



NOTICE OF PUBLIC MEETING

REVISED: Closed session item removed

FINANCE AND PROPERTY COMMITTEE

Matt Zacher, Chairperson

Dean Veneman, Vice-Chairperson

Jay Bemke

Notice is hereby given of a meeting of the Finance and Property Committee to be held in the **Council Chambers** at City Hall, 444 West Grand Avenue, Wisconsin Rapids, on **Tuesday, June 6, 2023 at 4:00 p.m.** The meeting will be streamed live on the City of Wisconsin Rapids Facebook page and will also be broadcast live on Charter Cable Channel 985 and Solarus HD Cable Channel 3. If a member of the public wishes to access this meeting live via Zoom audio conferencing, you must contact the City Clerk at least 24 hours prior to the start of the meeting to coordinate your access. This meeting is also available after its conclusion on the City's Facebook page and Community Media's YouTube page, which can be accessed at www.wr-cm.org. It is possible that members of the Committee may appear remotely via video or audioconferencing for this meeting.

Agenda

1. Call to Order
2. Consider a referral from the Fire Department regarding Funding for energy Audit findings
3. Consider a referral from the Fire Department regarding Discussion on Replacement of Truck 5
4. Consider a referral from the Public Works Department to review and approve purchase of a Single Pass Automated Refuse Trucks
5. Consider for approval a Taxicab License Renewal Application from Randy Weyaus for Gotta Go Taxi LLC
6. Consider for approval a special event application, street closure request, and Temporary Retail Class "B" Fermented Malt Beverages license application for Heart of Wisconsin Chamber of Commerce, Inc., 1120 Lincoln Street, for an outdoor Off the Clock event to be held on Wednesday, July 12, 2023 (rain date: July 19, 2023) from 4:00 p.m. to 6:00 p.m. at Shopmaster, located at 850 Rosecrans Street
7. Consider for approval Temporary Retail Class "B" Fermented Malt Beverages Licenses for Central Wisconsin Cultural Center, Inc., 2651 Eighth Street South, for the following events:
 - a. Music on the Patio events to be held from 6:00 p.m. to 9:00 p.m. on the following Fridays: June 23, July 28, and August 18, 2023;
 - b. Exhibit Openings to be held from 5:30 p.m. to 7:30 p.m. on Friday, July 14 and Thursday, September 7, 2023;
 - c. Holiday Gifts & Art Fair event to be held from 5:30 p.m. to 7:30 p.m. on Thursday, November 9, 2023;and a Temporary Retail Class "B" Fermented Malt Beverages License and Temporary Retail "Class B" Wine License for an Art on Tap event to be held from 5:30 p.m. to 8:30 p.m. on Saturday, October 7, 2023
8. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License and a Temporary Retail "Class B" Wine License for Assumption Athletic Association, 445 Chestnut Street, for a Royal Golf Scramble event to be held on Friday, July 21, 2023 from 5:00 p.m. to 9:30 p.m.
9. Consider a request from Rapids LLC, D/B/A Westside Express Mart, Damodar Pandey, agent, for Retail Class "A" Fermented Malt Beverages and Retail "Class A" Intoxicating Liquor licenses for the premises located at 1040 West Grand Avenue

10. Consider a request from BNK Mart LLC, Hari Raj Khanal, agent, for Retail Class “A” Fermented Malt Beverages and Retail “Class A” Intoxicating Liquor licenses for the premises located at 1711 Baker Drive
11. Consider a request from Out of the Box Coffee House Inc., D/B/A Out of the Box Coffee House, Theresa Cashman, agent, for Retail Class “B” Fermented Malt Beverages and Retail “Class B” Intoxicating Liquor licenses for the premises located at 3820 8th Street South
12. Consider approval of the 2023-2024 Retail “Class A” Intoxicating Liquor, Class “A” Fermented Malt Beverages, “Class B” Intoxicating Liquor, Class “B” Fermented Malt Beverages, and “Class C” wine licenses; consider sending notices of nonrenewal or denial for those licensees who are not qualified to hold a license because of delinquencies or other disqualifications and other reasons for non-renewal.
13. Consider closing the following streets and suspending the open container ordinance for these streets and adjoining sidewalks, for the City’s 2023 4th of July Event from 3:00 p.m. to 11:59 p.m. on Tuesday, July 4, 2023 or the July 4th Fireworks rain date:
 - 2nd Street from East Jackson Street to Mead Street,
 - Mead, Locust, Witter, Pine, Walnut, Maple, and Birch Streets from 2nd Street South to 3rd Street South,
 - Oak Street from 2nd Street North to 3rd Street North,
 - 1st Street North from East Jackson Street to 2nd Street North,
 - Grand Avenue from 3rd Street to 3rd Avenue,
 - 1st Avenue South from West Grand Avenue to Chase Street,
 - Johnson and Goggin Streets from 1st Avenue South to 3rd Avenue South,
 - 2nd Avenue South from West Grand Avenue to Johnson Street
14. Consider a recommendation from Statewide Services to deny a claim from Dan Roder for vehicle damage allegedly caused by a loose chunk of concrete in the roadway on 8th Street on April 27, 2023.
15. 2023 Budget Amendment No. 2
16. Budget discussion
17. Audit of the bills
18. Set next meeting date
19. Adjournment.

