



NOTICE OF PUBLIC MEETING

FINANCE AND PROPERTY COMMITTEE

Matt Zacher, Chairperson

Dean Veneman, Secretary

Jay Bemke

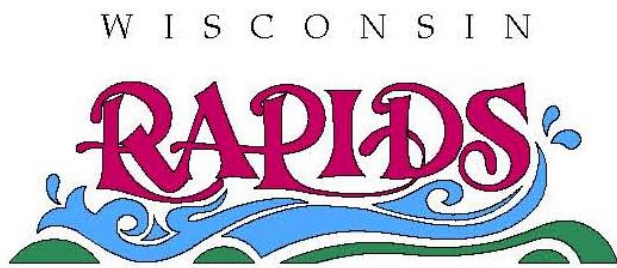
Notice is hereby given of a regular meeting of the Finance and Property Committee to be held in the Council Chambers at City Hall, 444 West Grand Avenue, Wisconsin Rapids, and via remote videoconferencing on Tuesday, June 7, 2022 at 5:00 p.m. **The public may listen to the meeting by calling 1-312-626-6799, Meeting ID: 821 9130 4598.** 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.

Agenda

1. Call to Order
2. Review and approve estimate to purchase a Pavi-Jet MG7, Skid steer asphalt paver attachment
3. Discuss and take action on a procedure on fleet purchases
4. Consider for approval a Taxicab License Renewal Application from Randy Weyaus for Gotta Go Taxi LLC
5. Consider a Resolution to reimburse Wood County for the actual cost of purchasing two ES&S ExpressVotes at an estimated cost per unit as spelled out on the attached Intergovernmental Agreement
6. Consider approval of the 2022-2023 "Class A" liquor, Class "A" beer, "Class B" liquor, Class "B" beer, and "Class C" wine alcohol 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.
7. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License and Temporary Retail "Class B" Wine License for Central Wisconsin Cultural Center, Inc., 2651 Eighth Street South, for a Live Music on the Patio event to be held on Friday, July 8, 2022 from 6:00 p.m. to 9:00 p.m.
8. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Central Wisconsin Cultural Center, Inc., 2651 Eighth Street South, for a Garden Art Exhibit event to be held on Thursday, July 14, 2022 from 5:30 p.m. to 7:30 p.m.
9. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Central Wisconsin Cultural Center, Inc., 2651 Eighth Street South, for an Open Mic event to be held on Friday, July 29, 2022 from 7:00 p.m. to 10:00 p.m.
10. 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 13, 2022 from 4:00 p.m. to 6:00 p.m. at ShopMaster, located at 850 Rosecrans Street
11. Consider a request from Johnny's, LLC d/b/a Johnny's Bar, Josh Vetrone, agent, to temporarily extend the alcohol license premises located at 2610 8th Street South, to include an outdoor area as shown on the attached map, on Friday, July 22 and Saturday, July 23, 2022 from 6:00 p.m. to 2:00 a.m., and for a noise variance for an indoor DJ until 1:00 a.m. on both nights

12. Consider for approval the appointment of Gerald Jackie Velasquez as successor agent for the Retail Class “B” Fermented Malt Beverages and “Class B” Intoxicating Liquor licenses for Headquarters Bar of Wisconsin Rapids Inc., d/b/a Headquarters Bar for the premises located at 140 2nd Street North
13. Consider for approval the appointment of Rhonda Ann Urlaub as successor agent for the Retail Class “A” Fermented Malt Beverages and “Class A” Intoxicating Liquor licenses for GPM Southeast, LLC, d/b/a Bread & Butter Shop #4532 for the premises located at 2130 8th Street South
14. Consider for approval the appointment of Rhonda Ann Urlaub as successor agent for the Retail Class “A” Fermented Malt Beverages and “Class A” Intoxicating Liquor licenses for GPM Southeast, LLC, d/b/a Bread & Butter Shop #4533 for the premises located at 1740 17th Avenue South
15. Consider closing the following streets and suspending the open container ordinance for these streets and adjoining sidewalks, for the City’s 2022 4th of July Event from 3:00 p.m. to 11:59 p.m. on Monday, July 4, 2022 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
16. Consider a recommendation from Statewide Services to deny a claim from Waste Management for alleged damages to their building by a City-owned truck on 09/08/2021
17. 2023 Budget Discussion
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.



**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 estimate to purchase a Pavi-Jet MG7, Skid steer asphalt paver attachment

Background Information:

While updating our five-year equipment replacement plan back in April, I came across a unit that has been a demo for the last five years. According to the company the machine has been a demo and now the last two years part of their rental fleet and has had very limited use. Price for a brand new unit is around \$50,000, this unit would be advertised for \$25,000. Unit is in Waukegan, Illinois and would like to go and look at it, and at the same time take trailer to be able to bring it home if it is something that we are interested in to save on shipping. There is also a brand new one to be delivered to a municipality in south central Wisconsin that we would also go and look at prior to looking at the used one for comparison. This piece of equipment is currently scheduled to be in the 2023 equipment replacement/purchase plan.

