

VILLAGE OF BLACK EARTH - VILLAGE BOARD MEETING

Black Earth Municipal Building, 1210 Mills St.

Tuesday, June 2, 2020

6:30 p.m.

VILLAGE BOARD AGENDA

THIS MEETING WILL BE AVAILABLE FOR THE PUBLIC PER OPEN MEETINGS LAW VIA REMOTE ACCESS BY DIALING: 1-855-947-8255 (US TOLL FREE) WITH PASSCODE: 8986 144#

1. Call Village Board meeting to Order/Roll Call.
2. Pledge of Allegiance
3. **Proof of Posting:** A copy of the notice was delivered to the following on 05/29/2020 faxed to the Star News; posted at the Black Earth Municipal Building and Black Earth Post Office, posted on the Black Earth Web Page (www.blackearthwisconsin.com) and faxed for posting to the State Bank of Cross Plains – Black Earth Branch
4. **Public Comments.** (No longer than 3 minutes)
5. **Discussion/Action on Police Reports & Activities.**
6. **Discussion/Action on request from Shawn Stampfli-213 Osprey Lane, Red Hawk Subdivision on pool allowance outside covenant restrictions.**
7. **Discussion/Action on Gateway to Driftless appointment.**
8. **Discussion/Action on Community Park project.**
9. **Discussion/Action on Street Projects.**
10. **Discussion/Action on Parks opening due to COVID restrictions.**
11. **Discussion/Action on License Request:**
 - a. **Class A Liquor:** Kwik Trip, P & G Gas
 - b. **Class B Liquor:** The Shack; BE Lanes; Macker Backer
 - c. **Cigarette License:** Kwik Trip, P & G Gas
 - d. **Operators Licenses:**
 - i. **The Shack:** Debbie Allen (new); Brandon Weinberger; Joan Richter
 - ii. **P & G Gas:** Jagmit Pangli
 - iii. **Black Earth Lanes:** Bonnie Hering
 - iv. **Macker Backer LLC:** Rhea Helmenstine
 - v. **Kwik Trip:** Lauri Schroeder; Renee Adler; Bobby Sutter; Nicole Winkers; Angela Hamand; Adam Stucki; Johanna Geishirt; Destinee Schmidt; Jacob Pauley
12. **Discussion/Action on Electrical Substation proposal-Shawn Dilley present.**
13. **Discussion/Action on Village Hall front door changes.**
14. **Consideration/motion to enter into closed session pursuant to Wis. Stats. 19.85(1) (c)** Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility.(Section 125 Plan Library personnel) (**Roll call vote**)
15. **Consideration/motion to arise from closed session**
16. **Consideration/motion on action from closed session.**
17. **Discussion/Action on consideration of a Section 125 Plan for Library.**
18. **Discussion/Action on Weed Commissioner.**
19. **Discussion/action on Committee Reports:**
 - a. Vanguard Commission (Esser):
 - b. Black Earth Fire District
 - c. Dane-Iowa Wastewater Commission (Coyle)
 - d. Economic Development Committee Report (Esser)
 - e. Emergency Management Committee (Wahl):
 - f. EMS Committee Report (Coyle): Next meeting July 9th
 - g. Library Committee Report (Scott)
 - i. Library Director Report- Carolyn Shaffer
 - h. Public Works Committee Report (Hodson)
 - i. Public Works Director Report- Brian Schultz
 1. Truck Bids
 - i. Parks Committee Report (Wahl)
 - j. Police Committee Report (Coyle)

20. Discussion/information/action regarding: Organizational Meeting minutes of April 21, 2020 and Village Board minutes of May 5, 2020.
21. Discussion/Action Treasurer's Reports April, 2020
22. Discussion/action on Invoices to be paid.
23. Any Other Business That May Be Brought before the Board on future agendas:
24. Meeting Announcements:
25. Adjournment of Village Board Meeting

Please Note:

- Please note that upon reasonable notice all reasonable efforts will be made to accommodate the needs of individuals with disabilities through appropriate aids and services. For additional information or to request this service, contact the Municipal Clerk at 608-767-4901, or 1210 Mills Street., Black Earth, Wisconsin, or by fax at 608-767-2064. This notice may be amended in order to comply with Wisconsin's Open Meetings law. If this notice is amended, the final notice will be posted and provided to the media no later than 24 hours prior to the meeting or no later than 2 hours prior to the meeting, in the event of an emergency.

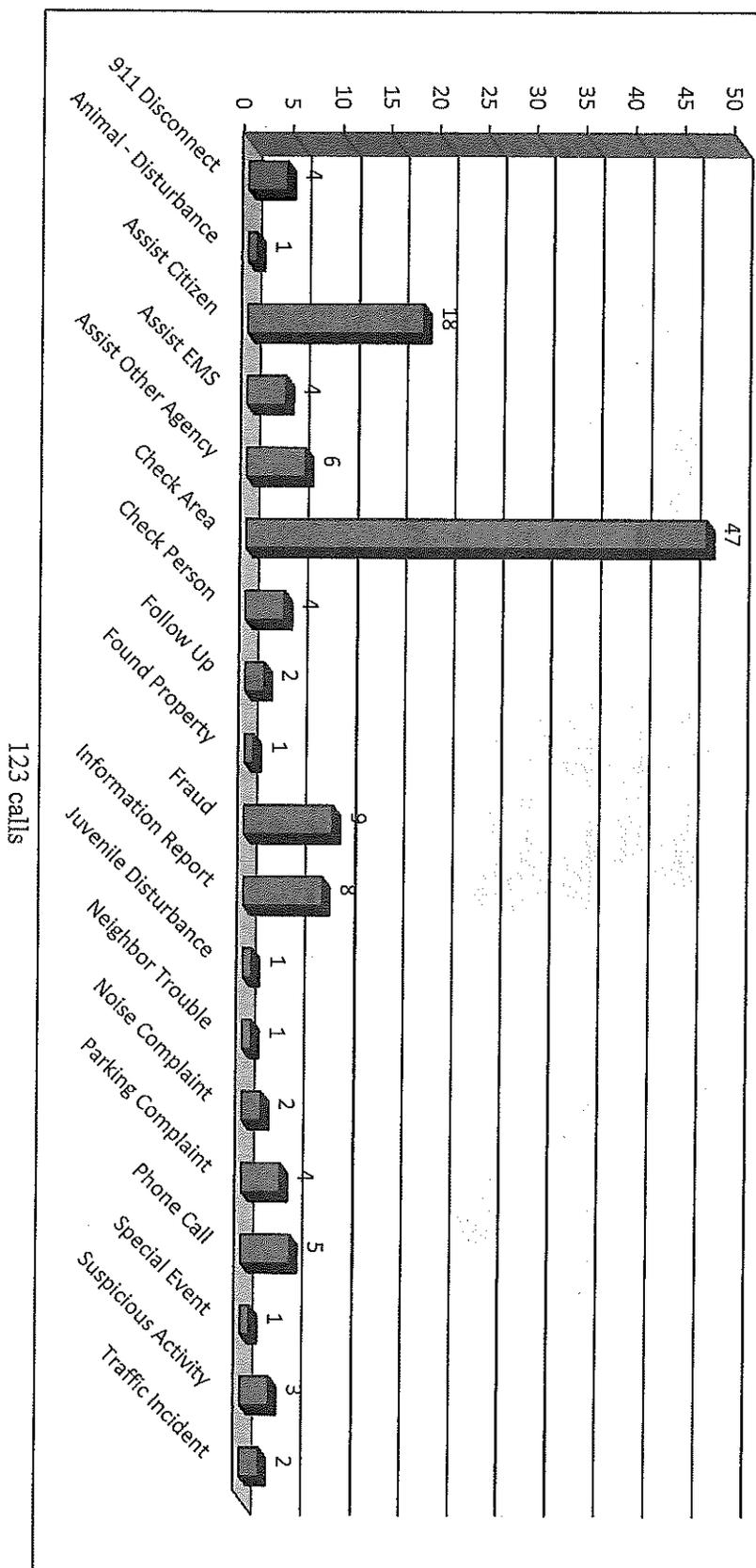
Village Board Members: Troy Esser, James Coyle, Mitch Hodson, Josh Wahl, Matt Kahl, Mary Scott.. Open vacancy