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

Requestors Name:

Paul Vollert, Public Works Superintendent

Referral Language:

Review and approve purchase of a Single Pass Automated Refuse Trucks

Background Information:

Refuse truck are scheduled to be full service trucks for nine years, and then spend the last three years as a spare truck. In speaking with vendors, it may take twelve to twenty four months to take delivery on a truck. Currently you cannot order a 2024 model truck, they are giving prices for slots, once a slot becomes available you have a choice to proceed or not. Currently have a request for proposals from garbage truck manufactures with pricing due by noon on June 5. Pricing will be for current model year truck with an estimated or project pricing for the next available model year. To get the truck in 2025, request for a truck will need to be made this year as soon as possible.

Recommendation:

1. At this time I do not have a recommendation as I do not have the pricing. But I will email that out to you as soon as I can or bring the pricing to the meeting.

If financing is needed, how will it be financed?

By the equipment replacement fund for Public Works.

Taxicab License Application

License Year July 1, 2023 to June 30, 2024

Name of Applicant Randy Weyaus
 Business Name Gotta Go Taxi
 Business Address 1941 3rd St So
 City Wisconsin Rapids State WI Zip 54494
 Phone # 715 315 0231 Date of Birth: 9 3 1968
 # of Taxis 1

Vehicle #1	Vehicle #2
Make <u>Chrysler</u>	Make _____
Model <u>Town and Country</u>	Model _____
Year <u>2003</u>	Year _____
Passenger Capacity <u>6</u>	Passenger Capacity _____
State Certificate of Title # _____	State Certificate of Title # _____
License # <u>APK 1579</u>	License # _____
Dispatch System <u>Phone</u>	Dispatch System _____
Vehicle #3	Vehicle #4
Make _____	Make _____
Model _____	Model _____
Year _____	Year _____
Passenger Capacity _____	Passenger Capacity _____
State Certificate of Title # _____	State Certificate of Title # _____
License # _____	License # _____
Dispatch System _____	Dispatch System _____

Is your business located in a commercially-zoned area, as required by ordinance? No

Do you have adequate off-street parking at your business address to accommodate all of the cars to be used as taxi-cabs? yes

Have you filed a Certificate of Insurance with the city clerk showing that you have bodily injury liability limits of \$250,000 per person and \$500,000 per accident and property damage liability in the amount of \$100,000 per accident? yes

[Signature]
 Signature of Applicant

5-26-2023
 Date

The taxicab business license fee is \$75.00 per year or a prorated amount for any fractional part thereof. The license year shall commence July 1, 2023 and end June 30, 2024.

Fee paid 75.00 Receipt # 6070 Date paid 5/26/2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2023

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Spectrum Insurance Group Wisconsin Rapids 210 9th St S PO Box 9 Wisconsin Rapids WI 54494		CONTACT NAME: Tina Schmidt PHONE (A/C, No, Ext): 715-423-2000 E-MAIL ADDRESS: tina.schmidt@spectruminsgroup.com FAX (A/C, No): 715-423-4360	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Indemnity Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 105899280	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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:			72LPS044943	1/14/2023	1/14/2024	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			73APR412591	1/14/2023	1/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**City of Wisconsin Rapids
444 W. Grand Ave
Wisconsin Rapids WI 54495

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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CITY OF WISCONSIN RAPIDS
SPECIAL EVENTS/STREET CLOSURE
PERMIT APPLICATION

FOR OFFICE USE ONLY	
License Fee _____	Receipt # _____
Date _____	

FULL LEGAL NAME OF ORGANIZATION Heart of Wisconsin Chamber of Comm.

