

W I S C O N S I N



## NOTICE OF PUBLIC MEETING

### FINANCE AND PROPERTY COMMITTEE

Matt Zacher, Chairperson

Dean Veneman, Vice-Chairperson

Jay Bemke

Notice is hereby given of a meeting of the Finance and Property Committee to be held in the **Council Chambers** at City Hall, 444 West Grand Avenue, Wisconsin Rapids, on **Tuesday, September 5, 2023 at 4:00 p.m.** The meeting will be streamed live on the City of Wisconsin Rapids Facebook page and will also be broadcast live on Charter Cable Channel 985 and Solarus HD Cable Channel 3. If a member of the public wishes to access this meeting live via Zoom audio conferencing, you must contact the City Clerk at least 24 hours prior to the start of the meeting to coordinate your access. This meeting is also available after its conclusion on the City's Facebook page and Community Media's YouTube page, which can be accessed at [www.wr-cm.org](http://www.wr-cm.org). It is possible that members of the Committee may appear remotely via video or audioconferencing for this meeting.

### Agenda

1. Call to Order
2. Consider approval of the usage of Park Outlay money to fund the Mead Park plans to not exceed \$200,000
3. Consider a request from Pacific Oil LLC, Bikhender S. Salh, agent, for a Retail "Class A" Intoxicating Liquor License and a Retail Class "A" Fermented Malt Beverages License for the premises located at 3660 8<sup>th</sup> Street South
4. Consider a request from Khalsa Oil LLC, Bikhender S. Salh, agent, for a Retail "Class A" Intoxicating Liquor License and a Retail Class "A" Fermented Malt Beverages License for the premises located at 2411 8<sup>th</sup> Street South
5. Update on a request from the Community Development Department to apply for a 2024 Wood County Economic Development Grant in the amount of \$25,000 to create a Downtown Development Master Plan
6. Budget discussion
7. Audit of the bills
8. Set next meeting date
9. Adjournment

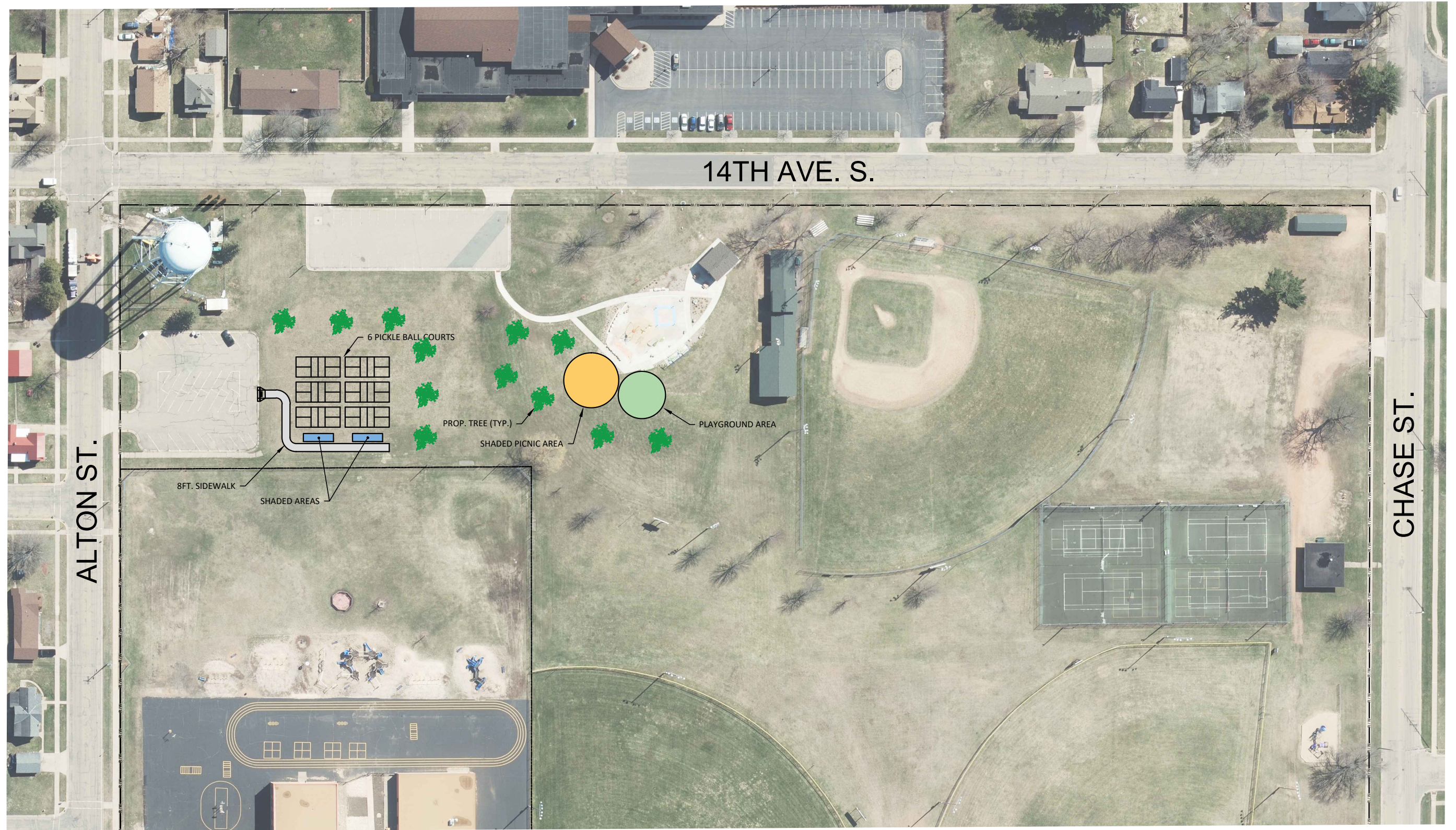
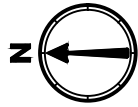
The City of Wisconsin Rapids encourages participation from all its citizens. If participation at any public meeting is not possible due to a disability, notification to the city clerk's office at least 48 hours prior to the scheduled meeting is encouraged to make the necessary accommodations. Call the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