Posted: May 29th, 2020

Shellie Benish, WCMC, Administrator/Clerk/Treasurer

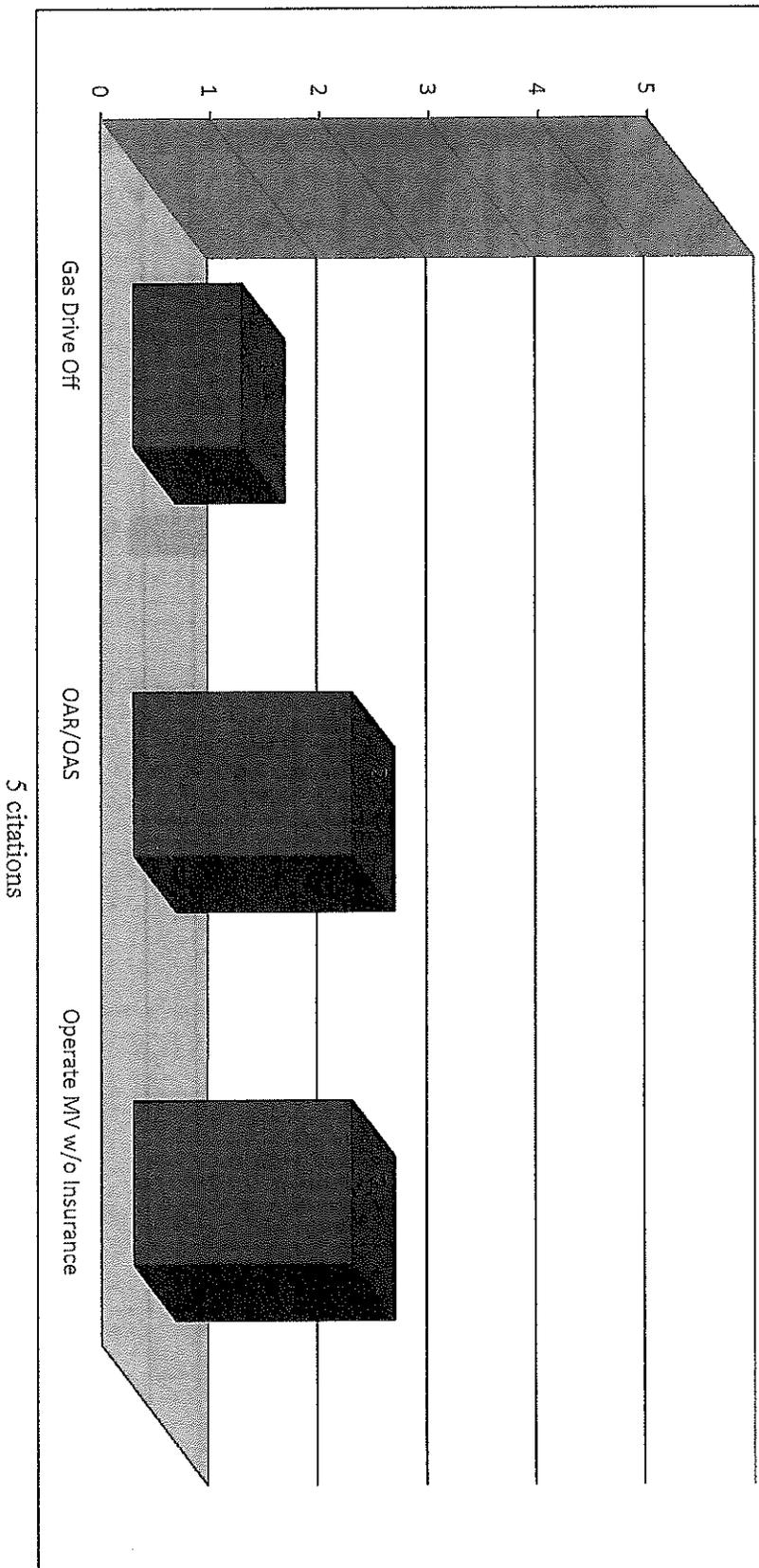


Village of Black Earth - Calls for Service April, 2020



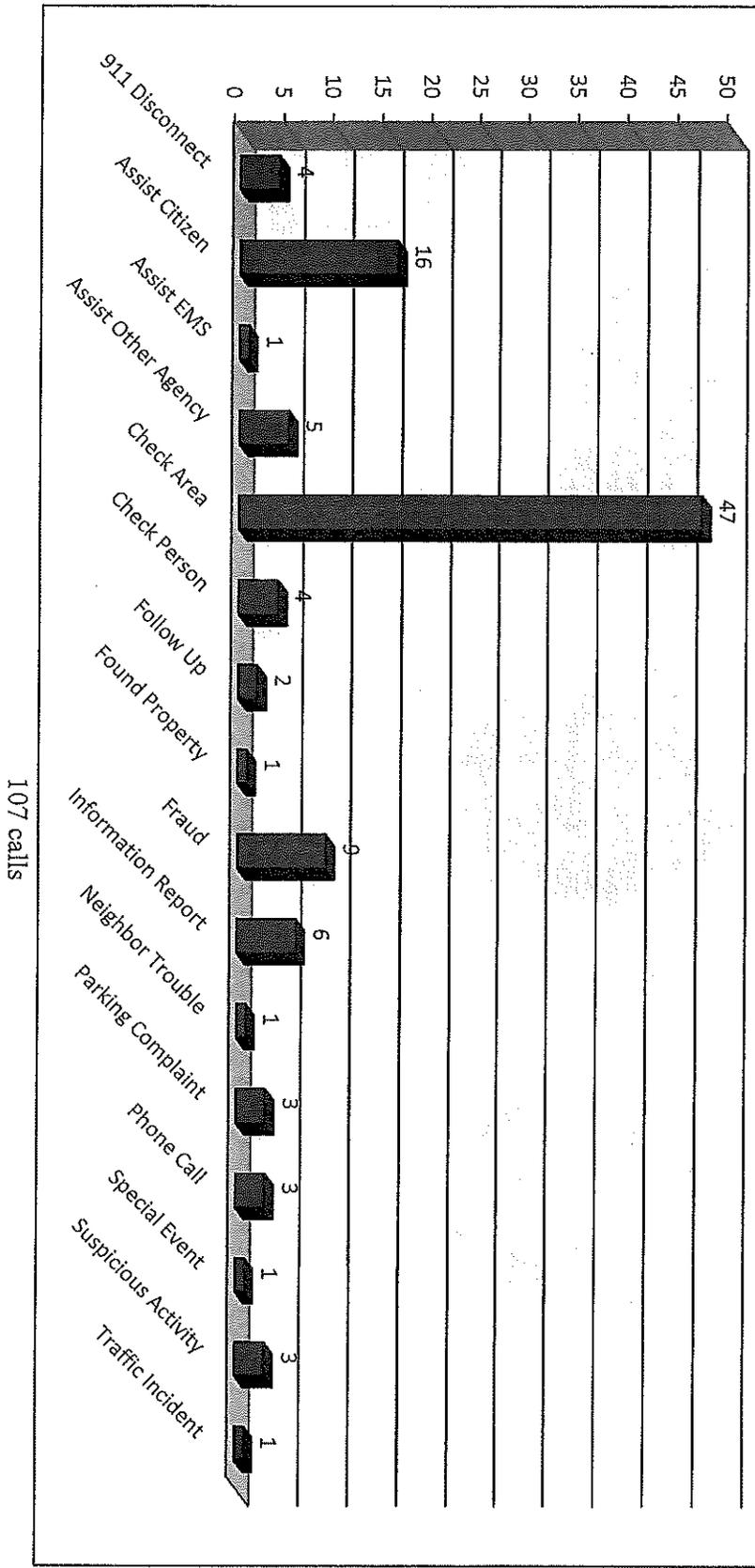


Village of Black Earth - Citations April, 2020



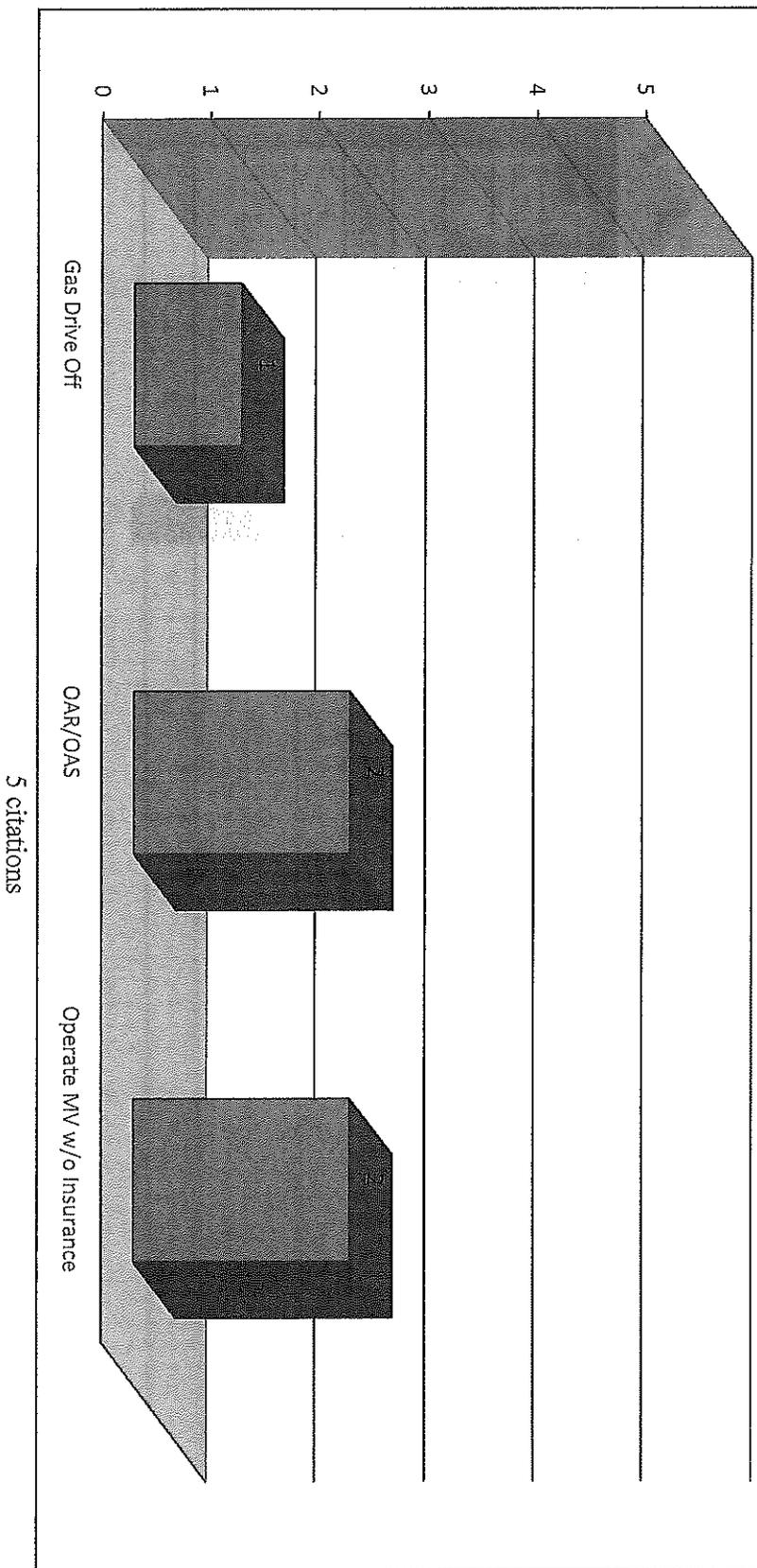


Village of Black Earth - Calls for Service - Contract Only April, 2020





Village of Black Earth - Citations - Contract Only April, 2020



5-11-20

To Village Board:

I am requesting approval from the Village Board for an above ground pool size 15'x42" for the Summer of 2020.

Currently, our covenant states no above ground pools but given the recent circumstances with Covid all our Kids' recreational activities have been cancelled.

Dan Heffren has given limited approval for the pool this Summer stating his approval could change at any time. We are looking for the Village to grant us approval through September of 2020 for the pool.

We have obtained signatures of our neighbors that live within a 200ft radius of our home for the approval of the pool. Our current covenant for the Red Hawk Subdivision has many violations already including hot tubs, basketball hoops, antennas, vegetable gardens and many more. I'm asking for a very temporary lifting of no pools. Please consider voting this through at your next village board meeting.

Sincerely,

Shaun Stampfli

Village Resident:

213 Osprey Ln

Black Earth

767-5351

Chapter 113. Building Construction

§ 113-28. Swimming pools.

- A. Permit required; exemption.
- (1) A swimming pool in the ground, on the ground or in a building shall not be constructed or installed without issuance of a building permit.
 - (2) Storable swimming or wading pools with a maximum dimension of 15 feet and a maximum wall height of 48 inches and which are so constructed that they may be readily disassembled for storage and reassembled into their original integrity are exempt.
- B. Public swimming pools and private indoor pools. All public swimming pools and private swimming pools shall comply with the requirements of Ch. HFS 171, Public Swimming Places, Wis. Adm. Code.
- C. Private outdoor swimming pool. No permit shall be issued for an outdoor pool unless the following requirements are met:
- (1) An enclosure at least 48 inches high and a minimum of three feet from the pool of such construction as will make access difficult shall completely enclose the pool. Access shall be through self-closing and latching gates with a locking device and shall be kept locked when the pool is not in use.
 - (2) The enclosure may be omitted where aboveground pools are installed and have a raised deck around the entire pool perimeter with an attached railing on the top outer edge of the raised deck or where the side walls of an aboveground pool are extended by an enclosure (fence) to a minimum of six feet above grade. Access shall be through self-closing and latching gates with a locking device and shall be kept locked when the pool is not in use. Where pool ladders are provided they shall be a type that can be removed when the pool is not in use.
 - (3) Distance from all electrical wires to be a minimum of 10 feet.
 - (4) Water connections and all plumbing shall comply with the Plumbing Code.
 - (5) The pool shall not occupy more than 30% of the rear yard and shall conform to permitted accessory uses regarding side and rear yard distance to lot lines.

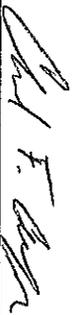
5-7-20

Petition to [Action]

Petition Summary: The Stampfli residence 213 Osprey Ln. is seeking approval from neighbors in the Red Hawk Subdivision to keep our pool for the Summer of 2020. Pool size 15' x 42 inches located in our backyard

Date	Signature	Printed Name	Address	Comment
1. 5-7-20	Judy W. Alder	Judy W. Alder	209 Osprey Ln. Black, South	We live right next door. Fine for us.
2. 5-7-20	Jamie Brown	Jamie Brown	3011 Valley St Black South W1	We support this
3. 5-7-20	Scott W. Alder	Scott W. Alder	4009 Red Hawk Ln	We are fine w/ it
4. 5-7-20	Jordan Lucey	Jordan Lucey	3013 Handel St.	We 100% support this.
5. 5-7-20	Say Pare	Say Pare	3076 Valley	Yes
6. 5-7-20	Laura Stanton	Laura Stanton	2054 Valley	We support this 100%

Date	Signature	Printed Name	Address	Comment
7. 5-7-20	Scott W. Alder	Scott W. Alder	3025 Handel	Yes!

	Date	Signature	Printed Name	Address	Comment
8.	5-7-20		Chad Afford	407 Red Hawk Ct	Yes
9.	5-7-20		Cole Zelinka	3029 Hawk St	Yes
10.	5/7/20		Stephanie Tale	3033 Hawk St.	Yes
11.	5-7-20		Toby Kenter	3027 Hawk St	Yes
12.	5-7-20		Mary Pennington	401 Red Hawk Ct	Yes!
13.	5-7-20		Mike Bowler	406 Red Hawk Ct.	Yes
14.	5-7-20		Anna Stryker	4094 Red Hawk Ln	Yes-OK!
15.	5/7/20		Adam Lorent	221 Osprey Ln	Yes

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } BLACK EARTH
 Village of }
 City of }

County of DANE 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>456-0000478822-02</u>	
FEIN Number <u>04-3688235</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>400</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
P & G GAS COMPANY 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)
<u>SINGH</u>	<u>GURMIT</u>	<u>-</u>	<u>1714 AUTUMN HILL DR. VERONA WI 53593</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name P & G GAS Co. LLC Business Phone Number 608-767-2390
 2. Address of Premises 1525 STATE ST. Post Office & Zip Code BLACK EARTH, WI 53515

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.)

WHOLE PARTS OF BUILDING

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? P & G GAS COMPANY

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No

9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 06/10/2002 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No

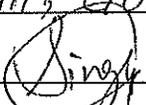
BLUE MOUNDS MART INC. IN BLUE MOUNDS WI.

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, GURMIT</u>	Title/Member <u>OWNER</u>	Date <u>04/13/2020</u>
Signature 	Phone Number <u>608-843-6144</u>	Email Address <u>PGBPGAS@GMAIL.COM</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SINGH		GURMIT		—	
Home Address (street/route)	Post Office	City	State	Zip Code	
1714 AUTUMN HILL DR.	VERONA	MADISON	WI	53593	
Home Phone Number	Age	Date of Birth	Place of Birth		
608-843-6144	55	11/15/1964	INDIA		

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.
- AGENT of P & G GAS COMPANY
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

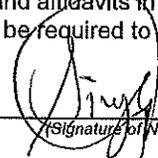
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 18 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.)
- 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.
- 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. BLUE MOUND MART INC. CLASS A BEER & ALCOHOL
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe 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	1525 STATE ST. BLACK EARTH	SINCE 2002	CURRENT
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)

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Vendor # 100003624	Check Date 04/16/2020	Check Number 1217977		
Invoice	Date	Amount	Discount	Paid
M20200415A	04/15/2020	560.00	0.00	560.00
Total		560.00	0.00	560.00

Vendor Number 100003624

Check Number 1217977

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of
 Village of Black Earth Village of
 City of

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-0000287614-03	
FEIN Number 39-1036365	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 400.00
<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	\$ 10.00
TOTAL FEE	\$ 510.00

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Kwik Trip, Inc.	Address of Corporation / Limited Liability Company (if different from licensed premises) P.O. Box 2107, La Crosse, WI 54602
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name Mueller	(First) Shane	(Middle Name) Michael	Home Address (Street, City or Post Office, & Zip Code) 476 Russell St Black Earth <u>Baraboo</u> WI 53913
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name Zietlow	(First) Donald	(Middle Name) Paul	Home Address (Street, City or Post Office, & Zip Code) 2802 Bergamot Pl., Onalaska, WI 54650
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name Wrobel	(First) Jeffrey	(Middle Name) James	Home Address (Street, City or Post Office, & Zip Code) 3633 Bentwood Pl., La Crosse, WI 54601
Directors / Managers Last Name Zietlow	(First) Donald	(Middle Name) Paul	Home Address (Street, City or Post Office, & Zip Code) 2802 Bergamot Pl., Onalaska, WI 54650
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name KWIK TRIP 596 Business Phone Number 608-767-2475

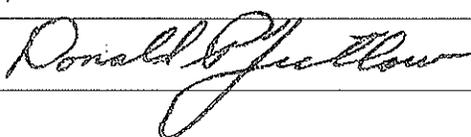
2. Address of Premises 1110 State St Post Office & Zip Code Black Earth 53515

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premise 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.) One-story frame construction with storage in coolers, on sales floor, behind sales counter

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) Zietlow, Donald P.	Title / Member President	Date 4-16-2020
Signature 	Phone Number 608-791-7385	Email Address LicensingDept@kwiktrip.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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 Black Earth County of Dane
 City

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 596
(Trade Name)

located at 1110 State St., Black Earth, WI 53515

appoints Shane M. Mueller
(Name of Appointed Agent)

476 Russell St., Baraboo, WI 53913
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? All my life

Place of residence last year 476 Russell St., Baraboo, WI 53913

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

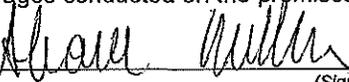
By: 
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Shane M. Mueller, 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.