MAIN CONTACT Katie Wright PHONE NUMBER 715-422-4859

ADDRESS 1120 Lincoln St, Wisconsin Rapids, WI 54494

EVENT DAY CONTACT Katie Wright CELL PHONE NUMBER 715-422-4859

DATE OF EVENT (WITH EXACT START & END TIMES) July 12th, 2023 4p-6p

EVENT TITLE AND DESCRIPTION OF EVENT Community event serves as a networking opportunity and social. Guests can participate in a raffle, purchase food and enjoy music.

ACCURATE DESCRIPTION OF STREET(S) OR PUBLIC AREAS TO BE USED FOR EVENT
the dead end road where shopmaster is located.
850 Rosecrans St
Wisconsin Rapids, WI 54495

DETAILED DESCRIPTION OF USE FOR WHICH STREET CLOSURE PERMIT IS REQUESTED
please see attached map
attachment A

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

5-23-22

Date:

Attachment A



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.		X	estimated attendance 100-400	
2.	Have you reserved or rented your event's location? (Parks Department @ 421-8240 for park facilities)			n/a	
3.	Do you charge an admission or entry fee?	X		open to public and free to attend	
4.	Will there be wine or beer served?		X	beer only	
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?		X	please see attachment	
6.	If there will be wine/beer served, have you obtained and erected fencing to comply with the City's enclosure policy?			times 4:00p-6:00p July 12th n/a	
7.	Are you planning to erect a stage(s)? City staging may not be available.	X			
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.	X			

9.	Will there be food or beverage vending? Have vendors passed inspection, received approval and been permitted by the Wood County Health Department? (421-8911)	X		Food will be served - details are coming. proper insurance will be submitted 2 weeks prior to event	
10.	Will there be other types of vending? Describe what and how many. Have you completed registration information to submit with your events application?	X			
11.	Have you provided sufficient restroom facilities or portable toilets for your event, in accordance with Wood County Health Department (421-8911) requirements?	X		Porta Potties	
12.	Have you provided sufficient refuse collection bins and arranged for cleanup of the premise after the event? Contact Parks Department (421-8240)	X			
13.	Is there entertainment such as bands, amplifiers, performances, etc., Have you notified neighboring residences in writing of the noise expectations of your event?	X			
14.	Does your event occur at night or continue into evening (dark) hours? If so, what is your plan for lighting and security?	X			
15.	Will there be fireworks or pyrotechnics at your event? Have you obtained permission from the Mayor and Fire Department? (423-1150)	X			

16.	Do you have an emergency plan in place for accidents, injuries, fires, severe weather, etc.?	X	THIS event will be rescheduled if there is inclement weather. Tentative rain date: July 19th 2023	
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?	X		
18.	Have you obtained orange safety vests and provided training for route guides on runs/walks?	X	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)?	X	n/a	
20.	Have you obtained and provided to the Clerk adequate liability insurance with the City of Wisconsin Rapids named as the additional insured?	X		
21.	Have you provided a complete time schedule and location itinerary of the parade staging & route?	X		

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

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

FEE \$5.00

Application Date: 05/23/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 7/12/23 4:00PM and ending 7/12/23 6:00PM 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Heart of Wisconsin Chamber of Commerce

(b) Address 1120 Lincoln St Wisconsin Rapids, WI 54494

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 01/01/1948

(d) If corporation, give date of incorporation 01/01/1948

(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 Staci Kivi- 1120 Lincoln St Wisconsin Rapids 54494

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Staci Kivi - 1120 Lincoln St
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 Rosecrans St

(b) Lot 850

Block 800

(c) Do premises occupy all or part of building? All of the building, outdoor area, and closed street.

(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 Off the Clock

(b) Dates of event 07/13/2022 - 07/12/2023

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

[Signature] 15/23/2023
(Signature / Date)

Heart of Wisconsin Chamber of Commerce
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

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

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

FEE \$5.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 06/23/2023 6⁰⁰pm and ending 06/23/2023 9⁰⁰pm 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Central Wisconsin Cultural Center Inc.