Recommendation:

Give the Public Works Superintendent the authority to purchase a demo Pavi-Jet MG7 for a price not to exceed \$25,000.00.

If financing is needed, how will it be financed?

Financing for this would come out of the equipment replacement fund.



**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:

Discuss and take action on a procedure on fleet purchases.

Background Information:

Multiple vendors can give you a price today to purchase a piece of equipment or vehicle, if the purchase is sitting on the lot the price is good. If it needs to be ordered there is a possibility, the purchase price will need to be adjusted due to price increases on material at time of build. So the price at delivery is not the same as the price of order.

Looking for direction on how the Committee or Council would like to proceed.

Recommendation:

If financing is needed, how will it be financed?

Taxicab License Application

License Year July 1, 2022 to June 30, 2023

Name of Applicant Randy Weyant
 Business Name Gotta Go Taxi
 Business Address 1941 3rd St SO
 City Wisconsin Rapids State WI Zip 54494
 Phone # 715 459 7856
 # of Taxis 1

Vehicle #1	Vehicle #2
Make <u>Chrysler</u>	Make _____
Model <u>Town & Country</u>	Model _____
Year <u>2007</u>	Year _____
Passenger Capacity <u>6</u>	Passenger Capacity _____
State Certificate of Title # <u>68117193115</u>	State Certificate of Title # _____
License # <u>AGN9151</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? yes

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 of Applicant [Signature]

Date 2-6-1-22

Chief of Police _____

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 and end June 30.

Fee paid \$75.00 Receipt # 5701



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2022

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 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:	

INSURED
Gotta Go Taxi LLC
1941 3rd St S
Wisconsin Rapids WI 54494

GOTTGOT-01

COVERAGES**CERTIFICATE NUMBER:** 291134962**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:			72LPS041900	1/14/2022	1/14/2023	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 - COMP/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			73APR403083	1/14/2022	1/14/2023	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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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**

Lakeland Care Inc
5474 US 10 #5
Stevens Point WI 54481

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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Wood County

WISCONSIN

OFFICE OF THE
COUNTY CLERK

Trent Miner

May 23, 2022

To: Town, Village, and City Clerks
Re: ExpressVote Purchase

On February 8, 2022, I emailed you all on the upcoming changeover from the ES&S Automark to the ES&S ExpressVotes.

The Automarks were purchased back in 2006 and are no longer being updated or upgraded. If you stop and think, how many electronic devices in your home have lived for 16 years? Not too many.

This machine is a REQUIREMENT, as you all must have a handicap accessible piece of voting equipment in each of our polling locations. The Automark was this piece of equipment. The ExpressVote will be that piece of equipment.

In my original email, I had mentioned that you might be able to use ARPA funding for the purchase of this equipment. If you have questions on that, please consult your financial people or the Wisconsin Towns Association.

For the ease of ordering, ES&S wants just one contract for this purchase, which would come to the county. You would then be asked to reimburse the county for the purchase of your individual unit.

To that end, attached is an Intergovernmental Agreement that will need to be signed before I can place the order. My hopes is that the total will be less than is on the agreement, so the sooner you can sign and return this to me, the better chance I have at getting a better price.

This unit would not be delivered until 2023, so you can budget for it accordingly, however, I do want the agreements back as soon as possible in order to get the order going.

If you have any questions, please let me know.

Sincerely yours,

Trent Miner
County Clerk

Cc: Town Chairs, Village Presidents, City Mayors

Intergovernmental Agreement
Purchase of ES&S EXPRESSVOTE

WHEREAS the ES&S Automark have been in use in Wood County since 2006 and are nearing the end of life, and

WHEREAS, each municipality must have at least one handicap accessible piece of voting equipment, and

WHEREAS, the ES&S EXPRESSVOTE is replacing the ES&S Automark in 2023, and

WHEREAS, since most, if not all, municipalities in Wood County received ARPA funding, it was determined this would be a good time to upgrade to the EXPRESSVOTE, and

WHEREAS, since it makes sense to compile and order all EXPRESSVOTES in one order instead of 34 separate orders, it is proposed that Wood County place that order and bill the municipalities for their actual costs.

NOW, THEREFORE BE IT RESOLVED, that the _____ of _____ does hereby agree to reimburse Wood County for the actual cost of purchasing the ES&S EXPRESSVOTE, with the estimated cost, per unit spelled out below.

Express Vote Terminal	\$ 3,825.00
Soft Sided Case	\$ 225.00
Equipment Installation	\$ 105.00
Shipping & Handling	\$ 35.00
Trade In Allowance	\$ (200.00)
Total (Not to exceed)	\$ 3,990.00

Done this _____ day of _____, 2022

Signed:

For the Municipality

For the County

Mayor, President, Chairman

Trent Miner, County Clerk

Clerk



ExpressVote®

Universal Voting System

Avoids Overvoting

The intuitive interface also alerts voters of ballot exceptions, like undervotes.