 4/3/20 Agent's age 33
(Signature of Agent) (Date)

476 Russell St., Baraboo, WI 53913 Date of birth 3/17/1987
(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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #M460-7938-7097-06

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mueller		Shane		Michael	
Home Address (street/route)		Post Office	City	State	Zip Code
476 Russell St.			Baraboo	WI	53913
Home Phone Number			Age	Date of Birth	Place of Birth
608-408-8722			33	3/17/1987	Menomonee Falls, WI

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.
- Agent** of Kwik Trip, Inc.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

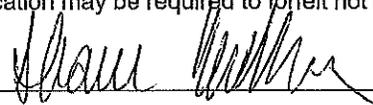
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? All my life
2. 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.)
3. 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.
4. 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. _____
(Name, Location and Type of License/Permit)
5. 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	Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	5/2015	Present
Great Wolf Lodge	1400 Great Wolf Dr., Wisc. Dells, WI	6/2014	4/2015

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)

Shane M. Mueller

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #Z340-1953-4444-01

Individual's Full Name (please print) (last name) Zietlow		(first name) Donald		(middle name) Paul	
Home Address (street/route) 2802 Bergamot Pl.		Post Office Onalaska	City	State WI	Zip Code 54650
Home Phone Number 608-779-0469		Age 85	Date of Birth 12/4/1934	Place of Birth Chaseburg, WI	

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.
- President** of **Kwik Trip, Inc.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

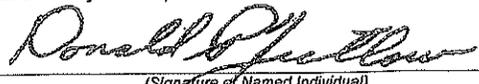
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- 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.)
 Please see reverse.
- 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.
- 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses
in the State of Wisconsin. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe 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
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	9/1/1989	Present
Gateway Foods	La Crosse, WI	1963	1989

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)

Donald P. Zietlow

Donald P. Zietlow Violations Disclosure:

12/5/04 - 34.23(s)(a) Transfer Tobacco to Minor, Dane County, Wisconsin retail store violation, ticket issued to Donald Zietlow as President, no contest, paid \$212.00 penalty;

7/30/06 - 134.66(2)(a) Sales of Tobacco to Minor, Cross Plains, WI. Wisconsin retail store violation, ticket issued to Donald Zietlow as agent, no contest, paid \$217.50 penalty.

6/29/10 - 23.385 2A Sale of Tobacco to Minor, Dane County, Wisconsin retail store violation, ticket issued to Donald Zietlow as agent, no contest, paid \$63.60 penalty.

La Crosse County, WI. Speeding Ticket.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #W614-4306-0256-09

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Wrobel		Jeffrey		James	
Home Address (street/route)		Post Office	City	State	Zip Code
3633 Bentwood Pl.		La Crosse		WI	54601
Home Phone Number		Age	Date of Birth	Place of Birth	
608-787-6596		59	7/16/1960	La Crosse, WI	

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.
- Treasurer of Kwik Trip, Inc.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

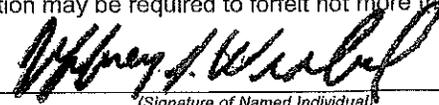
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- 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.)
- 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.
- 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin.
(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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	6/1/88	Present
Rau Corporation	600 Sumner St., La Crosse, WI 54603	1983	1988

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)
 Jeffrey J. Wrobel



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L1042533856

ATTN DEANNA HAFNER
 KWIK TRIP, INC.
 PO BOX 2107
 LA CROSSE WI 54602-2107

Wisconsin Department of Revenue Seller's Permit

Legal/real name: KWIK TRIP, INC.
Business name: KWIK TRIP 596
 1110 STATE ST
 BLACK EARTH WI 53515-9436

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000287614-03

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 }
 Village of }
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number 456-1029525935-02	
FEIN Number 82-5199317	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Macker-Barcker 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)
<u>Helmenstine</u>	<u>Rhea</u>	<u>Ann</u>	<u>410 Williams St Arena 53503</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Rucker</u>	<u>Luice</u>	<u>Henry</u>	<u>410 Williams St Arena 53503</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Rucker</u>	<u>Jacob</u>	<u>Michael</u>	<u>1204 Mills St Black Earth 53515</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Macker-Barcker LLC Business Phone Number 608-813-1083
 2. Address of Premises 1204 Mills St Post Office & Zip Code 53515

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.)

Beer, wine & liquor all stored & served in the dining room. Some stored in the back storage area.

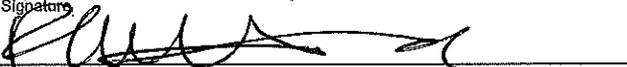
4. Legal description (omit if street address is given above): _____

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? Macker-Barcker LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
all training is done
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Helmenstine Rhca #</u>	Title/Member <u>Owner / Partner</u>	Date <u>4-23-2020</u>
Signature 	Phone Number <u>608-513-6474</u>	Email Address <u>rhelmy1830@yahoo.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number Issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Helmenstine		(first name) Rhea	(middle name) Ann	
Home Address (street/route) 410 Williams St	Post Office	City Arena	State WI	Zip Code 53503
Home Phone Number 608-513-6474	Age 29	Date of Birth 3/31/1991	Place of Birth Madison, WI	

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.
- Owner** of **Macker-Backer LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

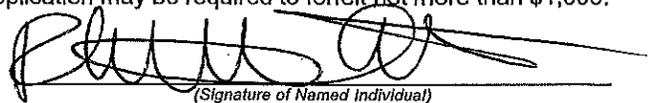
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 11 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.)
- 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.
- 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. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6/30/2020 ending: 6/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Black Earth
 Village of }
 City of }

County of Dane 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>456-1023973919-04</u>	
FEIN Number <u>27 246 4575</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	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Sharon's Enterprises 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>Louis-Beinal</u>	(First) <u>Pamela</u>	(Middle Name) <u>L</u>	Home Address (Street, City or Post Office, & Zip Code) <u>619 Center St Black Earth WI 53515</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Shack Business Phone Number 608-767-3725
 2. Address of Premises 1103 Mills St. Post Office & Zip Code Black Earth WI 53515

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.)
Bar & Beer Garden

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2011 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Louis Beind Pamela L</u>	Title/Member <u>managing member</u>	Date <u>5/12/2020</u>
Signature <u>PLB</u>	Phone Number <u>608.767.3725</u>	Email Address <u>louisbam@yahoo.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Louis - Beindal		Pamela		L	
Home Address (street/route)		Post Office	City	State	Zip Code
119 Centur St.		Bluff	Black Earth	WI	53515
Home Phone Number		Age	Date of Birth	Place of Birth	
608.647.0033		50	02/09/1970	Madison	

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

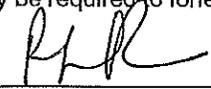
- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Managing Member of Sharon's Enterprises LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or 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? 50 yrs.
- 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.)
2008 DMV1
- 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.
- 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. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-2020 ending: 06-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Black Earth
 Village of }
 City of }

County of Dane 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>456-1030107529-04</u>	
FEIN Number <u>30-1156016</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Black Earth Lanes / Kristen Evans

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)
<u>Evans</u>	<u>Kristen</u>	<u>L</u>	<u>4804 State Rd 78, Black Earth WI 53515</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Black Earth Lanes Business Phone Number 608-767-2382
 2. Address of Premises 1031 Mills Street Post Office & Zip Code Black Earth 53515

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.)

Bar area, coolers, bowling alley,
walk in cooler, basement storage area

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? Black Earth Lanes /
Kristen Evans

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <i>Evans, Kristina L</i>	Title/Member <i>Owner/President</i>	Date <i>5-14-20</i>
Signature <i>Kristina L. Evans</i>	Phone Number <i>608-217-3813</i>	Email Address <i>extraseeing@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Evans		(first name) Kristen		(middle name) L	
Home Address (street/route) 4804 State Rd 78		Post Office	City Black Earth	State WI	Zip Code 53515
Home Phone Number 608-217-3813		Age 51	Date of Birth 12-22-68	Place of Birth Milwaukee, WI	

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.

owner/officer of **Black Earth Lanes 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:

1. How long have you continuously resided in Wisconsin prior to this date? 51 years

2. 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.)

3. 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.

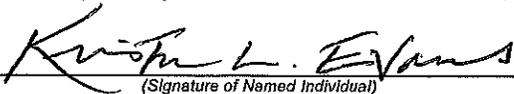
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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 St. Vincent de Paul	Employer's Address 513 W. Verona Ave Verona, WI 53593	Employed From 2017	To 3/2019
Employer's Name WI Heights School District	Employer's Address 10173 US Hwy 14 Mazomanie, WI 53566	Employed From 2015	To 2016

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)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

pd. J
AB

License Number
Period Covered
Date of Issuance

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000287614-03
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kwik Trip, Inc.			Federal Employer Identification No. (FEIN) 39-1036365	
Trade or Business Name (if different than Legal Name) KWIK TRIP 596			Telephone Number 608-791-7385	
Business Address (License Location) 1110 State St		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Black Earth Village of		Business Telephone 608-767-2475
Municipality Black Earth	State WI	Zip Code 53515	County Dane	
Mailing Address (if different than Business Address) P.O. Box 2107		Municipality La Crosse	State WI	Zip Code 54602-2107

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 10/7/1964
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe)

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or sub jobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Attach sheet referencing question number if additional space is needed to answer the questions below.

Section 4

Have you as a sole proprietor, partner(s), limited liability company member(s), or corporate officer(s):

a) Held, or now hold, a permit or certificate issued by the Wisconsin Department of Revenue? Yes No
 If Yes, indicate: Type of permit or certificate _____ Permit or certificate number _____
 Location for which it was issued _____
(street address, city, state, zip code)

b) Been convicted of violating federal or state laws or local ordinances other than traffic violations? Yes No
 If Yes, check type: Federal State Local Ordinances

c) The applicant [sole proprietor, partner(s), limited liability company member(s), or corporate officer(s)]:
 Has been convicted of a misdemeanor, not involving chs. 340 to 349, at least 3 times? Yes No
 Has been convicted of a felony, unless pardoned? Yes No
 Is addicted to the use of a controlled substance or controlled substances under ch. 961? Yes No
 Has income which comes principally from gambling or has been convicted of 2 or more gambling offenses? Yes No
 Has been guilty of crimes relating to prostitution? Yes No
 Has been guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits pursuant to ch. 125? Yes No
 Does not hold a permit under sec. 77.52(9), Wis. Stats., if the applicant is a retailer? Yes No

d) Have you been convicted of a felony? If yes, describe the nature of the felony; if pardoned, give the date and place of the pardon and attach a copy to the application. _____

e) Are charges for any offense presently pending against you (other than traffic unrelated to alcohol beverages)? Yes No
 If Yes, check type: Federal State Local Ordinances
 Describe the status of the pending charges _____

Section 5: Cigarette Applicants ONLY

NOT APPLICABLE

1. Date you will begin selling/receiving cigarettes: 07 / 10 / 2020
month day year

2. Where will you warehouse the cigarettes? Permit Location Other _____
street address, city, state, zip code

3. Will you purchase **only** Wisconsin stamped cigarettes? YES NO If NO, complete questions a, b, and c below.

a. Will you purchase other states' stamped cigarettes? YES NO
 If YES, will you warehouse other states' stamped product at Wisconsin permit location? YES NO
 If NO, explain: _____

b. Will you purchase unstamped (no stamp affixed) cigarettes directly from a manufacturer (including first importer of the cigarettes into the U.S.) for sale into Wisconsin? YES NO
 If YES, list the manufacturers/importers and attach their Letter of Direct Buy (see Section III, Cigarette Distributor).

Manufacturer/Importer Name	Street Address	City	State	Zip Code

c. Do you own and/or lease automated stamp application equipment? YES NO
 If YES, provide the machine manufacturer: _____ Model No. _____
 If NO, explain how the stamps will be affixed: _____

4. List your cigarette suppliers below.

Supplier Name <i>C & O INC.</i>	Street Address <i>PO Box 2348</i>		
City <i>JANESVILLE</i>	State <i>WI</i>	Zip Code <i>53547</i>	Wisconsin Permit Number
Supplier Name	Street Address		
City	State	Zip Code	Wisconsin Permit Number
Supplier Name	Street Address		
City	State	Zip Code	Wisconsin Permit Number
Supplier Name	Street Address		
City	State	Zip Code	Wisconsin Permit Number

5. Do you hold, or have you held within the last three years, a cigarette stamping permit with any other state(s)? YES NO

If YES, list the state and permit/license number and check current status.