(b) Address 2651 8th St S

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 12/16/1996

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

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

(f) Names and addresses of all officers:

President Jim Lucas - 1930 1st St. North, Wisconsin Rapids, WI 54494

Vice President Alison Bruener - 3385 George Rd., Wisconsin Rapids, WI 54494

Secretary Jack Watkins - 2420 Crystal Ln, Wisconsin Rapids, WI 54494

Treasurer Scott Kellogg - 511 Elm St, Wisconsin Rapids, WI 54494

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

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

(a) Street number 2651 8th Street South

(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 Music on the Patio - with Galyne Goodwill

(b) Dates of event 06/02/2023

23

DECLARATION

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

Officer

Stephany Hartman 4/25/23

(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. _____

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

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

FEE \$5.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 07/28/2023 6:00 pm and ending 07/28/2023 9:00 pm 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

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(Street)

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☐ Village

☒ City

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Vice President Alison Bruener - 3385 George Rd., Wisconsin Rapids, WI 54494

Secretary Jack Watkins - 2420 Crystal Ln, Wisconsin Rapids, WI 54494

Treasurer Scott Kellogg - 511 Elm St, Wisconsin Rapids, WI 54494

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

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

(a) Street number 2651 8th Street South

(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 Music on the Patio with Manic on Tuesday

(b) Dates of event 07/28/2023

DECLARATION

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

Officer

Stephany Hartman 4/25/23
(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. _____

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

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

FEE \$5.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 08/18/2023 6⁰⁰ PM and ending 08/18/2023 9⁰⁰ PM 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 or Agricultural Society

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

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

(a) Street number 2651 8th Street South

(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 Music on the Patio with the Antonettes

(b) Dates of event 08/18/2023

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: _____

(Signature / Date)

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

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

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

FEE \$5.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 07/14/2023 5:30 pm and ending 07/14/2023 7:30 pm 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Central Wisconsin Cultural Center Inc.

(b) Address 2651 8th St S

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 12/16/1996

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

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

(f) Names and addresses of all officers:

President Jim Lucas - 1930 1st St. North, Wisconsin Rapids, WI 54494

Vice President Alison Bruener - 3385 George Rd., Wisconsin Rapids, WI 54494

Secretary Jack Watkins - 2420 Crystal Ln, Wisconsin Rapids, WI 54494

Treasurer Scott Kellogg - 511 Elm St, Wisconsin Rapids, WI 54494

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

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

(a) Street number 2651 8th Street South

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Exhibit Opening

(b) Dates of event 07/14/2023

DECLARATION

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

Officer Stephany Hartman 4/25/23
(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. _____

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

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

FEE \$5.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 09/07/2023 5:30 PM and ending 09/07/2023 7:30 PM 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Central Wisconsin Cultural Center Inc.

(b) Address 2651 8th St S

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 12/16/1996

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

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

(f) Names and addresses of all officers:

President Jim Lucas - 1930 1st St. North, Wisconsin Rapids, WI 54494

Vice President Alison Bruener - 3385 George Rd., Wisconsin Rapids, WI 54494

Secretary Jack Watkins - 2420 Crystal Ln, Wisconsin Rapids, WI 54494

Treasurer Scott Kellogg - 511 Elm St, Wisconsin Rapids, WI 54494

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

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

(a) Street number 2651 8th Street South

(b) Lot _____ Block _____

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

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

3. Name of Event

(a) List name of the event Exhibit Opening

(b) Dates of event 09/07/2023

DECLARATION

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

Officer

Stephany Hartman 4/25/23
(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. _____

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

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

FEE \$5.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 11/09/2023 5:30 pm and ending 11/09/2023 7:30 pm 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Central Wisconsin Cultural Center Inc

(b) Address 2651 8th St S, Wisconsin Rapids, WI 54494

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 12/16/1996

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

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

(f) Names and addresses of all officers:

President Jim Lucas - 1930 1st St North Wisconsin Rapids, WI 54494

Vice President Alison Bruener - 3385 George Rd., Wisconsin Rapids, WI 54494

Secretary Jack Watkins - 2420 Crystal Ln., Wisconsin Rapids, WI 54494

Treasurer Scott Kellogg - 511 Elm St., Wisconsin Rapids, WI 54494

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

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

(a) Street number 2651 8th St

(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 Holiday Gifts & Art Fair - Opening Evening

(b) Dates of event 11/09/2023

DECLARATION

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

Officer

Stephany Hartman 4/25/23
(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. _____

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 \$10.00

Application Date: 04/25/2023

☐ Town ☐ Village ☒ City of Wisconsin Rapids

County of Wood

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

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

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/07/2023 and ending 10/07/2023 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 or Agricultural Society

☒ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Central Wisconsin Cultural Center Inc.