**Wisconsin Rapids Parks & Recreation Department**  
**Mead Park – Pickleball Courts/Shade Sail/Playground**

Company	Phase/Work	Alternate	Price
American Asphalt of Wisconsin PO Box 98, Mosinee, WI 54455-0098	Asphaltic surfacing, paint surfacing, striping, resurfacing, saw cut seal		\$115,000
American Fence Company 3210 Mecca Dr., Plover, WI 54467	All chain link fencing, windscreen, netting systems		\$41,000
American Fence Company 3210 Mecca Dr., Plover, WI 54467	Wind screen		\$7,000
Commercial Recreational Specialist 807 Liberty Drive, Suite 101, Verona, WI 53593	Shade Sail/ with Installation		\$36,633
Commercial Recreational Specialist 807 Liberty Drive, Suite 101, Verona, WI 53593	Playground		\$329,822  (93,132 is being matched by Commercial Recreational Specialist)  \$236,690

-We have an additional grant of \$18,372 that Commercial Recreational Specialist will also match for the playground equipment for a total of \$36,744.





PROJECT:

MEAD FIELD PROPOSED ADDITIONS

LOCATION:

MEAD FIELD

ENGINEERING DEPARTMENT  
444 WEST GRAND AVENUE  
WISCONSIN RAPIDS, WI 54495  
PHONE 715-421-8205 / FAX 715-421-8291



DRAWN BY: M.A.S.

PLOT DATE: 3/22/21

PROJ. NO. ####-##

SCALE: 1" = 100FT.

SHEET. 00 OF 00

DRAWING FILE - C:\Users\design3\Desktop\MeadParkAdditions\_3-1-23.dwg



6/51 \$20.00 8/29/2023

# 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>456-1031495910-04</u>	
FEIN Number <u>93-3070526</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$

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

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

President / Member Last Name <u>SINGH</u>	(First) <u>GURINDER</u>	(Middle Name) <u>N/A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3369 Mac amilos way, Sacramento, CA 95835</u>
Vice President / Member Last Name <u>DHALIWAL</u>	(First) <u>SUKHMINDER</u>	(Middle Name) <u>SINGH</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2817 72nd st, Merced Island, WA, 98040</u>
Secretary / Member Last Name <u>\$</u>	(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>SALH</u>	(First) <u>BIKHENDER</u>	(Middle Name) <u>SINGH</u>	Home Address (Street, City or Post Office, & Zip Code) <u>12929 N WAUWATOSA RD, MEQUON, WI, 53097</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name PACIFIC OIL LLC Business Phone Number 715-751-7986  
2. Address of Premises 3660 8th st, Wisconsin Rapids, WI 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.)