<i>State (abbr.)</i>	<i>Permit/License No.</i>	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	<i>State (abbr.)</i>	<i>Permit/License No.</i>	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
_____	_____			_____	_____		
_____	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive

Section 6: Tobacco/Vapor Products Applicants ONLY

- Date you will begin selling/receiving tobacco/vapor products: _____ / _____ / _____
month day year
- Where will you warehouse the tobacco/vapor products? Permit Location Other _____
street address, city, state, zip code
- Will you purchase tobacco/vapor products from: Inside Wisconsin Outside Wisconsin Outside United States
- List names and addresses of your tobacco/vapor products suppliers.

Name	Street Address	City	State	Zip Code

Section 7: Cigarette and Tobacco/Vapor Products Distributors

Distributor's email address (MSA requirement): _____

Contact Person Name: _____ Telephone Number: _____

Declaration (ALL applicants complete this section)

NOTE: If applicant is a **corporation**, the president and secretary must sign. If a **partnership**, two partners must sign.
If a **limited liability company**, two members must sign unless the limited liability company only has one member.

I declare under penalties of law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Signature	Title	Date
Signature	Title	Date

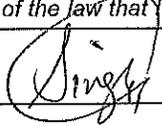
Auxiliary Questionnaire

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. GURMIT SINGH			2. Social Security Number 102-76-1648	3. Date of Birth 11/15/1964
4. Home Address and Phone Number 1714 AUTUMN HILL DR.			5. Legal Name	
6. City VERONA	State WI	Zip 53593	7. Position With Applicant SELF	8. Percent of Stock Held 50%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you ever been convicted of violating federal or state laws or local ordinances other than traffic forfeitures?
If Yes, check type violated → Federal State Local Ordinances
Also provide details of the violation (nature, date, place, court, and disposition): _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date 04/13/2020
-------------------------	--	---------------------------

Auxiliary Questionnaire

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. BALBIR KAUR			2. Social Security Number 069-86-6048	3. Date of Birth 06/01/1970
4. Home Address and Phone Number 1714 AUTUMN HILL DR.			5. Legal Name	
6. City VERONA	State WI	Zip 53593	7. Position With Applicant SELF	8. Percent of Stock Held 50%

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you ever been convicted of violating federal or state laws or local ordinances other than traffic forfeitures?
If Yes, check type violated → Federal State Local Ordinances
Also provide details of the violation (nature, date, place, court, and disposition): _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date
-------------------------	--	------

Appointment of Department of Financial Institutions
for Service of Process
by Nonresident or Foreign Corporation

Sec. 139.34(9), Wis. Stats.

_____, an applicant for a Wisconsin cigarette and/or
(Legal Name of Nonresident Individual, Partnership, Limited Liability Company, or Corporation)

tobacco products permit and a nonresident individual, partnership, limited liability company, or corporation formed under the laws of the State of _____ appoints the Wisconsin Department of Financial Institutions for the service of all summons, notices, pleadings, and processes in any actions brought in the State of Wisconsin and agrees that such service on the Department of Financial Institutions shall have the same effect as if served on the applicant personally. The appointment shall continue as long as any liability remains against the applicant in the State of Wisconsin.

Indicate below the address to which any papers served under this appointment should be mailed:

ATTESTING SIGNATURES:

Dated this _____ of _____, _____
Day Month Year

Individual, Partner, Member, or Corporate Officer

Title

Individual, Partner, Member, or Corporate Officer

Title

This appointment must be signed by the individual, two members of a partnership or limited liability company (unless there is only one member of the limited liability company), or two officers of the corporation.

Send the completed form (in **duplicate**) to: Excise Tax Unit MS 5-107
Wisconsin Department of Revenue
PO Box 8900
Madison WI 53708-8900

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CTP-129: Instructions for Application for Cigarette and Tobacco/Vapor Product Permits

I. INTRODUCTION

This document provides information regarding the following cigarette tobacco and vapor products permits or registrations issued by the department:

- Cigarette Manufacturer
- Cigarette First Importer
- Cigarette Distributor
- Cigarette Jobber
- Cigarette Warehouse
- Cigarette Vending Machine Operator
- Cigarette Multiple Retailer
- Cigarette Direct Marketer
- Cigarette Salesperson
- Tobacco/Vapor Products Manufacturer
- Tobacco/Vapor Products First Importer
- Tobacco/Vapor Products Distributor
- Tobacco/Vapor Products Subjobber

See definitions under Section II to determine the permits you need. **Permits are not transferable to another person or place.** Notify this department immediately when your business has any change to its name, address, or Federal Employer Identification Number (FEIN) or when you cease operating in Wisconsin.

The sale of cigarettes and tobacco products to consumers in Wisconsin requires the seller to hold a valid Wisconsin retail license. The city, village, or town clerk, **not** the Department of Revenue, issues retail licenses.

II. DEFINITIONS

Cigarette Manufacturer – Any person who manufactures cigarettes for sale or the first importer of record of cigarettes into the United States.

Cigarette Distributor – Any person who (1) acquires unstamped cigarettes from the manufacturer, affixes cigarette tax stamps to those cigarette packs or containers, stores the stamped cigarettes, and sells them to other permittees or to retailers for resale, or (2) acquires Wisconsin stamped cigarettes from another permittee for such sales.

Cigarette Jobber – Any person who acquires Wisconsin stamped cigarettes from cigarette distributors, stores them, and sells them to retailers for resale.

Cigarette Warehouse – The premises where a person is lawfully engaged in the business of storing cigarettes for profit, but not including premises where common carriers may temporarily store cigarettes in their possession while in transit in interstate commerce.

Cigarette Vending Machine Operator – A person who acquires Wisconsin stamped cigarettes from cigarette distributors or jobbers, stores them, and sells them through vending machines which he or she owns, operates, or services, and which are located on premises owned or under the control of other persons.

Cigarette Multiple Retailer – A person who acquires Wisconsin stamped cigarettes from cigarette distributors or jobbers, stores them, and sells them to consumers through 10 or more retail outlets which he or she owns and operates within and outside Wisconsin.

Cigarette Direct Marketer – A person who sells cigarettes by direct marketing to consumers in Wisconsin for the consumers own personal use.

Cigarette Salesperson – A person in Wisconsin who solicits orders for or engages in the sale of cigarettes for future delivery. "Peddling" is illegal in Wisconsin.

Tobacco/Vapor Products Manufacturer – Any person who manufactures tobacco/vapor products for sale.

Tobacco/Vapor Products Distributor – Any person:

1. Engaged in the business of selling tobacco/vapor products in Wisconsin who brings, or causes to be brought, into this state from outside Wisconsin any tobacco/vapor products for sale.
2. Who makes, manufactures, or fabricates tobacco/vapor products in Wisconsin for sale in Wisconsin.
3. Engaged in the business of selling tobacco/vapor products outside Wisconsin who ships or transports tobacco/vapor products to retailers in Wisconsin for sale by the retailers.

Tobacco/Vapor Products Subjobber – Any person in Wisconsin who buys tobacco/vapor products only from distributors in Wisconsin with the tobacco/vapor products tax included and sells them to retailers or other permittees. If purchasing tobacco/vapor products from out-of-state, a distributor permit is required.

Tobacco/Vapor Products Salesperson – A person in Wisconsin who solicits orders for or engages in the sale of tobacco/vapor products for future delivery. "Peddling" is illegal in Wisconsin.

III. WHO NEEDS A CIGARETTE OR TOBACCO/VAPOR PRODUCTS PERMIT?

A Wisconsin cigarette and/or tobacco/vapor products permit is required if you will:

1. Manufacture cigarettes or tobacco/vapor products in Wisconsin.
2. Manufacture cigarettes and/or tobacco/vapor products outside Wisconsin for sale and distribution in Wisconsin.
3. Sell cigarettes and/or tobacco/vapor products in Wisconsin as a distributor, jobber, vending machine operator, or multiple retailer.
4. Operate a warehouse in Wisconsin for the storage of cigarettes for another person.
5. Solicit orders for, or engage in the sale of, cigarettes and/or tobacco/vapor products in Wisconsin.
6. Sell cigarettes by direct marketing to consumers in Wisconsin.

If you will be doing business at more than one location, you must obtain a separate permit for each location.

Exception: The cigarette multiple retailer permit is issued only to the headquarters' location and covers all qualified retail locations in Wisconsin.

IV. HOW TO OBTAIN A CIGARETTE AND/OR TOBACCO/VAPOR PRODUCTS PERMIT

Make sure you include all the following information with the application:

1. Fully completed application, Form CTP-129.
2. Salesperson's permit application, Form CTP-134, and \$20 Business Tax Registration fee for each salesperson who solicits orders in Wisconsin.

3. Cigarette distributors - Letter of Direct Buy for each cigarette manufacturer from which you will purchase.
4. Security guaranteeing payment for the cigarette and tobacco products tax.
5. Cigarette vendor applicants - Form CT-124.
6. Cigarette multiple retailer applicants - Form CT-125.

V. SECURITY

The department may require applicants who qualify for a distributor's permit to have security on file before issuing their permit. Security may be in the form of a bond, certificates of deposit, or cash. A permit will not be issued until the security is received, if required.

Cigarette Distributor – New applicants are requested to post a minimum of \$10,000 plus an amount equal to three times their estimated monthly tax stamp purchases. Upon receipt of the security, the department will sell stamps on credit up to one third of that amount.

Tobacco/Vapor Products Distributors – New applicants must post \$3,000 security for tobacco/vapor products tax.

Caution: Distributors who do not timely file the monthly returns and/or timely pay tax due may be required to file security in an amount determined by the department.

VI. LETTERS OF DIRECT BUY

Prior to affixing Wisconsin tax stamps to cigarette packages, distributors must submit to the department for approval a Letter of Direct Buy (LDB) from each manufacturer whose cigarettes they will sell/ship into Wisconsin. No cigarettes may be sold/shipped into Wisconsin without department approval. The LDB must include the following information:

1. Statement from the manufacturer or first importer into the United States of the cigarettes that the distributor is authorized for direct buy and to sell their cigarettes within Wisconsin.
2. Point of origin of the cigarettes.
3. List of brands that can be sold.
4. The manufacturer's cigarette manufacturer and/or importer permit number issued by the federal government.
5. If first importer of record, the name and address of the manufacturer of the cigarettes.
6. Manufacturer's price list.
7. Statement indicating whether or not the manufacturer is a participating member of the Master Settlement Agreement (MSA).

VII. THE CIGARETTE TAX

Cigarettes are rolls of tobacco wrapped in paper or any substance other than tobacco per sec. 139.30(1m), Wis. Stats.

The cigarette tax is paid by cigarette distributors who are required to purchase tax stamps from the department, which are applied to each pack of cigarettes. Stamps are generally purchased on credit and payment is submitted by distributors along with their monthly cigarette tax returns on or before the 15th day after the month in which the stamps are received. Distributors calculate the amount due by adding the net tax (gross tax less stamping discount) to the printing and shipping costs.

Lost or Stolen Stamps – Distributors are liable for the tax and shipping and printing costs on all lost or stolen stamps. All stamp orders are shipped FOB origin from the Wisconsin Department of Revenue to distributors at their permitted business location. The department ships stamps based on the delivery method indicated by the distributor.

VIII. THE TOBACCO PRODUCTS TAX

Tobacco products include cigars, cheroots, plug snuff, chewing tobacco, clippings, and other forms of tobacco prepared in a manner suitable for chewing or smoking in a pipe or otherwise. Tobacco products do not include cigarettes.

The tobacco products tax rate is 71% of the manufacturer's established list price prior to any reductions for volume or other discounts on all tobacco products except moist snuff and cigars. The tax on tobacco products imported from another country is 71% of the amount obtained by adding the manufacturer's list price to the federal tax, duties, and transportation costs to the United States on all tobacco products, except moist snuff and cigars. The moist snuff tax rate is 100% of the manufacturer's established list price prior to any reductions for volume or other discounts.

The tobacco products tax on cigars is the lesser of:

1. 71% of the manufacturer's established list price to distributors (prior to any reduction for volume or other discount); OR
2. \$0.50 per single cigar.

The tobacco products tax is not imposed on nontobacco items (for example, papers, pipes, or lighters) or cigarettes.

The tax is paid by Wisconsin distributors on all tobacco products received from out-of-state. The tax is paid by out-of-state distributors on tobacco products sold to retailers/non-licensed distributors in Wisconsin. Both in-state and out-of-state distributors file a monthly tax return due on or before the 15th day after the month in which the transactions occur.

IX. THE VAPOR PRODUCTS TAX

Vapor product means a noncombustible product that produces vapor or aerosol for inhalation from the application of a heating element, regardless of whether the liquid or other substance contains nicotine, per sec. 139.75(14), Wis. Stats.

Sec. 139.76(1m), Wis. Stats., imposes an excise tax on the sale of vapor products at the rate of 5 cents per milliliter of the liquid or other substance based on the volume listed by the manufacturer and at a proportionate rate for any other quantity or fractional part thereof. Distributors of vapor products are required to file a return showing the quantity and taxable price of milliliters of vapor products brought, shipped or transported into Wisconsin for sale in the state, or vapor products made, manufactured, or fabricated in Wisconsin for sale in the state.

X. PAYMENT OF TAXES

Cigarette and tobacco/vapor products taxes must be paid to the department by Electronic Funds Transfer (EFT) if a distributor's annual cigarette or tobacco/vapor products tax payment is over \$1,000. For information on EFT, go to revenue.wi.gov/eserv/eft2.html.

If paid by check, make check payable to Wisconsin Department of Revenue. Be sure to include your account number on the check.