(b) Address 2651 8th St S

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 12/16/1996

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

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

(f) Names and addresses of all officers:

President Jim Lucas - 1930 1st St. North, Wisconsin Rapids, WI 54494

Vice President Alison Bruener - 3385 George Rd., Wisconsin Rapids, WI 54494

Secretary Jack Watkins - 2420 Crystal Ln, Wisconsin Rapids, WI 54494

Treasurer Scott Kellogg - 511 Elm St, Wisconsin Rapids, WI 54494

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

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

(a) Street number 2651 8th Street South

(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 Art on Tap

(b) Dates of event 10/07/2023

DECLARATION

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

Officer

Stephany Hartman 4/25/23
(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. _____

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

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

FEE \$ 5.00

Application Date: MAY 30, 2023

☐ Town ☐ Village ☒ City of WISCONSIN RAPIDS

County of WOOD

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

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

at the premises described below during a special event beginning 7/21/23 5:00pm and ending 7/21/23 - 9:30pm 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 or Agricultural Society
☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name ASSUMPTION ATHLETIC ASSOC.

(b) Address 445 CHESTNUT STREET
 (Street)

☐ Town ☐ Village ☒ City

(c) Date organized 7/21/23 1955

(d) If corporation, give date of incorporation _____

(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 BOB ZIRKUNER, 210 ZIRKUN ST. NECHAMA

Vice President JOE ZIRKUNER, 4612 RIDGEVIEW CT.

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: JOE ZIRKUNER, 4612 RIDGEVIEW CT.
(715) 422-0915 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 445 CHESTNUT STREET

(b) Lot _____ Block _____

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

(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: ENTIRE BUILDING, OUTSIDE, BACKYARD.

3. Name of Event

(a) List name of the event ROYAL GOLF SKRATZ

(b) Dates of event 7/21/23

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 JOE ZIRKUNER 5/30/23
 (Signature / Date)

ASSUMPTION ATHLETIC ASSOC.
 (Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

ATTENTION - click mouse in "For the license period beginning" field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

6036 \$20.00
5/8/2027

Save Print Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6/21/2023 ending: 6/30/2028

To the Governing Body of the: [] Town of [] Village of [x] City of Wisc Rapids

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

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

Applicant's Wisconsin Seller's Permit Number 456103141470204
FEIN Number 923784721

TYPE OF LICENSE REQUESTED	FEE
[x] Class A beer	\$
[] Class B beer	\$
[] Class C wine	\$
[x] Class A liquor	\$
[] Class A liquor (cider only)	\$ N/A
[] Class B liquor	\$
[] Reserve Class B liquor	\$
[] Class B (wine only) winery	\$
Publication fee	\$ 20.00
TOTAL FEE	\$

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Subedi	Puspa	Raj	3045 Winnipeg St., Menasha, WI 54952
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)
Pandey	Damodar		209 W Calumet St., Apt#3, Appleton, WI 54915
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 Westside Express Mart Business Phone Number
2. Address of Premises 1040 W Grand Ave., Wisc Rapids Post Office & Zip Code 54495

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 are sold over the counter and are stored at the cooler, shelves, and storages area located at 1040 W Grand Ave., Wisc Rapids, WI 54495

ENTIRE FIRST FLOOR

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? [x] Yes [] No
(b) If yes, under what name was license issued? Westside Express Mart

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an 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 04/30/2023 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.) Pandey, Damodar	Title/Member Member	Date 05/07/2023
Signature 	Phone Number 9205403310	Email Address wirapids1@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/8/2023	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 Rapids 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 Westside Express Mart
(Trade Name)

located at 1040 W Grand Ave., Wise Rapids, WI 54495

appoints Damodar Pandey
(Name of Appointed Agent)
209 W Calumet Dr., Appleton, WI 54915
(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? _____

Place of residence last year 209 W Calumet Dr., Appleton WI 54915

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

By: _____
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Damodar Pandey, 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] 05/02/23 Agent's age 30
(Signature of Agent) (Date)
209 W Calumet Dr., Appleton WI 54915 Date of birth 11/13/1993
(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 5/16/2023 by [Signature] Title Deputy Chief of Police
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

I-YI - click mouse in "I" or the license period beginning" field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

6063 420.0 5/31/2023

Save

Print

Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: (mm dd yyyy) ending: (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 456103140946904	
FEIN Number 923943536	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" 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	\$
TOTAL FEE	\$

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

BNK MART LLC

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Khanal	Hari	Raj	3082 Winnipeg St Menasha WI 54952
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Gautam	Krishna	Prasad	2213 S. Maple Crest Drive Appleton WI 54915
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Sybedi	Raju		135 Lake Shore Drive Gillett WI 54924
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)
Khanal	Hari	Raj	3082 Winnipeg Street Menasha WI 54952
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name BNK MART LLC Business Phone Number 745-423-6876
2. Address of Premises 1711 Baker Drive Post Office & Zip Code Wisconsin Rapid 54494

