Department heads are accountable for all grants within their departmental jurisdiction. In cases where more than one department is responsible for the grant, a lead department shall be designated for accountability. Each department that applies for and/or receives grant funding shall:

- (1) Designate a grant project manager for every grant awarded to the department
- (2) Implement awarded grant projects according to the terms and conditions of each grant award.
- (3) Ensure invoices and/or personnel costs are for legitimate expenditures and allowable costs per the terms of the grant agreement. As part of the expenditure approval, the grant project manager shall note on the invoice that item purchased or service performed is a grant eligible expenditure.
- (4) Ensure that all project managers know how to designate project expenditure account numbers to ensure accuracy ~~and submit regular grant drawdown requests to the funding agency in coordination with the Finance Director.~~
- (5) ~~Prior to any grant drawdown request is submitted to the funding agency, approval must be obtained from the Finance Director and/or Assistant Finance Director. All grant drawdown requests must be reviewed and verified by at least two appropriated individuals.~~
- (6) Ensure that project reporting requirements and deadlines for submission are met.
- (7) Maintain a grant project file that contains all required support documentation to meet reporting/audit requirements. The grant project file shall consist of, at a minimum, the following documents:

- i. Completed Grant Request Form
- ii. Completed and properly approved grant application
- iii. Authorized and executed grant agreement and/or contract
- iv. Authorized and executed grant agreement and/or contract amendments
- v. Grant reimbursement/drawdown requests to the funding agency. All documentation supporting eligible grant expenditures will be attached to the request including the appropriate procurement documentation.
- vi. Documentation of any required in-kind match requirements
- vii. Documentation of the achievement of grant goals and objectives (i.e. job creation, performance objectives, etc.)
- viii. Applicable Davis-Bacon documentation
- ix. Any required periodic grant reports to the funding agency and/or organization
- x. Any required grant close-out reports
- xi. Any correspondence with the funding agency and/or organization
- xii. **Verification of Suspension and Debarment**

All grant agreements and/or contracts will be executed by the City of Wisconsin Rapids Mayor and a copy of the executed contract will be delivered to the Finance Director. In addition, the Finance Director will review all grant drawdown requests before they are submitted to the funding agency and/or organization.

## Procurement Policies and Procedures

Departments should follow the grantor's policies and procedures for all practices including procurement for the selection of contractors and vendors. If grant applications have special conditions regarding procurement it should be noted on the Grant Request Form. Absent of any specific procurement requirements dictated by the grant agreement or if federal, state and/or grantor's procurement requirements are less restrictive; the following thresholds should be adhered to:

Supplies and Services	Under \$2,999	\$3,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000 - \$150,000
Bid Specifications	Not required for purchases under \$150,000				
Solicitation of Bids, Proposals and Quotes	Encouraged	2 or more written quotes			
	Encouraged but not required			2 or more written quotes	
	Public bid is required for purchases over \$150,000				
Advertising and Notice	Not required				
Approval / Award - Unless a contract is approved by the Common Council	Department Head				Mayor or Finance Director
Purchase Order (Obtained from the Finance Department) -	Not required				Required

Public Construction	Under \$2,999	\$3,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000 and Over
Bid Specifications	Not required		Written specifications required		
Solicitation of Bids, Proposals and Quotes	Encouraged	2 or more verbal or written quotes		3 or more written quotes	Public Bid
Advertising and Notice	Not Required		Class 1 notice before contract is executed		Class 2 notice
Approval / Award – Unless a contract is approved by the Common Council	Department Head				Mayor or Finance Director
Purchase Order (Obtained from the Finance Department)	Not required				Required

**Sole-Source Procurement** – Sole-source procurements are only permissible when a reasonable investigation shows that there is only one practicable source for the required supply or service. The determination that only one practicable source exists must be documented in grant project file.

**Public Construction Public Bid Process** – For public construction projects over \$25,000, a class 2 notice will be published and all contractors will be required to complete the City of Wisconsin Rapids Bid Packet (see attachment). The submitted bid packets will be reviewed by the Engineering Department and the City Engineer and/or the Public Works Director will approve the contractor as a qualified bidder. At the bid opening, the contract award will be based on lowest qualified bidder and approved by the Common Council.