XI. ASSISTANCE

You can access the department's website 24 hours a day, 7 days a week, at revenue.wi.gov. From this website, you can:

- Access *My Tax Account* (MTA)
- Complete electronic fill-in forms
- Download forms, schedules, instructions, and publications
- View answers to common questions
- Email us for assistance

Physical Address

2135 Rimrock Road
Madison WI 53713

Phone: (608) 266-6701

Fax: (608) 261-7049

Email: DORExciseTaxpayerAssistance@revenue.wi.gov

Mailing Address

Excise Tax Unit MS 5-107
Wisconsin Department of Revenue
PO Box 8900
Madison WI 53708-8900

Dobbie Allen

GOOD



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

X New Applicant ___ Renewal Applicant

af ✓

Name of Applicant: Allen Dobbie M Last name First name MI

Former name(s) used:

Current Address: 922 Center Black Earth WI 53515 Address City State Zip

Previous Address: 315 east main st Waukegan WI 53597 (if applicable) Address City State Zip

Primary Phone No: 608 333 6633 Drivers License Number: AU50-1738-5689-02

Birth Date: 05/24/1985 Birthplace: Irvine, Scotland

Age: 34 Sex: F Race: White Height: 5'2 Hair: Brown Eyes: green

How long have you continuously resided in Wisconsin? 30 years

Place of employment as an Operator? The Shack

How long have you been employed as an Operator? 4 years

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. no

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. no

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. no

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature (Handwritten signature)

Subscribed and sworn to me, on this 12th day of May, 2020.

Administrator/Clerk / Notary Public: (Handwritten signature)

My Commission expires: 2-19-22 FOR OFFICE USE ONLY

Date Received: 5-14-20 Cash: ___ -OR- Check#: ___ Lic.# Issued: ___

**OPERATOR'S LICENSE
2 YEARS - \$40.00**

No: 2018-07

WHEREAS, the local governing body of the Village of Black Earth, County of Dane, Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operators License" to:

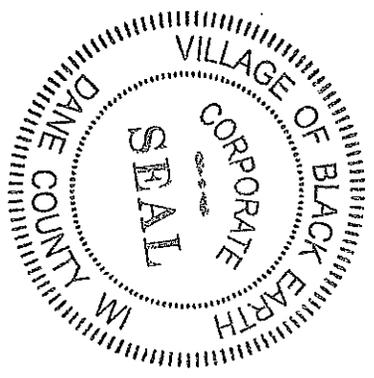
DEBBIE ALLEN

AND WHEREAS, the said applicant has paid to the treasurer the sum of \$40.00 as required by local ordinances and has complied with all the requirements necessary for obtaining a license,

NOW THEREFORE, An "Operators License", pursuant to Sections 125.32 (2) and 125.68 (2) of the Wisconsin Statutes, and local ordinances, is hereby issued to the said applicant.

For the period from for the period from April 5th, 2018 – April 5th, 2020

GIVEN UNDER MY HAND AND THE CORPORATE SEAL OF THE VILLAGE OF BLACK EARTH, COUNTY OF DANE, STATE OF WISCONSIN, ON THIS 5th DAY OF APRIL 2018.





Nicole Kiepper
Deputy Clerk
Village of Black Earth
Reprinted - 3-12-19

(License must be FRAMED and POSTED in a conspicuous place in the room where Fermented Malt Beverages and/or Wine Coolers are drawn or removed for service or sale.)

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Debbie Allen

School Name: 360training.com, Inc.

Date of Completion: 03/13/2018

Certification #: WI-75599

I, 

Certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877/881.2235



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant

X Renewal Applicant

Name of Applicant: WEINBERGER BRANDON JOHN
Last name First name MI

Former name(s) used:

Current Address: 1927 BLUE MOUNDS ST. BLACK EARTH, WI 53515
Address City State Zip

Previous Address: 13 SOUTH JOHN ST. #2 MAZDZMANIE, WI 53560
(if applicable) Address City State Zip

Primary Phone No: 202-206-4400 Drivers License Number: W516-D109-4380-D1

Birth Date: 10/20/84 Birthplace: MADISON, WI

Age: 35 Sex: MALE Race: WHITE Height: 5'10" Hair: BROWN Eyes: BLUE

How long have you continuously resided in Wisconsin? ALL MY LIFE

Place of employment as an Operator? THE SHACK

How long have you been employed as an Operator? 10+ YEARS

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.

NDNE
eb 5-21-20 - Traffic violation convicted 12-2-2019 Covidy

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.

YES, APRIL 2007

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.

NDNE

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Brandon Weinberger 5/18/2022
Applicant Signature

Subscribed and sworn to me, on this day of 20.

Administrator/Clerk / Notary Public: N/A

My Commission expires:

FOR OFFICE USE ONLY

Date Received: Cash: -OR- Check#: Lic.# Issued:

Sauk County Case Number 2019TR011413 State of Wisconsin vs. Brandon John Weinberger

Case summary

Filing date 12-02-2019	Case type Traffic Forfeiture	Case status Closed - Electronic filing	
Defendant date of birth 10-1984	Address 13 S John St # 2, Mazomanie, WI 53560	Branch ID 4	DA case number

Charges

Responsible official Grill, Leo	Prosecuting agency District Attorney	Prosecuting agency attorney	Printable version
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Defendant owes the court: \$0.00

Count no.	Statute	Description	Severity	Disposition
1	346.57(4)(h)	Speeding in 55 MPH Zone (11-15 MPH)	Forf. U	Guilty Due to No Contest Plea

Defendant

Defendant name Weinberger, Brandon John	Date of birth 10-1984	Sex Male	Race Caucasian
Address (last updated 11-28-2019) 13 S John St # 2, Mazomanie, WI 53560	JUSTIS ID	Fingerprint ID	

Citations

Citation BE9059142

Defendant name Weinberger, Brandon John	Date of birth 10-1984	Sex Male	Address (last updated 11-28-2019) 13 S John St # 2, Mazomanie, WI 53560
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Joan Richter

Good

58 ✓



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant

Renewal Applicant

Name of Applicant: Richter Last name Joan First name D MI

Former name(s) used:

Current Address: 1717 Mills St Address Black Earth WI City State 53515 Zip

Previous Address: [scribble] Address City State Zip

Primary Phone No: 608-279-5079 Drivers License Number: R 236-4846-2832-07

Birth Date: 9-12-62 Birthplace: MADISON ST Marys

Age: 57 Sex: F Race: white Height: 5.8 Hair: Brown Eyes: Green

How long have you continuously resided in Wisconsin? 57 year.

Place of employment as an Operator? The Shack

How long have you been employed as an Operator? 8 yr

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. NO

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. NO

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. NO

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Joan Richter
Applicant Signature

Subscribed and sworn to me, on this _____ day of _____, 20____.

Administrator/Clerk / Notary Public: _____

My Commission expires: _____
----- FOR OFFICE USE ONLY -----

Date Received: 5/14/20 Cash: _____ -OR- Check#: 4644 Lic.# Issued: _____

VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00/2 year license Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant

Renewal Applicant

Name of Applicant: Richter Joan D
Last name First name MI

Former name(s) used:

Current Address: 1717 Mills St. Black Earth 5351 J
Address City State Zip

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608 767-2777 Drivers License Number: R236-4846-2832-07

Birth Date: 9-12-62 Birthplace:

Age: 55 Sex: F Race: W Height: 5'6 Hair: Brown Eyes: Green

How long have you continuously resided in Wisconsin? 55 yrs

Place of employment as an Operator? The Shack

How long have you been employed as an Operator? 8 1/2 year

Have you completed the Alcohol Awareness Program? YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.

NO

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.

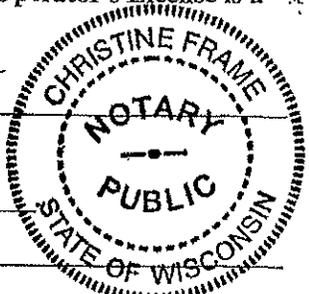
NO

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.

NO

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Joan Richter
Applicant Signature



Subscribed and sworn to me, on this 27th day of April, 2018

Administrator/Clerk / Notary Public: Christina Jam

My Commission expires: 2-8-2022

FOR OFFICE USE ONLY

Date Received: 4/27/18 Cash: -OR- Check#: 1 in # Issued: 2018-10



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

___ New Applicant

___ Renewal Applicant

Good qe ✓

Name of Applicant: Schroeder Lauri A
Last name First name MI

Former name(s) used: N/A

Current Address: 9680 Spring Valley Rd Maromanie Wi 53560
Address City State Zip

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608-767-2878 Drivers License Number: SL36-5216-1930-00

Birth Date: Nov 30 1961 Birthplace: Prairie du Sac Wi (Saul Prairie Hosp)

Age: 58 Sex: f Race: Wh Height: 5ft 3 inches Hair: Red Eyes: blue

How long have you continuously resided in Wisconsin? 58 yrs

Place of employment as an Operator? Kwik Trip # 596

How long have you been employed as an Operator? 4 mos. Plus Prev 2 yrs

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. No -

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. No -

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. No -

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

[Signature]
Applicant Signature

Subscribed and sworn to me, on this 5 day of 5, 20 20.

Administrator/Clerk / Notary Public: _____

My Commission expires: _____
----- FOR OFFICE USE ONLY -----

Date Received: _____ Cash: _____ -OR- Check#: _____ Lic.# Issued: _____

WISCONSIN DEPARTMENT OF TRANSPORTATION
OPERATOR'S LICENSE APPLICATION
Operator's License with Restricted Privileges

New Applicant Renewal Applicant

Name of Applicant Lauri Schroeder
Home Address 9680 Spring Valley Rd Zip Code 53560
Home Phone No. 608-767-2878 Birth date 11/30/61 Birthplace Bank City Wis
Drivers License Number 5636-5216-1930-00
Age 56 Sex F Race Wh Height 5ft Weight 250 Hair red Eyes blue

How long have you continuously resided in Wisconsin? 56 yrs

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? _____

Have you completed the Alcohol Awareness Program? Yes No

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state NONE. none

Have you been convicted of operating a motor vehicle while intoxicated? If yes, explain. none

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain, and give dates. none

Do you have an emotional or mental problem (s)? If yes, explain and give dates. none

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Lauri Schroeder
Applicant Signature

Subscribed and sworn to me, on this 31 day of July, 2018.
Chas L Alvey 11/27/50
Clerk / Notary Public My Commission Expires

OK

Kwik TRIPTM

Certificate of Completion

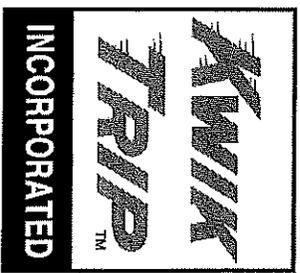
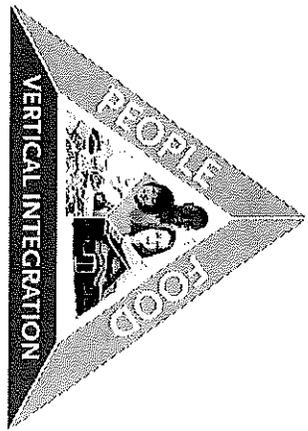
This certifies that

Lauri Schroeder

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 11/1/2017 08:00 AM America/Chicago



Kwik Trip, Inc. - P. O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988 www.kwiktrip.com



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

___ New Applicant

___ Renewal Applicant

Renee'

9/2/20 good

Name of Applicant: Adler Renee C
Last name First name MI

Former name(s) used:

Current Address: 41 Crescent St. Apt. 13 Mazomanie, WI 53560
Address City State Zip

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608-279-9420 Drivers License Number: A346-7239-1949-01

Birth Date: 12/9/1991 Birthplace: Prairie Du Sac, WI

Age: 28 Sex: F Race: White Height: 5'03" Hair: brown Eyes: Green/Brown

How long have you continuously resided in Wisconsin? 28 years

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? 1/2 year

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. none

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. none

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. none

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Renee' Applicant Signature

Subscribed and sworn to me, on this 5th day of May, 2020.

Administrator/Clerk / Notary Public:

My Commission expires: FOR OFFICE USE ONLY

Kwik TRIPTM

Certificate of Completion

This certifies that

Renee' Adler

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 8/8/2019 09:24 AM America/Chicago



Kwik Trip, Inc. - P.O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988

www.kwiktrip.com

Good
of ✓



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board,
the license will be ready within 2 business days.

___ New Applicant ___ Renewal Applicant

Name of Applicant: SUTTER BOBBY J
Last name First name MI

Former name(s) used: _____

Current Address: 1871 Kelly Hill Road Verona WI 53593
Address City State Zip

Previous Address: _____
(if applicable) Address City State Zip

Primary Phone No: (608) 574-5501 Drivers License Number: _____

Birth Date: 6-5-73 Birthplace: Madison

Age: 46 Sex: F Race: W Height: 5'7" Hair: brown Eyes: Hazel

How long have you continuously resided in Wisconsin? 46 years

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? 21 years

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.
no

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.
no

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.
no

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Bobby J Sutter
Applicant Signature

Subscribed and sworn to me, on this 14th day of May, 2020.

Administrator/Clerk / Notary Public: _____

My Commission expires: _____
----- FOR OFFICE USE ONLY -----

OPERATOR'S LICENSE \$45.00

WHEREAS, the local governing body of the Village of Cross Plains, County of Dane, Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

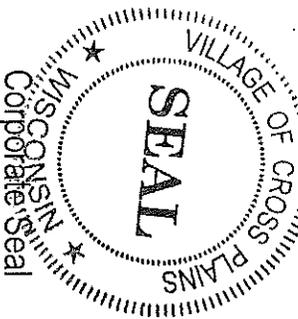
Bobby J. Sutter

AND WHEREAS, the said applicant has paid to the treasurer the sum of \$45.00 as required by local ordinances and has complied with all the requirements necessary for obtaining a license,

NOW THEREFORE, An "Operator's License", pursuant to Sections 125.32 (2) and 125.68 (2) of the Wisconsin Statutes, and local ordinances, is hereby issued to the said applicant.