Easier-to-Read Ballots

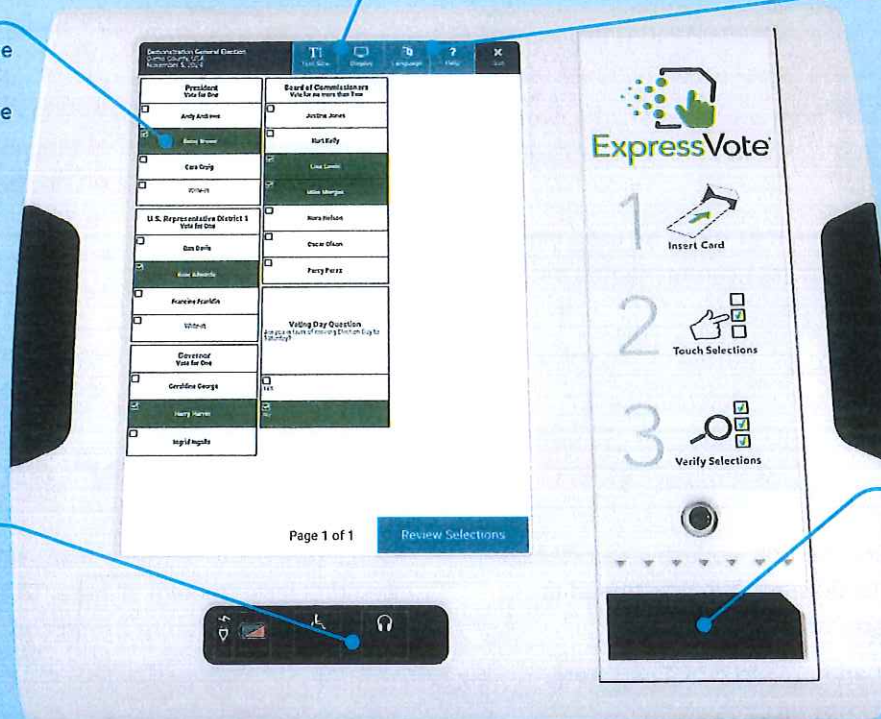
Visual aids include high contrast and zoom functionality.

Multilingual

Supports any language in audio and 12+ in text.

ADA-Friendly

The front access panel provides ports for headphones and accessibility devices.



Simple Activation

The voter inserts a card to activate the voting session. After voting is complete, the vote summary card is dispensed for voter review.

A Versatile Solution

- Vote Centers
- Precinct Poll Places
- Early Voting
- Election Day

Together with the ExpressPoll® electronic pollbook and ExpressVote® Printer, you can quickly check in voters and serve up to 15,000 different ballot styles. This means no more picking and pulling ballots or wasted pre-printed stock — voters get in and out faster.



EASY ELECTION MANAGEMENT



- Reduces costs by eliminating the need for printing and storing traditional pre-printed paper ballots.
- Simplifies post-election management because there are no unclear marks to adjudicate. Voters are prompted in real-time to address over/undervotes.
- Produces a voter-verifiable paper record that is scanned, tabulated and saved for auditing purposes.
- Prevents poll workers from giving voters the wrong ballot style since they don't need to pick and pull ballots.
- Maximizes your investment as it can be used many ways — in precincts and vote centers during early voting and on Election Day.

POLL WORKERS LOVE IT



- Shorter Election Day for poll workers — six steps to open and two to close so they don't need to arrive as early or stay as late.
- Small, lightweight and easy to move and store.
- No ink or to replace on Election Day.

A GREAT EXPERIENCE FOR VOTERS



- Enables all eligible voters to make their selections privately and independently. It is a fully compliant Americans with Disabilities Act (ADA) voting solution.
- Improves voter confidence because the interface prompts them if they've under/overvoted a contest.
- Provides voters the opportunity to review their selections twice before tabulation — on the summary screen and on the printed card.

SECURITY YOU CAN COUNT ON®



The ExpressVote offers so many security features, we couldn't include them all here. To learn more about the great lengths we go to protect our systems and data, visit essvote.com/feature/security.



Switching to ExpressVote in 2016 and transitioning to vote centers in 2019 — it's been an easy transition for staff and poll workers."

"Marion County voters can vote faster, easier and anywhere."