It is a Convenience Store with the Gas station.

ENTIRE 1st 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? A to Z MINI MART

Stanley Shell, Inc. d/b/a Stanley Rapids

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  
Course completed and attached with Application
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No  
 If yes, explain.  
JAI B MART, INC  
KHALSA OIL LLC
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 08/24/23 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.  
JAI B MART, INC  
154 N 4th Avenue, Sturgeon Bay, Wisconsin  
KHALSA OIL LLC
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>SINGH, GURINDER</u>	Title/Member <u>Member</u>	Date <u>29/08/2023</u>
Signature <u>Gurinder Singh</u>	Phone Number <u>559-736-8847</u>	Email Address <u>gurinder885002@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>8/29/2023</u>	Date reported to council/ board <u>9/5/23</u>	Date provisional license issued <u>N/A</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of PACIFIC OIL 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 PACIFIC OIL LLC  
(Trade Name)

located at 3660 8th St, Wisconsin Rapids, WI, 54494

appoints BIKHENDER SINGH SALH  
(Name of Appointed Agent)  
12929 N. WAUWATOSA Rd, MEQUON, WI 53097  
(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).  
JAI B MARI INC. / KHALSA OIL LLC

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 8 years

Place of residence last year Same address

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

By: Bikhender Singh  
(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, BIKHENDER SINGH SALH, 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] 28/08/23 Agent's age 45 years  
(Signature of Agent) (Date)  
12929 N WAUWATOSA Rd, MEQUON, WI, 53097 Date of birth 07/17/1978  
(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)

TO P.D. ON 8/29/2023

4151 K20.0 8/29/2023

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: (mm dd yyyy) ending: June 30, 2023 (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 456-1031476098-09	
FEIN Number 93-3071418	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 20.00
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
KHALSA OIL 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)	
SINGH	GURINDER	N/A	3369 Mac amiles way, Sacramento, CA	95835
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)	
DHALIWAL	SUKHMINDER	SINGH	2817 72nd St, Merced Island, WA	98040
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)	
SALH	BIKHENDER	SINGH	12929 N WINDUATOSA Rd, MeQUON, WI	53097
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)	

1. Trade Name KHALSA OIL LLC Business Phone Number 715-54494  
2. Address of Premises 2411 8th St S, Wisconsin Rapids WI 54494 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.)

It is a convenience store with the Gas station.

ENTIRE 1st 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? A to Z MINI MART

2411 Eighth St, Inc. d/b/a

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  
Course Completed and attached with Application
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☒ Yes ☐ No  
 If yes, explain.  
JAI B MART, INC  
PACIFIC OIL, LLC
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ..... ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 8/24/23 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.  
JAI B MART, INC  
154 N 4th Avenue, Sturgeon Bay, Wisconsin  
PACIFIC OIL LLC
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
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Contact Person's Name (Last, First, M.I.) <u>SINGH GURINDER</u>	Title/Member <u>Member</u>	Date <u>29/08/2023</u>
Signature <u>Gurinder Singh</u>	Phone Number <u>559-736 8847</u>	Email Address <u>GURI885002@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>8/29/2023</u>	Date reported to council / board <u>9/5 &amp; 9/19/23</u>	Date provisional license issued <u>N/A</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of KHALSA OIL 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

KHALSA OIL LLC  
(Trade Name)

located at 2411 8<sup>th</sup> St S, Wisconsin Rapids, WI, 54494

appoints BIKHENDER SINGH SALH  
(Name of Appointed Agent)

12929N, WAUWATOSA Rd, MEQUON, WI, 53097  
(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).  
JAIR MART INC / PACIFIC OIL LLC

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 8 years

Place of residence last year Same address

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

By: Gurinder Singh  
(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, BIKHENDER SINGH SALH, 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] 28/08/23 Agent's age 45 years  
(Signature of Agent) (Date)  
12929N, WAUWATOSA Rd, MEQUON, WI, 53097 Date of birth 07/17/1978  
(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)

To the P.D. on 8/29/2023