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

inside the building premises

ENTIRE FIRST FLOOR

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? Fast Fuel Mart

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☒ Yes ☐ No
7. Is the applicant an 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 5/18/2023 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? ☒ Yes ☐ No
If yes, explain.
PNH LLC
601 Lawe St Kaukauna WI 54130
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>Khanal Hari Bai</u>	Title/Member <u>member</u>	Date <u>5/22/2023</u>
Signature <u>H Khanal</u>	Phone Number <u>920-475-0600</u>	Email Address <u>Skypemarketing1109@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/24/2023</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 of Wisconsin Rapid County of Wood
☒ City

The undersigned duly authorized officer/member/manager of BNK Mart 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 BNK Mart LLC
(Trade Name)

located at 1741 Baker Drive Wisconsin Rapid WI 54494

appoints Hari Raj Khana
(Name of Appointed Agent)

3082 Winnipeg St Menasha WI 54951
(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? Since 2006

Place of residence last year 3082 Winnipeg St Menasha WI 54951

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

By: H Khana
(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, Hari Raj Khana, 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.

H Khana 5/22/2023
(Signature of Agent) (Date)

3082 Winnipeg St Menasha WI 54951 Agent's age 40
(Home Address of Agent) Date of birth 08/29/1983

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 _____ by _____ Title _____
(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: _____
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of } Wisconsin Rapids
☐ Village of }
☒ City of }County of Wood Aldermanic Dist. No. _____
(if required by ordinance)Check one: ☐ Individual ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-103198277-04</u>	
FEIN Number <u>8828398766</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	\$
TOTAL FEE	\$

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

Out of the Box Coffee House 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>Cashman</u>	(First) <u>Theresa</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1744 Tawline Road</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Cashman</u>	(First) <u>Theresa</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1744 Tawline Road</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Out of the Box Coffee House Inc Business Phone Number 715-421-5282
2. Address of Premises 3820 8th St S. Post Office & Zip Code 54494

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Alcohol will be offered for guests for on site consumption
* retail.Rooftop seating and indoor seating.Stored in small amounts in refrigeration.Premises is the entire building - indoor and outdoor.4. Legal description (omit if street address is given above): 3820 8th St S.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? LLC - Now Inc.Out of the Box Coffee House LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☒ Yes ☐ No
7. Is the applicant an 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 _____ 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>Cashman Theresa Lynn</u>	Title/Member <u>member President</u>	Date <u>5/26/23</u>
Signature <u>Theresa Cashman</u>	Phone Number <u>715-421-5286</u>	Email Address <u>ccashcoffer@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/26/2023</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 Out of the Box Coffee House 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 Out of the Box Coffee House
(Trade Name)

located at 3820 8th St S. Wis. Rapids, WI 54494

appoints Theresa Cashman
(Name of Appointed Agent)
1744 Tainline Road Wis Rapids, 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? 45 years

Place of residence last year 1744 Tainline Road Wis. Rapids WI 54494

For: Out of the Box Coffee House Inc
(Name of Corporation / Organization / Limited Liability Company)

By: Theresa Cashman member 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, Theresa Cashman, 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.

Theresa Cashman 5/27/23 Agent's age 45
(Signature of Agent) (Date)
1744 Tainline Road Wis. Rapids Date of birth 11-16-77
(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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Statewide Services, Inc.

Claim Division

1241 John Q. Hammons Dr.
P.O. Box 5555
Madison, WI 53705-0555
877-204-9712

May 18, 2023

City of Wisconsin Rapids
Attn: Karen Timm
444 W. Grand Ave.
Wisconsin Rapids, WI 54495

Program: League of Wisconsin Municipalities Mutual Insurance
Our Insured: City of Wisconsin Rapids
Date of loss: 4/27/2023
Our Claim # WM000712910336
Claimant: Dan Roder
209 S. Linden St.
Adams, WI 53910

Dear Ms. Timm,

Statewide Services, Inc. administers the claims for the League of Wisconsin Municipalities Mutual Insurance, which insures the City of Wisconsin Rapids. We are in receipt of the claim submitted by Dan Roder for vehicle damage allegedly caused by a loose chunk of concrete in the roadway on 8th Street.

We have reviewed the matter and recommend that the City of Wisconsin Rapids deny this claim pursuant to the Wisconsin statute for disallowance of claim 893.80(lg). The disallowance will shorten the statute of limitations period to six (6) months.