MYLA A. ELDRIDGE
COUNTY CLERK, MARION COUNTY, INDIANA

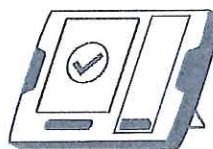
SPECIFICATIONS

Ballot style capacity: Up to 15,000

Languages supported: Any language in audio and 12+ in text

Assistive devices supported: Headphones, audio-tactile keypad, rocker switch device, sip-and-puff device

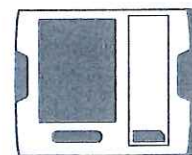
Dimensions (H x W x D):



Operational - 16" x 20" x 17"

Weight: 25 pounds

Battery backup: 2-4 hours



Stored - 17" x 20" x 5"

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 + 1500Application Date: 5/16/22☐ Town ☐ Village ☒ City of WISCONSIN RAPIDSCounty 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 JULY 8 and ending JULY 8 6pm-9pm 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 WIS CULTURAL CENTER(b) Address 2651 8TH ST SOUTH 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 KIPFER 5213 BLACK DAN RD WYTER WI 54986Vice President JOE LUCAS 1930 1ST ST NORTH WIS RAPIDS WI 54494Secretary STEPHANIE HARTMAN 3130 45TH CT WIS RAPIDS WI 54494

Treasurer

(g) Name and address of manager or person in charge of affair: CONNIE TOMSKI-PAVILLE441 SECOND ST SOUTH 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? _____

(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 OR OPEN MIC(b) Dates of event JULY 8, 2022

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 KIPFER 5/17/22 CWCC
(Signature / Date)

(Name of Organization)

Date Filed with Clerk 5/18/2022

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

5665 \$5.00 5/18/2022

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 \$ 50.00 Application Date: 5/16/22
☐ Town ☐ Village ☒ City of WISCONSIN RAPIDS County of WOOD

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

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats. 5:30 pm - 7:30 pm
at the premises described below during a special event beginning JULY 14 and ending JULY 14 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 WIS CULTURAL CENTER
(b) Address 2651 8TH ST SOUTH 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 KIPFER 5213 BLACK OAK RD WYTER WI 54986
Vice President Jim Lucas 1930 1ST ST NORTH WIS RAPIDS WI 54494
Secretary STEPHAN HARTMAN 3130 45TH CT WIS RAPIDS WI 54494
Treasurer _____

(g) Name and address of manager or person in charge of affair: CONNIE TOMSKI-PAVILLE
441 SECOND ST SOUTH 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? _____
(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 OR OPEN MIC / ART OPENING
(b) Dates of event JULY 14, 2022 Garden Exhibit

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 KIPFER 5/17/22 CWCC
(Signature / Date) (Name of Organization)

Date Filed with Clerk 5/18/2022 Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____

CK # 3179 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 July 29, 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 8th 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 1st St North, Wisconsin Rapids, WI 54494**

Secretary **Stephany Hartman, 3130 45th 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

July 29, 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.

\$55⁰⁰

Off the Clock
Heart of WI
July 13th 2022

City of Wisconsin Rapids Events Policy and Procedures

It is the goal of the City of Wisconsin Rapids to encourage and coordinate special community events, while regulating these events in a positive manner to ensure the health and safety of participants in the event, efficient management of City services, and the protection of public lands and facilities.

"Event" means any planned extraordinary occurrence requiring City services on public right-of-way or public premises including, but not limited to, parades, processions, festivals, athletic events, and events requiring street closures. An event does not include a private gathering or function.

Event Permits

Event permits are required in advance for all events. Permits do not include permission for vending, alcohol sales or consumption, or other activities for which separate permits may be required. There must be designated an event organizer who shall be responsible for obtaining all of the necessary approvals for activities taking place at the event.

Vending

If sales of food or other items occur at the event, all event vendors must obtain permission to vend and complete a registration form for the event organizer to submit with their special events application. The vending registration form may be submitted prior to the event if the information is not available at the time of application. In addition, food vendors must pass inspection and obtain a valid permit, if needed, from the Wood County Health Department prior to serving at any event. The event organizer shall be responsible for insuring that all event vendors have completed the appropriate forms and are appropriately licensed/permitted.

City Facilities, Park Land, and Open Spaces

The City establishes rental rates for city facilities, park land, and open spaces annually. Event organizers intending to use a rentable park facility or whose event precludes normal occupancy and use of a rentable park facility must reserve it separately. Submitting an event application doesn't reserve a rentable park facility and reserving a park facility does not give approval for the event. Contact the Parks Department at 421-8240 to reserve a park shelter or facility.

Fees

The application fee for an event is \$25. Included in the \$25 event application fee is a street closure that does not exceed 6 barricades. The public works superintendent shall have discretion to determine how many barricades are required for a particular street closure.

Event Fees

Event Application Fee	\$25.00
Seasonal, Weekly Event - Annual Fee	\$300.00
Fee to Allow Vending at Event.....	\$25.00
Fee to Allow Vending at Seasonal, Weekly Event - Annual Fee	\$100.00
Snow Fence (50' roll including stakes and ties).....	\$10.00 per roll
Portable Stage.....	\$150.00 each

+\$5⁰⁰ class B.
Temporary License

Additional Barricades 7-18 barricades..... \$50.00 total
19 or more\$100.00 total

* Picnic Tables, Benches, and Barrels

(See the attached fee schedule from the Park and Recreation department)

* These items will need to be rented through the Park and Recreation Department at 421-2840.