For the period from July 1, 2019 to June 30, 2020.

GIVEN UNDER MY HAND AND THE CORPORATE SEAL OF THE VILLAGE OF CROSS PLAINS, COUNTY OF DANE, STATE OF WISCONSIN, and THIS 24th DAY OF JUNE, 2019.




Bill Chang
Village of Cross Plains

License must be FRAMED and POSTED in a conspicuous place in the room where Fermented Malt Beverages and/or Wine Coolers are drawn, removed for service or sale.

NICK GOOD



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant Renewal Applicant

2

Name of Applicant: WINKERS NICOLE E
Last name First name MI

Former name(s) used:

Current Address: 10959 US HIGHWAY 14 MAZOMANIE WI 53560
Address City State Zip

Previous Address: (if applicable) Address City State Zip

Primary Phone No: (608) 212 8248 Drivers License Number: W 526-6259-5918-07

Birth Date: 11/18/1995 Birthplace: Madison, WI

Age: 24 Sex: Female Race: White Height: 5'3" Hair: Red Eyes: Brown

How long have you continuously resided in Wisconsin? 24 years

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? 9 months

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.
NO

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.
NO

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.
NO

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature

Subscribed and sworn to me, on this _____ day of _____, 20_____.

Administrator/Clerk / Notary Public: _____

My Commission expires: _____

FOR OFFICE USE ONLY

KWIK TRIPTM

Certificate of Completion

This certifies that

Nicole Winkers

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 8/9/2019 10:05 AM America/Chicago



Kwik Trip, Inc. - P.O. Box 2017 - 1526 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988

www.kwiktrip.com

Angel Good



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant Renewal Applicant

Name of Applicant: Hamand Angela A. Last name First name MI

Former name(s) used:

Current Address: 49 E. Hudson St Wauzeka WI 53560 Address City State Zip

Previous Address: PO Box 14 Address City State Zip

Primary Phone No: (515) 729-3711 Drivers License Number: H553-0018-1849-07

Birth Date: 9-29-81 Birthplace: Chicago

Age: 38 Sex: F Race: Human Height: 4ft-10 Hair: Brown Eyes: Green

How long have you continuously resided in Wisconsin? almost 4 years give or take

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? almost 1 year

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. none

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. none

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. none

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature

Subscribed and sworn to me, on this day of , 20

Administrator/Clerk / Notary Public:

My Commission expires: FOR OFFICE USE ONLY

Kwik TRIPTM

Certificate of Completion

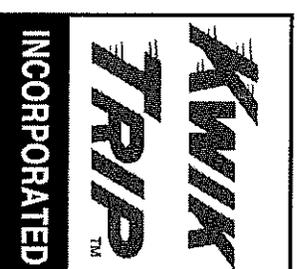
This certifies that

angela hamand

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 5/29/2019 04:48 PM America/Chicago



Kwik Trip, Inc. - P. O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988

www.kwiktrip.com

Adam Good



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant Renewal Applicant

98 ✓

Name of Applicant: Stucki Adam J
Last name First name MI

Former name(s) used:

Current Address: 408 Oak St Arena WI 53503
Address City State Zip

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608-206-1660 Drivers License Number: S320-0108-4329-06

Birth Date: 9-9-84 Birthplace: Madison, WI

Age: 35 Sex: M Race: W Height: 6'5" Hair: Blonde Eyes: Blue

How long have you continuously resided in Wisconsin? 35 years

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? 5 months

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. None

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. None

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. None

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature

Subscribed and sworn to me, on this 4th day of May, 2020.

Administrator/Clerk / Notary Public:

My Commission expires:

FOR OFFICE USE ONLY

KWIK TRIPTM

Certificate of Completion

This certifies that

Adam Stucki

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 12/23/2019 06:49 AM America/Chicago



Kwik Trip, Inc. - P.O. Box 2017 - 1626 Oak Street La Crosse, Wisconsin, 54602-2107

608-781-8988

www.kwiktrip.com

JOSE GOOD

q.v



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

___ New Applicant ___ Renewal Applicant

Name of Applicant: ~~Johanna Killinger~~ ^{Josh Geishirt} Johanna M

Former name(s) used: Last name: Johanna First name: Killinger MI

Current Address: 12 Windflower Ridge Mazomanie WI 53560

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608 576-4308 Drivers License Number: G 263-4336-8752-01

Birth Date: 7-12-68 Birthplace: Ashland WI

Age: 51 Sex: F Race: wh. Height: 5'10 Hair: Blond Eyes: Blue

How long have you continuously resided in Wisconsin? 24 years

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? 5 months

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.

None

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.

None

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.

None

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature

Subscribed and sworn to me, on this ___ day of ___, 20__.

Administrator/Clerk / Notary Public:

My Commission expires: FOR OFFICE USE ONLY

Date Received: Cash: -OR- Check#: Lic.# Issued:

KWIK TRIPTM

Certificate of Completion

This certifies that

Johanna Geishirt

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 10/27/2019 07:44 AM America/Chicago



Kwik Trip, Inc. - P. O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988

www.kwiktrip.com

Destinee Good



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant Renewal Applicant

Name of Applicant: Schmidt Destinee M
Last name First name MI

Former name(s) used: Destinee Schmidt

Current Address: 1100 N Johns Dodgeville Wi 53533
Address City State Zip

Previous Address: 7050 Demby rd Arena Wi 53560
(if applicable) Address City State Zip

Primary Phone No: (608)341-0303 Drivers License Number:

Birth Date: 10/01/99 Birthplace: Madison

Age: 20 Sex: F Race: African Height: 5'9" Hair: Brown Eyes: brown

How long have you continuously resided in Wisconsin? American 20 years

Place of employment as an Operator? Kwik Trip

How long have you been employed as an Operator? 3 years

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.
No

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.
No

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.
No

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature

Subscribed and sworn to me, on this 10 day of May, 20 20.

Administrator/Clerk / Notary Public:

My Commission expires:

FOR OFFICE USE ONLY

Date Received: _____ Cash: _____ -OR- Check#: _____ Lic.# Issued: _____

KWIK TRIP™

Certificate of Completion

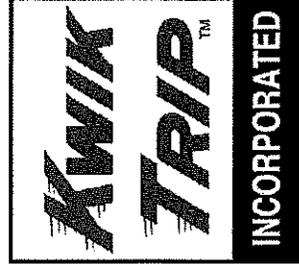
This certifies that

DESTINEE SCHMIDT

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 10/26/2017 07:17 AM America/Chicago



Kwik Trip, Inc. - P.O. Box 2017 - 1626 Oak Street La Crosse Wisconsin 54602-2107

608-781-8988 www.kwiktrip.com

Paulley GOOD
grv

VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

Name of Applicant: Paulley Jacobs New Applicant Renewal Applicant

Former name(s) used: N/A

Current Address: 713 Jefferson St. SACK CITY WI 53583

Previous Address: 1537 Mills BLACK EARTH WI 53515

Primary Phone No: (808) 445-5883 Drivers License Number: PH00-4200-0331-01

Birth Date: 09/11/00 Birthplace: MADISON, WI

Age: 19 Sex: M Race: WHITE Height: 5'10" Hair: BROWN Eyes: BLUE

How long have you continuously resided in Wisconsin? 19 1/2 YEARS

Place of employment as an Operator? Kwik TRIP

How long have you been employed as an Operator? ~ 2 mo.

Have you completed the Alcohol Awareness Program? YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. NONE

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. NONE

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. NONE

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Jacobs Paulley
Applicant Signature

Subscribed and sworn to me, on this 15 day of May, 20 20.

Administrator/Clerk / Notary Public:

My Commission expires:

FOR OFFICE USE ONLY

KWIK TRIP™

Certificate of Completion

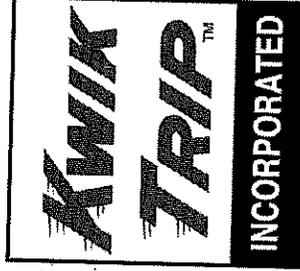
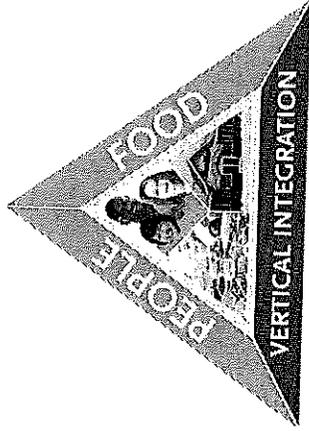
This certifies that

Jacob Pauley

Has successfully completed

Server License Training - Wisconsin

Completed on 4/7/2020 04:45 PM America/Chicago



Kwik Trip, Inc. - P.O. Box 2017 - 1626 Oak Street La Crosse Wisconsin, 54602-2107

608-781-8988

www.kwiktrip.com

GOOD

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VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant

Renewal Applicant

Name of Applicant: Pangli Jagmit Singh
Last name First name MI

Former name(s) used: _____

Current Address: 7325 W. Valley Ridge Drive Madison WI 53719
Address City State Zip

Previous Address: _____
(if applicable) Address City State Zip

Primary Phone No: 608-445-9071 Drivers License Number: P594-4379-0361-00

Birth Date: 10/01/1990 Birthplace: India

Age: 29 Sex: Male Race: Asian Height: 5'6" Hair: Black Eyes: Brown

How long have you continuously resided in Wisconsin? 16 1/2 years

Place of employment as an Operator? PKG Gas Company

How long have you been employed as an Operator? 4

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

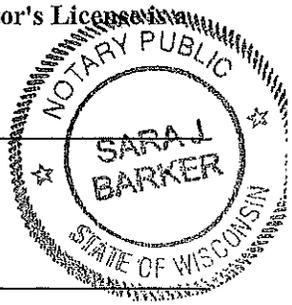
Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.
NO

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.
Yes, 2nd DWI (08/25/2016) + Operating w/o PAC

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism? If yes, please explain and give dates. If not, state None.
NO

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Jagmit Singh
Applicant Signature



Subscribed and sworn to me, on this 17 day of April, 2020.

Administrator/Clerk / Notary Public: [Signature]

My Commission expires: 6/20/23

FOR OFFICE USE ONLY

Good



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant

Renewal Applicant

qlv

Name of Applicant: Helmenstine Rhea A MI

Former name(s) used:

Current Address: 410 Williams St Arena WI 53503

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608-53-6474 Drivers License Number: H455-7219-1611-04

Birth Date: 3/31/1991 Birthplace: Madison WI

Age: 29 Sex: F Race: white Height: 5'5" Hair: Brown Eyes: Blue

How long have you continuously resided in Wisconsin? 29 years

Place of employment as an Operator? Macker-Backer LLC

How long have you been employed as an Operator? 1 1/2 years

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None. None

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None. None

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None. None

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Applicant Signature

Subscribed and sworn to me, on this 23 day of April, 2020.

Administrator/Clerk / Notary Public:

My Commission expires:

FOR OFFICE USE ONLY

Date Received: Cash: -OR- Check#: Lic.# Issued:

GOOD



VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board, the license will be ready within 2 business days.

New Applicant

Renewal Applicant

Name of Applicant: Hering Bonnie L
Last name First name MI

Former name(s) used: Kahl

Current Address: 818 River Ct. Black Earth WI
Address City State Zip 53515

Previous Address: (if applicable) Address City State Zip

Primary Phone No: 608-279-7222 Drivers License Number: H652-0725-7730-00

Birth Date: 6-30-1957 Birthplace: Madison WI

Age: 62 Sex: F Race: W Height: 5 Hair: 155 Eyes: Br.

How long have you continuously resided in Wisconsin? 63 yrs.

Place of employment as an Operator? Black Earth ~~WI~~ Lanes

How long have you been employed as an Operator? 30 yrs.

Have you completed the Alcohol Awareness Program? (Please provide proof of completion) YES NO

Have you been arrested or convicted of a felony or traffic violation within the last three years? If so, give dates or a conviction, penalty imposed, name of court in which convicted and state disposition of charge. If not, state None.
no

Have you been convicted of operating a motor vehicle while intoxicated? If yes, please explain. If not, state None.
no

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism. If yes, please explain and give dates. If not, state None.
no

The undersigned affirms that he/she made complete and true answers to each of the questions and understands that his/her past record will become part of this application, and that the applicant applying for an Operator's License is a Wisconsin Resident.

Bonnie Hering
Applicant Signature

Subscribed and sworn to me, on this _____ day of _____, 20_____.

Administrator/Clerk / Notary Public: _____

My Commission expires: _____

FOR OFFICE USE ONLY

Date Received: _____ Cash: _____ -OR- Check#: _____ Lic.# Issued: _____

ORGANIZATIONAL MEETING

Black Earth Municipal Building, 1210 Mills St.

Tuesday, April 21, 2020, 6:30 p.m.

MINUTES

DUE TO COVID-19, THIS MEETING WILL BE AVAILABLE FOR THE PUBLIC PER OPEN MEETINGS LAW VIA REMOTE ACCESS BY DIALING: 1-855-947-8255 (US TOLL-FREE) WITH PASSCODE: 8986 144#

1. **Call Meeting to Order/Roll Call:** President Esser called the meeting to order at 6:30 p.m. Upon roll call physically present: Esser, Hodson, Kahl, and Wahl; via phone conference: Scott, Coyle, Nick Bubolz from Town and Country and Peter Antony. Also present: Deputy Clerk Gena Levenhagen, Public Works Director Schultz.
2. **Pledge of Allegiance – Recited**
3. **Proof of Posting:** A copy of the notice was delivered to the following on 04/17/2020 faxed to the Star News; posted at the Black Earth Municipal Building and Black Earth Post Office, posted on the Black Earth Web Page (www.blackearthwisconsin.com) and faxed for posting to the State Bank of Cross Plains – Black Earth Branch – Duly Noted
4. **Discussion/Appointments on committees of the Village Board.** Appointment of Trustees to Village of Black Earth Committees: President Esser presented the list of appointments to the Board. *(A full list of assignments is attached to be made part of the minutes).*
5. **Discussion/Action on Amendment to Vanguard contract.** Board discussed the Amendment; several questions arose from the discussion. Any action was tabled until the Board could get answers to their questions.
6. **Any Other Business That May Be Brought before the Board on future agendas.** Discussion/Action on the empty set. The next meeting set 5/5/2020 at 6:30 p.m.
7. **Adjournment of Village Board Meeting** Hodson/Kahl Motioned to adjourn. Approved 7:12 p.m.