**Procurement of Professional Services** - The general project scope is developed by the City and invitations to submit proposals are sent to consulting firms the City believes may be qualified to do the work and/or a general request for proposals is published. Having at least two proposals has been the minimum required for review and efforts are always made to have more than two.

Proposals are reviewed by the Director of Public Works, City Engineer, staff delegates, and/or ad-hoc committee appointed by the Mayor or City Council that has an understanding of the project and is capable of performing an evaluation. In order of importance, the following is evaluated:

1. The scope proposed by the consulting service provider is identified, complete, and consistent with the scope requested.
2. The qualifications of the consulting service provider are evaluated to insure they are capable of performing the work defined in the project scope. Qualification evaluation includes the project staff's education, training, experience, past-performance, capabilities, personnel, and workloads.
3. The cost of the proposal is evaluated to determine the value of the services proposed is representative of the scope of work to be performed.
4. The evaluation process is documented in the grant project file and a recommendation is then presented to the City Council for review and approval.

**Suspension and Debarment** - The debarment and suspension procedures are intended to prevent waste, fraud and abuse in Federal procurement and non-procurement actions. The Federal Government prohibits expending federal funds on goods and/or services from any entity Suspended or Debarred from doing business with the federal government. Procurement of goods and/or services with federal funds from a supplier or contractor should be checked for Debarment before purchasing and/or awarding a contract or subaward. Debarment must be checked prior to purchasing or contracting with any entity or agency to ensure the entity or agency has not been Debarred or Suspended by the federal government at the System for Award Management – SAM.gov. Suspension and debarment verification must be documented in the grant file.

## **Grant Accounting**

### **Finance Department Responsibilities**

- (1) Upon review and approval of the grant application, the Finance Department will assign and set-up in the City's financial accounting system a revenue and expenditure account number that will be unique to that grant. These financial account numbers will be noted on the Grant Request Form.
- (2) The Finance Department will open any specific bank account that is required by the grant agreement and/or contract.
- (3) The Finance Director will review all grant drawdown requests before they are submitted to the grantor and verify that any grant expenditures that are being reimbursed are recorded in the appropriate expenditure account.
- (4) All grant proceeds received will be promptly deposited in the applicable bank account and recorded in the appropriate grant revenue financial account.
- (5) Issue regular reports on the status of grant-funded projects to departments and special reports when requested.
- (6) Maintain a "Schedule of Expenditures of Federal and State Awards"

## **Grant Closeout**

Upon completion of the grant term of each grant award, the grant project manager will review the grant project file to ensure that it contains all the necessary documentation that is required by both the grantor and this policy. The Finance Director will be notified that the grant project has been completed and is now considered closed and the grant project file will be delivered to the Finance Department placed in the City's official grant storage file.

## **Conflict of Interest**

Grant audit findings due to conflicts of interest can damage the reputation and credibility of the City. Further, the appearance of a conflict of interest and be just as damaging to the City's reputation and credibility as an actual conflict. The purpose of this policy is to avoid the appearance, as well as the actuality, of any conflict of interest or breach of trust by and official or employee of the City.

No officer or employee of the City shall have any interest, financial or otherwise, direct or indirect, or have any arrangement concerning prospective employment that will, or may be reasonably expected to, bias the design, conduct, or reporting of a grant funded project on which a City official or employee is working.

It shall be the responsibility of the Grant Project Manager for each particular grant funded project to ensure that in the use of project funds, officials or employees of the City and nongovernmental recipients or sub-recipients shall avoid any action that might result in, or create the appearance of:

1. Using his or her official position for private gain
2. Giving preferential treatment to any person or organization
3. Losing complete independence of impartiality
4. Making an official decision outside official channels
5. Affecting adversely public confidence in the grant funded program in particular and the City in general

## **Audits**

The City of Wisconsin Rapids is subject to the Single Audit Act. A Single Audit encompasses the review of compliance with program requirements and the proper expenditure of funds by an independent Certified Public Accountant according to the standards of OMB Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

All findings are reported directly from the independent Certified Public Accountant to the City in the form of the Federal Awards and State Financial Assistance Report. If the Audit includes findings, the City will complete and submit to the independent Certified Public Accountant a corrective Action Plan.

*Adopted: 11/15/2016*

*Revised: 01/16/18*

*Revised: 05/17/22*