There are times when the city must provide unanticipated service during or after an event, including, but not limited to, cleaning up after an event. Fees for these services will be billed to the event organizer following the event's conclusion and must be paid within 7 days of invoice. Additionally, charges for any damage to city property shall be invoiced and paid by the event organizer within 7 days of invoice.

Insurance

The Event Organizer must submit a Certificate of Insurance providing proof of a commercial general liability insurance policy, written on an occurrence basis for bodily injury, personal injury, property damage, and product liability, with a minimum limit of liability of \$1,000,000 per occurrence and with a \$2,000,000 aggregate.

Applicant must sign an indemnity and hold harmless agreement and provide the City with a certificate of insurance showing insurance written by a company licensed by the State of Wisconsin and covering any and all liability or obligations which may result from the applicant's employees, agents, contractors, or subcontractors. The certificate shall name the City of Wisconsin Rapids as an additional insured. Proof of insurance, including coverage and exceptions, must be provided to the City at the time of application for the event.

Compliance with Laws

Sponsors, participants, and organizers of special events must comply with all applicable state, federal and municipal regulations and ordinances.

Public Safety

Event organizers are responsible for ensuring the safety of the participants in their event. Depending upon the size, location, and nature of the event, the City may require any or all of the following:

- 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 extinguishers and/or fire protection systems

Parking

Adequate parking must be available to support the event without causing undue disruption of normal commercial or residential activities. Off-site parking, combined with shuttle transportation, may augment on-site parking. If your event has parking issues, please include your proposal to address those issues in the application.

Commercial Sales

Sales of food, beverages and merchandise are not allowed during events on public property except as follows:

- (a) Food, beverage, and merchandise sales must be secondary to the primary theme or activity of the event.
- (b) Vendors have written permission from the event organizer and proper permits from the Wood County Health Department, if applicable. Event organizers are responsible for obtaining registration information for all vendors participating in their event and forwarding that information to the City Clerk.
- (c) Merchandise sold by vendors during an event shall be reviewed by and have the approval of the event organizer.
- (d) Event vendors are responsible for obtaining and displaying all appropriate sales permits, health/sanitation licenses, and food, beverage, and vending permits, if required. All food and beverage vendors should complete the food and beverage worksheet.

Wine and/or Beer Sales

Wine and beer concessions are allowed under the conditions of city ordinance. A Temporary Class "B" / Class "B" Retailers License (picnic license) must be obtained. These are only eligible to churches, foundations, or bona fide clubs in existence for at least six months. Licensed beverage operators (bartenders) are required. A retailer's license application is required by state law to be on file with the city clerk a minimum of 15 days prior to issuance and requires approval from the common council. If it is planned to serve beer or wine at the event, the application for a "Temporary Class B Retailers" license should be filed with the city clerk at least 30 days but no less than 15 days in advance of the event.

Enclosure Required - Picnic License

- (a) The license holder of a special Temporary Class "B" Retailers License (picnic license) shall cause a fence to be installed around the main point of sales. The fence shall be at least four feet in height measured from ground level, in order to control ingress and egress of persons and consumption of fermented malt beverages. The herein described fence regulations shall not apply to a licensed area within an enclosed building.
- (b) All license holders issued a Temporary Class "B" Retailers License (picnic license) shall post in a conspicuous location at the main point of sale and at all entrances to the facility a sufficient number of signs disclosing that no fermented malt beverage shall be served to any underage person.
- (c) A licensed operator (bartender) shall be stationed at all points of sale at all times.

Bands, Public Address Systems and Entertainment:

If the event includes the use of public address systems, amplified music, or live entertainment, this information must be detailed on the application when submitted. Event organizers should contact neighboring residential property owners located within 200 feet regarding the type of noise, the dates of the event, the expected times of when the noise will begin and conclude. Such notification shall be at least 15 days prior to the event. Please refer to the City's noise ordinance, and consider requesting a variance if noise levels are anticipated to exceed permitted levels.

If complaints are received, the Wisconsin Rapids Police Department shall require the event organizer to reduce the sound volume. If the organizer(s) fail to reduce the sound volume to an acceptable level, they shall be subject to a penalty as provided by city noise ordinance.

Accessibility

Event organizers are responsible for ensuring their public event complies with the accessibility requirements

of the Americans with Disabilities Act (ADA). Many events change the normal use patterns or exceed the normal design capacity of public facilities.

Organizers are responsible for providing any additional facilities such as accessible parking, travel-ways, seating, restrooms, drinking water, etc., plus service and program access for individuals with physical, sight, speech, hearing and other impairments covered by the Act.