Respectfully Submitted,

Gena Levenhagen

Deputy Clerk

Village Board Members: Troy Esser (President), James Coyle, Matt Kahl, Mitch Hodson, Josh Wahl, Mary Scott. One seat vacant Shellie Benish, WCMC Administrator/Clerk/Treasurer

VILLAGE OF BLACK EARTH - VILLAGE BOARD MEETING & PERSONNEL MTG.

Black Earth Municipal Building, 1210 Mills St.

Tuesday, May 5, 2020

6:30 p.m.

MINUTES

1. **Call Village Board meeting to Order/Roll Call.** Esser called meeting to order at 6:34 p.m. Upon roll call present: Kahl, Hodson, Esser, Wahl, Coyle, Scott. Also present: Admin. Benish, PWD Schultz, Officer Matz
2. **Pledge of Allegiance.** Recited.
3. **Proof of Posting:** A copy of the notice was delivered to the following on 05/01/2020 faxed to the Star News; posted at the Black Earth Municipal Building and Black Earth Post Office, posted on the Black Earth Web Page (www.blackearthwisconsin.com) and faxed for posting to the State Bank of Cross Plains – Black Earth Branch. Duly posted
4. **Public Comments.** (No longer than 3 minutes) Peter Antonie asked about Gateway appointment. Troy will be in touch with Peter.
5. **Discussion/Action on Police Activity.** Sergeant Matz presenting. Works second shift and is new. Still learning on Field Supervisor.
 - a. Monthly Stats: March: Citations reviewed. Fraud and check areas higher during Safe at Home.
 - b. Speed Board Data: Numbers can be skewed due to placement. Traffic enforcement not a high priority during Safe at Home. Car thefts are still ongoing. Town and City of Middleton active.
6. **Discussion/Action on Community Park project.** Nick Bubolz presenting via conferencing from Town & Country Engineering. Introduced himself to new board members.
 - a. Pay Request: ABC presented a 4th request. \$117825.94. Discussion on quality of work being done and checking it prior to release of additional funds. It is recommended to pay at this time. *Esser/Wahl motioned to pay this request. Motion passed by majority vote 5 -1.*
 - b. Updates: Scheduled to be done beginning June ahead of scheduled deadline of the 15th. Paving anticipated within the next week. Restoration majority complete, finalize when asphalt complete. Fields are ready for play. Scoreboards are synced, electrical work all up and running. Concession stand continues to be worked on: plumbing, painting, fixtures. Wahl asked about punch list of items and review of work. Does Village get notice to do punch list? Yes. Retainage held until items are complete and warranty.
7. **Discussion/Action on License request from Home Talent:** Operator's License for Renee Bratton. *Esser/Hodson motioned to approve Operator's License for Bratton. Motion passed.*
8. **Discussion/Action on Chicken Licenses requests:** All documents have been presented as requested with no objections from neighbors, plans and building permit application received. *Wahl/Hodson moved to approve both license applications. Motion approved.*
 - a. Caroline Smith: 1124 Madison Street.
 - b. Tyler Munson: 1120 Hubbell Street
9. **Discussion/Action on trustee vacancy position-vacated by Troy Esser to Village President seat in January.** *Hodson/Esser motion to get a list of interested parties and present 2 meetings from now. Motion passes.*
10. **Discussion/Action on Library Board members for 2020.** Library Board will take up at May 19th meeting. Village rep is new. Angie's term was up but it is appointed by School. No action taken.
11. **Discussion/Action on possible Liquor licensing changes due to COVID-19.** Esser discussed the reason of bringing this up because bars are closed and was hoping to extend the time frame however, state law will not allow a time extension. We can adjust fees to minimum/max though. *Kahl/Hodson motioned to adjust fees for Class B Beer and Liquor to the minimum amount allowed by law for 1 year. Esser abstained from vote. Motion passed 5-0*
12. **Discussion/Action on Parks opening.** *Esser/Kahl to keep parks closed until Parks committee or state gives other guidelines. Motion passed.*
13. **Discussion/Action on Court updates.** *Esser/Coyle motioned to move up to item 6. Motion*

approved. Isaiah Crowe, judge present. Recapped history of being elected in 2015, improving effectiveness and efficiencies of the court through software Quick Clerks, training of new clerk and a backup. Looking in to payment options to move with the times. Website updates

14. Discussion/action on Committee Reports:

- a. Vanguard Commission (Esser): May 19 at 6:30 in Black Earth.
 - i. **Discussion/Action on Amendment to Vanguard contract:** *Wahl/Kahl motioned to accept amended agreement as presented with the exception of striking out section 4 language on "Village President designating Village Administrator" and Section 3.1.1. "or the Village Administrator" Send to Vanguard.*
- b. Black Earth Fire District: Hodson reported nothing out of ordinary. Generator done, nothing major. New washer for fire gear not installed yet. Pretty quiet. Doing video meeting tonight.
- c. Dane-Iowa Wastewater Commission (Coyle) Met on April 9th online. Bills approved, did not meet in Feb. No discharge violations in Feb. or March. Short meeting. Relief valves replaced in Mazo. Black Earth next year. Next meeting May 21st.
- d. EMS Committee Report: July 9th next meeting.
- e. Library Committee Report (Coyle): Met on April 21st online. Missed first part due to Organizational meeting. Discussion on using digital resources. Curbside pickup started Monday, May 4th. Next meeting is May 19th at 7 p.m.
 - i. Library Director Report- Carolyn Shaffer: Library has been closed since Gov. Orders. Curbside services allowed with new order. Miles has coordinated efforts to make this work. Staff working at home except student helpers. Video conferencing weekly, statewide, local, etc. Promoting digital resources through social media. Patrons can register digitally online so they don't have to come in. Can be used after re-opening. Passed new by-laws to include infectious diseases. Working with DPI and other entities on recommendations, procedures on sanitation supplies, Plexiglas for service counters, staff training on safe practices. Kirsten revamping children's programs due to restrictions after re-opening, virtual summer program. Performer will be live streamed. Next month will probably have strategic plan to work on as well.
 1. Annual Library Report: Narrative presented for board to read.
- f. Public Works Committee Report: Esser presented. Met on April 20th. I-n-I discussed, Park items
 - i. Public Works Director Report- Brian Schultz: I-n-I bids, Shoe Box sidewalk safety plan, no word back from Steve yet. Truck bids and box, vehicle updates, staffing updates, skeleton crew during COVID, back to full crew, brush chipping, voting shields, East St. work, Cleary-Maple Street clearing, Children's Museum valve leaking-owner to take care of, Update going out this week, next meeting May 18th at 6:30 pm.
- g. Parks Committee Report (Esser) hasn't been a meeting. Next meeting May 20 at 6:30 p.m. Brian to supply a list of items for discussion to Shellie for agenda.
- h. Economic Development Committee Report (Esser) hasn't been a meeting. Scheduled for May 27th at 6 p.m.
- i. Emergency Management Committee (Wahl) Next meeting scheduled for Monday, May 11 at 6 p.m.
- j. Police: New and meeting to be set for Tuesday, May 26

15. Discussion/information/action regarding Village Board minutes of March 30, 2020. *Wahl/Esser to approve as presented. Motion passed.*

16. Discussion/Action Treasurer's Reports February and March 2020. *Esser/Hodson motioned to approve Treasurer's report as presented. Motion passed.*

17. Discussion/action on Invoices to be paid. Questions on legal bills, MG & E. *Esser/Hodson motioned to approve as presented. Motion passed.*

18. **Any Other Business That May Be Brought before the Board on future agendas:** Gateway to Driftless appointment; Shoe Box sidewalk; Engineering firms; Legion discussion; IT Committee establishing.

19. **Meeting Announcements:** Village Board, June 2, 2020 at 6:30 p.m.

20. **Consideration/motion to enter into closed session pursuant to Wis. Stats. 19.85(1) (c)** Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility. (Employee Reviews) **(Roll call vote)** *Coyle/Hodson motioned to enter into Closed session. Upon roll call vote, all ayes Closed session at 8:56 p.m.*

21. **Consideration/motion to arise from closed session.** *Wahl/Hodson to arise from closed session. Approved.*

22. **Consideration/motion on action from closed session.** *Hodson/Esser to act on items as discussed in closed session. 5-1. Motion passed.*

23. **Adjournment of Village Board Meeting.** *Wahl/Hodson motioned to adjourn. Motion passed at 11:04 p.m.*

Respectfully Submitted,



Shellie Benish, WCMC
Administrator/Clerk/Treasurer

Treasurer's Reports

Date: April 30, 2020

Bank Account Reference	Cash Account	Chart of Accounts #	Book Balance	Bank Balance	DIFFERENCE
GENERAL FUND- 00027					
27	General - Cash	100-00-11100-000-131	\$942,644.31	\$729,362.69	
	Debt - Cash	200-00-11100-000-131	\$210,098.00	\$100.00	Outstanding Deposits
	Capital - Cash	400-00-11100-000-131	\$76,883.86	(\$7,338.92)	Outstanding Checks
	TIF - Cash	450-00-11100-000-131	\$0.00		
	Electric	460-00-11100-000-131	(\$312,911.23)		
	Water	500-00-11100-000-131	(\$311,993.18)		
	Sewer	600-00-11100-000-131	\$15,094.20		
	MONEY MARKET-tax cash acct.	700-00-11100-000-131	\$102,307.81		
	TOTALS	200-00-11110-000-131	\$76,933.60	\$76,933.60	
			\$799,057.37	\$799,057.37	\$0.00

VILLAGE CHECK BOOK

813107 Local Government Investment Pool					
General	100-00-11901-000-000	\$257,241.35	\$700,859.01		
TIF	460-00-11901-000-000	\$0.00			
TAX	200-00-11901-000-000	\$443,617.66			
Electric	500-00-11902-000-000	\$0.00	\$0.00		
Park	100-00-11905-000-000	\$135,179.68	\$135,179.68		
Beatty Cemetery	100-00-11800-000-131	\$2,262.55	\$2,262.55		
44645 Municipal Court					
	100-00-11004-000-000	\$29,622.86	\$29,622.86		
		\$29,622.86	\$29,622.86		\$0.00 Outstanding Checks
353 Public Library					
	300-00-11100-100-131	\$64,568.04	\$65,491.12		
		\$64,568.04	-\$923.08		Outstanding Checks
			\$64,568.04		\$0.00
Library CD					
	300-00-11402-000-000	\$157,947.26	\$157,947.26		
		\$1,090,439.40	\$1,090,439.40		\$0.00

Village Bills Paid by ACH-MAY 2020

Customer	Amount
US Cellular	\$107.48
MG & E	
1210 Mills St.	\$92.45
1221 Park St.	\$48.70
712 Blue Mounds St.	\$146.74
1401 Hillside - Well	\$55.91
TOTAL MG&E	\$343.80
Health Insurance	\$9,751.72
Black Earth Utilities	\$12,938.52
PSN-Credit Card	\$49.95
Payroll	\$15,609.76 1 payroll
TOTALS	\$38,801.23

Vendor	Vendor Name	GL Account and Title	Invoice Number	Description	Net Invoice Amount
ABT MAILCOM					
1334	ABT MAILCOM	100-10-51400-350-000 CLERK P	36327	MONTHLY UTILITY BILLING - MARCH	152.60
1334	ABT MAILCOM	500-36-53760-350-921 POSTAG	36327	MONTHLY UTILITY BILLING - MARCH	152.59
1334	ABT MAILCOM	600-37-53860-350-921 POSTAG	36327	MONTHLY UTILITY BILLING - MARCH	152.59
1334	ABT MAILCOM	100-10-51400-352-000 CLERK P	36327	MONTHLY UTILITY BILLING MARCH	152.59
1334	ABT MAILCOM	700-38-53960-350-921 POSTAG	36327	MONTHLY UTILITY BILLING - SEWER	152.59
Total ABT MAILCOM:					762.96
AFLAC					
1008	AFLAC	100-00-21540-000-000 AFLAC -	766826	MONTHLY PREMIUM INVOICE	244.70
Total AFLAC:					244.70
ALLIANT ENERGY RESOURCES					
1007	ALLIANT ENERGY RESOURCES	500-36-53700-308-545 ELECTRI	05272020	MONTHLY INVOICE	76,420.93
Total ALLIANT ENERGY RESOURCES:					76,420.93
ASSOCIATED APPRAISAL CONSULTANTS					
1013	ASSOCIATED APPRAISAL CON	100-10-51510-206-000 ASSESS	147521	PROFESSIONAL SERVICES	486.48
1013	ASSOCIATED APPRAISAL CON	100-10-51510-206-000 ASSESS	148522	PROFESSIONAL SERVICES	486.48
Total ASSOCIATED APPRAISAL CONSULTANTS:					972.96
AXLEY BRYNELSON. LLP					
1017	AXLEY BRYNELSON. LLP	100-10-51300-224-000 VILLAGE	805179 B	SMALL CELL CITE ORDINANCE WORK	92.50
Total AXLEY BRYNELSON. LLP:					92.50
BOARDMAN & CLARK LLP					
1043	BOARDMAN & CLARK LLP	100-50-55110-224-000 LIBRARY-	219569	LIBRARY- EMAILS, CALLS, LETTERS.	666.50
Total BOARDMAN & CLARK LLP:					666.50
CENEX FLEET FUELING					
1057	CENEX FLEET FUELING	100-20-52100-312-000 POLICE	195229CL	MONTHLY POLICE GAS EXPENSES	182.62
Total CENEX FLEET FUELING:					182.62
COMPLIANCE SERVICES INC.					
1069	COMPLIANCE SERVICES INC.	100-30-53100-346-000 PUBLIC	37873	DRUG TESTING-SCHULTZ	79.00
Total COMPLIANCE SERVICES INC.:					79.00
DANE CO. CLERK					
1080	DANE CO. CLERK	100-10-51410-346-000 ELECTIO	202001	CODING/ BALLOTS FOR APRIL 2020 ELECTION	383.18
Total DANE CO. CLERK:					383.18
DANE CO. DIST 1 EMS					
1082	DANE CO. DIST 1 EMS	100-20-52300-214-000 EMS DIS	00000	TAX LEVY	3,440.85
Total DANE CO. DIST 1 EMS:					3,440.85
DANE CO. TREASURER					
1088	DANE CO. TREASURER	100-20-52100-210-000 POLICE	37843	MONTHLY CONTRACT PP 9 & 10, 2019	20,311.23