Our denial is based on the fact that the investigation revealed no liability on behalf of the City. The City did not have prior knowledge or notice of the concrete condition that allegedly caused this incident.

Please submit the disallowance directly to the claimant at the above address. The disallowance should be sent certified or registered mail and must be received by the claimant within 120 days after you receive Notice of Claim. Please send a copy of the disallowance to Statewide Services Inc. Claims, for our records.

Thank you,

Deb Ayres
Statewide Services Inc.
PO Box 5555
Madison, WI 53705-0555
608-828-5439 Phone
800-854-1537 Fax
dayres@statewidesvcs.com

CC: Spectrum Insurance Group



CITY OF WISCONSIN RAPIDS

Resolution No. 12 (2023)

2023 Budget Amendment No. 2

WHEREAS, the 3.0% non-union wage increase had not been approved when the 2023 City Budget was prepared and adopted by the Common Council on November 15, 2022. The 2023 wage increase for the non-union employees has been approved by the Common Council, therefore the cost of the associated wages and benefits must be transferred from the Contingency account to the appropriate operating budgets; and

WHEREAS, in 2023 the City received non-budgeted revenues from a variety of sources including, but not limited to, grants, donations, and other non-budgeted revenues that are designated for a specified purpose or a reimbursement for an existing expenditure; and in order to recognize and transfer the revenue to the budget accounts where they will be expended, the non-budgeted revenues need to be appropriated to the specified expenditure accounts; and

THEREFORE, BE IT RESOLVED, by a majority vote of the entire City of Wisconsin Rapids Common Council government body that the 2023 budget be amended as follows:

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

Expenditure Account Name	Account No.	Amount	Revenue Account Name	Account No.	Amount
General Fund					
Mayor - Wages	51102.51101	\$ 4,170	-----	-----	\$ -
Mayor - Worker's Compensation	51102.51119	6	-----	-----	-
Mayor - Wisconsin Retirement System	51102.51120	284	-----	-----	-
Mayor - Health / Dental Insurance	51102.51121	365	-----	-----	-
Mayor - FICA	51102.51127	316	-----	-----	-
Human Resources - Wages	51103.51101	6,601	-----	-----	-
Human Resources - Worker's Compensation	51103.51119	9	-----	-----	-
Human Resources - Wisconsin Retirement System	51103.51120	449	-----	-----	-
Human Resources - Health / Dental Insurance	51103.51121	1,227	-----	-----	-
Human Resources - FICA	51103.51127	495	-----	-----	-
Clerk - Wages	51104.51101	3,790	-----	-----	-
Clerk - Worker's Compensation	51104.51119	5	-----	-----	-
Clerk - Wisconsin Retirement System	51104.51120	258	-----	-----	-
Clerk - Health / Dental Insurance	51104.51121	547	-----	-----	-
Clerk - FICA	51104.51127	285	-----	-----	-
Information Systems - Wages	51109.51101	15,466	-----	-----	-
Information Systems - Worker's Compensation	51109.51119	21	-----	-----	-
Information Systems - Wisconsin Retirement System	51109.51120	1,052	-----	-----	-
Information Systems - Health / Dental Insurance	51109.51121	7,536	-----	-----	-
Information Systems - HSA Contribution	51109.51125	319	-----	-----	-
Information Systems - FICA	51109.51127	1,107	-----	-----	-
Finance - Wages	51110.51101	5,246	-----	-----	-
Finance - Worker's Compensation	51110.51119	7	-----	-----	-
Finance - Wisconsin Retirement System	51110.51120	357	-----	-----	-
Finance - Health / Dental Insurance	51110.51121	15,110	-----	-----	-
Finance - HSA Contribution	51110.51121	375	-----	-----	-
Finance - FICA	51110.51127	248	-----	-----	-
Attorney - Wages	51301.51101	4,193	-----	-----	-
Attorney - Worker's Compensation	51301.51119	6	-----	-----	-
Attorney - Wisconsin Retirement System	51301.51120	237	-----	-----	-
Attorney - Health / Dental Insurance	51301.51121	181	-----	-----	-
Attorney - FICA	51301.51127	319	-----	-----	-
Municipal Court - Wages	51302.51101	2,121	-----	-----	-
Municipal Court - Worker's Compensation	51302.51119	3	-----	-----	-
Municipal Court - Wisconsin Retirement System	51302.51120	109	-----	-----	-
Municipal Court - Health / Dental Insurance	51302.51121	181	-----	-----	-
Municipal Court - FICA	51302.51127	161	-----	-----	-
Police Department - Wages	52101.51101	18,910	-----	-----	-
Police Department - Civilian Wages	52101.51106	6,344	-----	-----	-
Police Department - Worker's Compensation	52101.51119	419	-----	-----	-
Police Department - Wisconsin Retirement System	52101.51120	2,932	-----	-----	-
Police Department - Health / Dental Insurance	52101.51121	14,422	-----	-----	-
Police Department - FICA	52101.51127	1,809	-----	-----	-
Fire Department - Wages	52201.51101	8,113	-----	-----	-
Fire Department - Worker's Compensation	52201.51119	210	-----	-----	-
Fire Department - Wisconsin Retirement System	52201.51120	1,470	-----	-----	-
Fire Department - Health / Dental Insurance	52201.51121	7,474	-----	-----	-
Fire Department - FICA	52201.51127	106	-----	-----	-
Inspection Services - Wages	52301.51101	4,393	-----	-----	-
Inspection Services - Worker's Compensation	52301.51119	114	-----	-----	-
Inspection Services - Wisconsin Retirement System	52301.51120	299	-----	-----	-