Organizers shall provide sufficient access for public safety vehicles.

Sanitation and Toilet Requirements

Depending on the nature of the special event, organizers may be required to provide additional restroom and refuse facilities such as portable toilets, hand-washing stations, garbage cans, dumpsters, etc., if determined appropriate by the County Health Department and/or the City.

Street Closures

If your event requires closure of a street, please detail the request on the application. The Finance and Property Committee will review your application and determine whether to permit the closure. Please note that arterial streets and major collector streets may not be acceptable for closure.

By submitting the application, the applicant shall be responsible for contacting all persons on the block; for verifying there are no objections to the street closing; for placing barricades and signs on the street as directed by City officials, removing them after the event; and for cleanup of all debris by 9:00 a.m. the morning after the event.

Fire and EMS response apparatus require a minimum of 20 foot width clearance for vehicle access. All access lanes/roads must be kept clear to that width for emergency vehicles. Cul-de-sacs should have a minimum turning diameter of 70 feet, and other type turnarounds such as L-types, T-types, and Y-types should allow for fire apparatus with a wheelbase of 25 feet to turn around with no more than one (1) backing maneuver. Access into and around individual display booths, tents, facilities, restrooms, etc. must be maintained to the extent that personnel with ambulance cots, EMS equipment, and/or fire equipment can maneuver freely and quickly when responding to an emergency. Street barricades should be easily removable to admit emergency/police vehicles as necessary with minimal time delay.

The street department shall supply necessary signs and barricades at specific locations on the boulevard on the day of the event and pick them up the next workday following the event.

Parades

Parade organizers must apply for an event permit from the city clerk. The application must include details as to the exact parade route, the location of staging and demobilization areas, the times of the parade start and finish, the size of the parade including number of floats and an itinerary or schedule of times for each detail, i.e., staging at location and time, parade on route at time, demobilization at location and time, etc.

Parade organizers must submit a map of the parade route with their event application. Streets are normally closed for parades. The City will determine the number, type and location of barricades and/or traffic cones required.

The city shall be responsible for delivery and pick up of the barricades or traffic cones. Organizers shall place the barricades or traffic cones at the appropriate time and shall remove them from the street when they are no longer needed.

Attachment B

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 \$~~1000~~ \$5⁰⁰

Application Date: 04/19/2022

☐ 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 _____ and ending _____ 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 Angel Whitehead - 1120 Lincoln St. Wisconsin Rapids, WI 54494

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Angel Whitehead - 1120 Lincoln St. 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 Rosecrans St

(b) Lot 850 Block 800

(c) Do premises occupy all or part of building? This is an outdoor event

(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

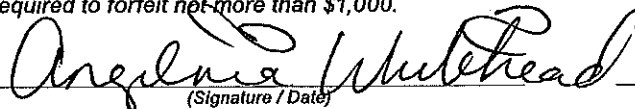
(a) List name of the event Off the Clock

(b) Dates of event 07/13/2022

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. _____

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 Commerce

MAIN CONTACT Hannah Quick PHONE NUMBER 715-422-4859

ADDRESS 1120 Lincoln Street, Wisconsin Rapids, WI 54494

EVENT DAY CONTACT Hannah Quick CELL PHONE NUMBER 715-323-9174

DATE OF EVENT (WITH EXACT START & END TIMES) July 13th, 2022 --- 4PM-6PM

EVENT TITLE AND DESCRIPTION OF EVENT This 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 map (attachment A).
900 block of 9th Ave. N. and 800 block of Rosecrans St.

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.

Cancellation

Cancellation of any event, for any reason, shall result in the forfeiture of permit fees.

Approval Process

Event applications are reviewed by staff consisting of representatives from the following entities: Parks Department, Police Department, Fire Department, Planning and Economic Development Department, Street Department, City Clerk, Mayor, City Attorney, and Wood County Health Department.

City staff will make recommendations to the Finance and Property Committee, who must approve the event prior to the issuance of a permit by the city clerk.

If the event is denied in whole or part by the Finance and Property Committee, applicants can appeal the decision in writing to the Wisconsin Rapids Common Council within seven days of the Committee's denial.

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

5-3-22

Date:

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 80 - 100	
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		This event is open to the 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 B	
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.	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 forthcoming. Proper insurance will be submitted 2 weeks prior to the 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	Guests can enter ShopMaster to use the restroom	
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 re-scheduled if there is inclement weather. Tentative rain date- July 19, 2022	
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	Please see attachment C	
21.	Have you provided a complete time schedule and location itinerary of the parade staging & route?	X		N/A	



Attachment C: Heart of WI will submit updated insurance when available



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/18/2022

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 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: Elyn Charlyn Hoefs, CISR PHONE (A/C, No, Ext): 715-423-2000 FAX (A/C, No): 715-423-4360 E-MAIL ADDRESS: elyn.hoefs@spectruminsgroup.com														
INSURED HEAROFW-02 Heart of WI Chamber of Commerce 1120 Lincoln St Wisconsin Rapids WI 54494	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Company	10677	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES **CERTIFICATE NUMBER: 677824481** **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														
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	EWC 0333302	7/2/2021	7/2/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-		E.L. EACH ACCIDENT		\$ 100,000	E.L. DISEASE - EA EMPLOYEE		\$ 100,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Wisconsin Rapids is an additional insured in regard to general liability per CG2026 (04/13) Additional Insured - Designated Person or Organization (attached).

Lunch by the River: Weekly, 6/2/2022 - 8/25/2022
 Cranberry Blossom Festival: 6/17/2022 - 6/19/2022
 Downtown Grand Affair: 9/11/2022
 Rekindle the Spirit: 11/23/2022

CERTIFICATE HOLDER

CANCELLATION

City of Wisconsin Rapids 444 Grand Ave Wisconsin Rapids WI 54494	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

CITY OF WISCONSIN RAPIDS
440 W GRAND AVE
WISCONSIN RAPIDS, WI 54495

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than

that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

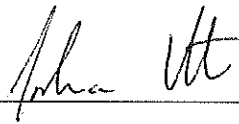
1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Request for Temporary Extension of Alcohol Licensed Premises

I, Joshua Vetrone, being the agent listed on the Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquor licenses for Johnny's, LLC, for the premises located at 2610 8th Street South, Wisconsin Rapids, doing business as Johnny's Bar, hereby request to temporarily extend the premises description listed on the Class "B" Fermented Malt Beverages and "Class B" Intoxicating Liquor licenses to include an outdoor area as depicted on the attached map on Friday, July 22 and Saturday, July 23, 2022 from 6:00 p.m. to 2:00 a.m., and for a noise variance for a DJ until 1:00 a.m. on both nights. Beer and liquor on the extended premises must be in plastic or aluminum containers only during said dates and times. I will have people checking IDs at the door and will provide wristbands to show proof of ID. I will have a couple of bouncers walking the crowd, as well.



Joshua Vetrone

Agent and Member, Johnny's Bar, LLC

The request for a temporary extension of the licensed premises and noise variance for the dates and times indicated above was approved by the Common Council on _____.

Jennifer M. Gossick, City Clerk

Mike Potocki, Interim Police Chief

A copy of this Approval shall be posted on the premises.



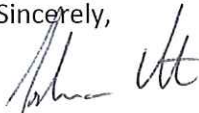
May 26, 2022

Dear Neighbor,

My name is Josh Vetrone, owner of Johnny's Bar, and I am requesting to have an indoor DJ at a special event I am having on Friday July 22 and Saturday, July 23, 2022 from 6:00 p.m. to 2:00 a.m., and thus I am requesting a noise variance for that time. The City requires that I contact all residential property owners within 200 feet of my property boundaries to make them aware of my request.

If you have any questions or concerns with the DJ, I would appreciate if you contact me directly so we can discuss it. Otherwise, you may contact the City Clerk at 715-421-8200 to express your concern, or you may contact Chairperson Zacher at mzacher@wirapids.org before the Finance and Property Committee meeting to be held at 5:00 p.m. on Tuesday, June 7 when my request will be considered.

Sincerely,

A handwritten signature in black ink, appearing to read 'Josh Vetrone', with a stylized flourish at the end.

Josh Vetrone

715-570-8538

Cash 3/22/2022 5499 \$10

Form
AT-200

Appointment of Successor Agent – Retail Licenses

Submit this form to your licensing authority with a \$10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Licensee Information and Acknowledgement

Licensee Name

Reason for Cancellation of Appointed Agent

The undersigned appoints DERRICK DELASQUER as agent in accordance with sec. 125.04(6), Wis. Stats.

X [Signature]
Signature of President / Member

5.5.22
Date

Section 2: Agent Information and Acknowledgement

Agent Name

DERRICK DELASQUER

Mailing Address

1805 Levent

City or Post Office

Stevens Point

State

WI

Zip Code

54481

Agent Questions

	Yes	No
1. Are you of legal drinking age?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a federal law violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been convicted of a state law violation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a local ordinance violation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for HEADQUARTER BAR LLC and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

[Signature]
Signature of Agent

5-4-22
Date

Section 3: Licensing Authority Approval

Municipality Name

CITY OF WISCONSIN RAPIDS

[Signature]

Signature of Official

5/20/2022
Date

CHIEF OF POLICE

Title of Official

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

- | | |
|--------------------------|--|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