Expenditure Account Name	Account No.	Amount	Revenue Account Name	Account No.	Amount
Inspection Services - Health / Dental Insurance	52301.51121	1,046	-----	-----	-
Inspection Services - FICA	52301.51127	327	-----	-----	-
Ordinance Control - Wages	52600.51101	1,404	-----	-----	-
Ordinance Control - Worker's Compensation	52600.51119	34	-----	-----	-
Ordinance Control - Health / Dental Insurance	52600.51121	284	-----	-----	-
Ordinance Control - FICA	52600.51127	98	-----	-----	-
Recreation Department - Wages	55401.51101	1,505	-----	-----	-
Recreation Department - Worker's Compensation	55401.51119	2	-----	-----	-
Recreation Department - Wisconsin Retirement System	55401.51120	102	-----	-----	-
Recreation Department - Health / Dental Insurance	55401.51121	392	-----	-----	-
Recreation Department - FICA	55401.51127	112	-----	-----	-
Park Department - Wages	55402.51101	502	-----	-----	-
Park Department - Worker's Compensation	55402.51119	1	-----	-----	-
Park Department - Wisconsin Retirement System	55402.51120	34	-----	-----	-
Park Department - Health / Dental Insurance	55402.51121	131	-----	-----	-
Park Department - FICA	55402.51127	37	-----	-----	-
Community Development - Wages	51103.51101	6,595	-----	-----	-
Community Development - Worker's Compensation	51103.51119	9	-----	-----	-
Community Development - Wisconsin Retirement System	51103.51120	448	-----	-----	-
Community Development - Health / Dental Insurance	51103.51121	1,046	-----	-----	-
Community Development - FICA	51103.51127	496	-----	-----	-
Lowell Center - Wages	58103.51101	1,927	-----	-----	-
Lowell Center - Worker's Compensation	58103.51119	3	-----	-----	-
Lowell Center - Wisconsin Retirement System	58103.51120	131	-----	-----	-
Lowell Center - Health / Dental Insurance	58103.51121	596	-----	-----	-
Lowell Center - FICA	58103.51127	142	-----	-----	-
Contingency	51560.55735	(174,954)	-----	-----	-
Transfer to Other Funds	59000.55911	17,373	-----	-----	-
EMS Fund					
EMS - Wages	52603.51101	8,113	EMS-FAP-ARPA	20345.41531	12,195
EMS - Worker's Compensation	52603.51119	210	EMS Flex Grant	20345.41532	8,563
EMS - Wisconsin Retirement System	52603.51120	1,470	Transfer From Other Funds	20350.49101	17,373
EMS - Health / Dental Insurance	52603.51121	7,474	-----	-----	-
EMS - FICA	52603.51127	106	-----	-----	-
EMS - EMS-FAP-ARPA	52606.53225	12,195	-----	-----	-
EMS - EMS Flex Grant	52606.53226	8,563	-----	-----	-
Grants and Donations Fund					
Fire Department - HazMat	52202.56101	12,011	Wood County - Hazmat	20645.41508	3,698
EDA Grant	56212.53501	40,986	State Aid - Hazmat	20645.51520	8,313
-----	-----	-	EDA Grant - CFDA #11.307	20645.51550	40,986
Total			Total		
		\$ 91,128			\$ 91,128

Adopted the 20th day of June, 2023

Shane E. Blaser, Mayor

Jennifer M. Gossick, City Clerk