PENDING CHARGE

- | | |
|--|---|
| 1. NAME <u>Bernald Velasquez</u> | STATUTE NO./LOCAL ORDINANCE <u>940.45</u> |
| PENDING CHARGE <u>DOMESTIC BATTERY</u> | DATE <u>9/20/2019</u> |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Velasquez		berald		Jodie	
Home Address (street/route)	Post Office	City	State	Zip Code	
101 12th Ave S		WISCONSIN RAPIDS	WI	54495	
Home Phone Number	Age	Date of Birth	Place of Birth		
715.097.0522	41	08.24.1980	Chicago, IL		

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ berald Velasquez of HEADQUARTERS BAR OF WISCONSIN RAPIDS, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 5 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Battery
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☒ Yes ☐ No
If yes, describe status of charges pending. DOMESTIC
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
If yes, identify. HEADQUARTERS BAR, berald Velasquez, LIQUOR LICENSE
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

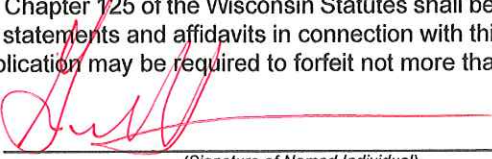
(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Self-employed			
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

City of Wisconsin Rapids Wisconsin May 13 20 22
(Municipality) (Date)

1. Name of agent Rhonda Ann Urlaub

- | | Yes | No | |
|----|-------------------------------------|-------------------------------------|--|
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are you of legal drinking age? |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a federal law violation? |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a state law violation? |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a local ordinance violation? |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.? |

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my 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.

Rhonda Ann Urlaub
(Signature of Agent)

118927 Trailview Street, Stratford, WI 54484
(Address)

SUCCESSOR AGENT

The undersigned appoints Rhonda Ann Urlaub as agent
in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee GPM Southeast, LLC dba Bread & Butter Shop #4532

Date May 09, 20 22

By Donald Bassell, CFO
(Signature of Officer / Member)

I hereby accept appointment as agent for GPM Southeast, LLC dba Bread & Butter Shop #4532 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date May 10, 20 22

Rhonda Ann Urlaub
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE.
(See sec. 125.04(6), Wis. Stats.)

WISCONSIN RAPIDS WI 5/16/ 20 22
(Municipality) (Date)
Michael S. Pata
(Signature of Official)
POLICE CHIEF
(Title)

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

City of Wisconsin Rapids Wisconsin May.13 20 22
(Municipality) (Date)

1. Name of agent Rhonda Ann Urlaub

Yes No

2. ☒ ☐ Are you of legal drinking age?
3. ☒ ☐ Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4. ☐ ☒ Have you ever been convicted of a federal law violation?
5. ☐ ☒ Have you ever been convicted of a state law violation?
6. ☐ ☒ Have you ever been convicted of a local ordinance violation?
7. ☒ ☐ Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my 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.

Rhonda Ann Urlaub
(Signature of Agent)

118927 Trailview Street, Stratford, WI 54484
(Address)

SUCCESSOR AGENT

The undersigned appoints Rhonda Ann Urlaub as agent
in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee GPM Southeast, LLC dba Bread and Butter Shop #4533

Date May 09, 20 22

By Donald Bassell, CFO
(Signature of Officer / Member)

I hereby accept appointment as agent for GPM Southeast, LLC dba Bread and Butter Shop #4533 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date May 10, 20 22

Rhonda Ann Urlaub
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE.
(See sec. 125.04(6), Wis. Stats.)

WISCONSIN RAPIDS WI 5/16 20 22
(Municipality) (Date)
[Signature]
(Signature of Official)
POLICE CHIEF
(Title)



Requestors Name: Karen Timm

May 4, 2022

Referral Language: Consider a recommendation from Statewide Services to deny a claim from Waste Management for alleged damages to their building by a City owned truck on 09/08/2021.

Background Information: Investigations revealed no proof or indication of negligence on the behalf of the City.

Recommendation: Follow recommendation of insurance company to deny the claim to shorten the statute of limitations to six months.

Action you are requesting the committee take: Motion to deny the claim from Waste Management.

If financing is needed, how will it be financed? Insurance Policy Deductible

Statewide Services, Inc.

Claim Division

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

May 3, 2022

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: 9/08/2021
Our Claim # WM000712910323
Claimant: Gallagher Bassett Services (as subrogee of Waste Management)
C/O Data Dimensions
Attention: Katie Draper
Re: Claim # 003000-487946-RB-01
1315 19th Ave NW 0720- R3
Clinton, IA 52732

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 Subrogation claim submitted by Gallagher Bassett Services for damage its insured building sustained due to alleged contact from a City-owned recycling truck on 9/8/21.

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 proof or indication of negligence on behalf of the City. The City maintains that the damage being claimed was not caused by a City-owned recycling truck.

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,

Sarah Bourgeois, AIC, AINS
Claims Rep. II
Statewide Services Inc.
PO Box 5555
Madison, WI 53705-0555
608-828-5439 Phone
800-854-1537 Fax
sbourgeois@statewidesvcs.com

CC: Darrel Zaleski