Vendor	Vendor Name	GL Account and Title	Invoice Number	Description	Net Invoice Amount
Total DANE CO. TREASURER:					20,311.23
DANE IOWA WASTEWATER COMMISSION					
1090	DANE IOWA WASTEWATER CO	700-38-53920-238-000 TREATM	2424	MONTHLY INVOICE	3,120.27
Total DANE IOWA WASTEWATER COMMISSION:					3,120.27
JANI KING					
1146	JANI KING	100-10-51400-222-000 CLERK J	06200027	MONTHLY CONTRACT BILLING	60.00
1146	JANI KING	500-36-53760-222-930 CLEANIN	06200027	MONTHLY CONTRACT BILLING-ELEC	60.00
1146	JANI KING	100-50-55110-377-000 LIBRARY	06200027	MONTHLY CONTRACT BILLING-LIB	60.00
1146	JANI KING	700-38-53960-222-930 CLEANIN	06200027	MONTHLY CONTRACT BILLING-SEWER	60.00
1146	JANI KING	600-37-53860-222-930 CLEANIN	06200027	MONTHLY CONTRACT BILLING-WATER	60.00
Total JANI KING:					300.00
KLINZING, DEBRA					
10154	KLINZING, DEBRA	500-00-13000-000-142 ACCOUN	REFUND-OVE	DUPLICATE PAYMENT REFUND	43.93
10154	KLINZING, DEBRA	600-00-13000-000-142 ACCOUN	REFUND-OVE	DUPLICATE PAYMENT REFUND	13.48
10154	KLINZING, DEBRA	700-00-13000-000-142 ACCT RE	REFUND-OVE	DUPLICATE PAYMENT REFUND	34.50
10154	KLINZING, DEBRA	100-00-13000-000-000 ACCOUN	REFUND-OVE	DUPLICATE PAYMENT REFUND	5.71
Total KLINZING, DEBRA:					97.62
MADISON NATIONAL LIFE INSURANCE CO INC					
1180	MADISON NATIONAL LIFE INSU	100-00-21535-000-000 LONG TE	JUNE 2020	MONTHLY PREMIUM-BENISH	23.53
1180	MADISON NATIONAL LIFE INSU	100-30-53100-137-000 PUBLIC	JUNE 2020	MONTHLY PREMIUM-DANZ	19.32
1180	MADISON NATIONAL LIFE INSU	100-30-53100-137-000 PUBLIC	JUNE 2020	MONTHLY PREMIUM-SCHULTZ	18.63
1180	MADISON NATIONAL LIFE INSU	100-30-53100-137-000 PUBLIC	JUNE 2020	MONTHLY PREMIUM-SHAFFER	17.52
Total MADISON NATIONAL LIFE INSURANCE CO INC:					79.00
MCFARLANES					
1190	MCFARLANES	100-30-53313-368-000 VEHICLE	TO83609	MOWER TIRE REPAIR	100.65
Total MCFARLANES:					100.65
MICROMARKETING					
1195	MICROMARKETING	100-50-55110-316-000 LIBRARY	MULTIPLES	AUDIO VIDEO	926.82
Total MICROMARKETING:					926.82
NEWS PUBLISHING COMPANY INC. OF MT.HOREB					
1209	NEWS PUBLISHING COMPANY I	100-10-51400-352-000 CLERK P	APRIL 2020	Minutes4/30, BOR 4/30	222.82
1209	NEWS PUBLISHING COMPANY I	500-36-53760-352-921 PRINT &	APRIL 2020	Minutes4/30, BOR 4/30	222.82
1209	NEWS PUBLISHING COMPANY I	600-37-53860-352-921 PRINT &	APRIL 2020	Minutes4/30, BOR 4/30	222.83
1209	NEWS PUBLISHING COMPANY I	700-38-53960-352-921 PRINT &	APRIL 2020	Minutes4/30, BOR 4/30	222.83
Total NEWS PUBLISHING COMPANY INC. OF MT.HOREB:					891.30
PREMIER COOPERATIVE					
1230	PREMIER COOPERATIVE	100-30-53200-320-000 ALL PW	APRIL 2020	MONTHLY PW GAS EXPENSE	1,159.63
Total PREMIER COOPERATIVE:					1,159.63

Vendor	Vendor Name	GL Account and Title	Invoice Number	Description	Net Invoice Amount
QUILL CORPORATION					
1236	QUILL CORPORATION	100-10-51110-344-000 VILLAGE	67178998	NAME PLATES	33.58
1236	QUILL CORPORATION	100-10-51400-362-000 CLERK O	6775488	PAPER PRODUCTS/PENS/TAPE/WITEOUT/BAT	85.35
1236	QUILL CORPORATION	100-30-53100-346-000 PUBLIC	6775488	PAPER PRODUCTS/PENS/TAPE/WITEOUT/BAT	85.35
1236	QUILL CORPORATION	500-36-53760-362-930 OFFICE	6775488	PAPER PRODUCTS/PENS/TAPE/WITEOUT/BAT	85.35
1236	QUILL CORPORATION	600-37-53860-362-930 OFFICE	6775488	PAPER PRODUCTS/PENS/TAPE/WITEOUT/BAT	85.35
1236	QUILL CORPORATION	700-38-53960-362-930 GENERA	6775488	PAPER PRODUCTS/PENS/TAPE/WITEOUT/BAT	85.35
1236	QUILL CORPORATION	100-10-51400-362-000 CLERK O	6776200	TOILET TISSUE	12.79
1236	QUILL CORPORATION	100-30-53100-346-000 PUBLIC	6776200	TOILET TISSUE	12.79
1236	QUILL CORPORATION	500-36-53760-362-930 OFFICE	6776200	TOILET TISSUE	12.79
1236	QUILL CORPORATION	600-37-53860-362-930 OFFICE	6776200	TOILET TISSUE	12.79
1236	QUILL CORPORATION	700-38-53960-362-930 GENERA	6776200	TOILET TISSUE	12.80
1236	QUILL CORPORATION	100-10-51400-362-000 CLERK O	6854280	Quill plus plan	14.00
1236	QUILL CORPORATION	100-30-53100-346-000 PUBLIC	6854280	Quill plus plan	14.00
1236	QUILL CORPORATION	500-36-53760-362-930 OFFICE	6854280	Quill plus plan	14.00
1236	QUILL CORPORATION	600-37-53860-362-930 OFFICE	6854280	Quill plus plan	14.00
1236	QUILL CORPORATION	700-38-53960-362-930 GENERA	6854280	Quill plus plan	13.99
1236	QUILL CORPORATION	100-10-51400-362-000 CLERK O	MULTI INVOIC	381415,4392503,4395293,767278	19.32
1236	QUILL CORPORATION	100-30-53100-346-000 PUBLIC	MULTI INVOIC	381415,4392503,4395293,767278	19.32
1236	QUILL CORPORATION	500-36-53760-362-930 OFFICE	MULTI INVOIC	381415,4392503,4395293,767278	19.32
1236	QUILL CORPORATION	600-37-53860-362-930 OFFICE	MULTI INVOIC	381415,4392503,4395293,767278	19.32
1236	QUILL CORPORATION	700-38-53960-362-930 GENERA	MULTI INVOIC	381415,4392503,4395293,767278	19.33
Total QUILL CORPORATION:					690.89
RACE DAY EVENTS					
1344	RACE DAY EVENTS	100-00-44130-000-000 AMUSEM	8982	Refund due to Cancellation	20.00
1344	RACE DAY EVENTS	100-00-46710-000-000 PARK FE	8982	Refund due to Cancellation	230.00
Total RACE DAY EVENTS:					250.00
ROBERTSON, MARC					
1395	ROBERTSON, MARC	100-50-55110-344-000 LIBRARY	MAY 2020	SNEEZEGUARDS	20.97
Total ROBERTSON, MARC:					20.97
ROGERS, KIRSTEN					
10082	ROGERS, KIRSTEN	100-50-55110-340-000 LIBRARY	5212020	SUMMER PROGRAM ITEMS	116.37
Total ROGERS, KIRSTEN:					116.37
TOWN & COUNTRY ENGINEERING INC.					
1269	TOWN & COUNTRY ENGINEERI	100-30-53100-216-000 ENGINE	21583	COMMUNITY PARK RECONSTRUCTION	57,851.34
1269	TOWN & COUNTRY ENGINEERI	500-36-53760-360-930 SOFTWA	21584	ArcGIS software	496.67
1269	TOWN & COUNTRY ENGINEERI	600-37-53860-360-930 SOFTWA	21584	ArcGIS software	496.67
1269	TOWN & COUNTRY ENGINEERI	700-38-53960-360-930 SOFTWA	21584	ArcGIS software	496.66
Total TOWN & COUNTRY ENGINEERING INC.:					59,341.34
TOWN & COUNTRY SANITATION INC.					
1270	TOWN & COUNTRY SANITATIO	100-30-53635-234-000 RECYCLI	JUNE	MONTHLY INVOICE RECYCLING	1,647.00
1270	TOWN & COUNTRY SANITATIO	100-30-53620-234-000 REFUSE	JUNE	MONTHLY INVOICE REFUSE	4,117.50
1270	TOWN & COUNTRY SANITATIO	100-30-53620-234-000 REFUSE	JUNE	MONTHLY INVOICE REFUSE	.00
Total TOWN & COUNTRY SANITATION INC.:					5,764.50

Vendor	Vendor Name	GL Account and Title	Invoice Number	Description	Net Invoice Amount
VANGUARD ELECTRIC COMMISSION					
1283	VANGUARD ELECTRIC COMMIS	500-00-18010-000-107 CONSTR	147	CONSTRUTION WORK IN PROGRESS	1,870.19
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-560 CONTRA	147	OPERATION SUPERVISION	4,181.12
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-572 CONTRA	147	MAINTENANCE OF LINES	1,927.79
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-573 CONTRA	147	MAINTENANCE OF LINE TRANSFORMERS	1,702.50-
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-574 CONTRA	147	MAINTENANCE OF STREET LIGHTS	9.87
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-575 CONTRA	147	ADMIN SALARIES	1,280.00
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-923 CONTRA	147	OTHER EXPENSES	8,543.88
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-560 CONTRA	147	MAINTENANCE OF GENERAL PLANT	10,321.45
1283	VANGUARD ELECTRIC COMMIS	500-36-53700-236-576 CONTRA	147	VILLAGE MAINTENANCE	2,220.04
Total VANGUARD ELECTRIC COMMISSION:					28,651.84
VILLAGE OF CROSS PLAINS					
1289	VILLAGE OF CROSS PLAINS	100-30-53311-310-000 ST MAIN.	1365	STREET SWEEPING	866.76
Total VILLAGE OF CROSS PLAINS:					866.76
VISA-STATE BANK OF CROSS PLAINS					
1291	VISA-STATE BANK OF CROSS P	100-10-51110-344-000 VILLAGE	MAY 4176	FLOWERS BOARD TO SHELLIE	128.69
1291	VISA-STATE BANK OF CROSS P	100-30-53313-342-000 SHOP/E	MAY 9013	FLOOR JACK FOR SHOP	200.44
Total VISA-STATE BANK OF CROSS PLAINS:					329.13
WEGNER CPA'S LLP-MADISON					
1297	WEGNER CPA'S LLP-MADISON	100-10-51530-204-000 AUDITOR	1605060	2019 AUDIT & REPORT PROGRESS BILLING	1,750.00
1297	WEGNER CPA'S LLP-MADISON	500-36-51530-204-923 AUDITOR	1605060	2019 AUDIT & REPORT PROGRESS BILLING	1,750.00
1297	WEGNER CPA'S LLP-MADISON	600-37-51530-204-923 AUDITOR	1605060	2019 AUDIT & REPORT PROGRESS BILLING	1,750.00
1297	WEGNER CPA'S LLP-MADISON	700-38-51530-204-923 AUDITOR	1605060	2019 AUDIT & REPORT PROGRESS BILLING	1,750.00
Total WEGNER CPA'S LLP-MADISON:					7,000.00
WILS					
1303	WILS	100-50-55110-319-000 LIBRARY	491852	LIBRARY DATABASES 2020	89.98
Total WILS:					89.98
WISCONSIN DEPT. OF ADMINISTRATION					
1307	WISCONSIN DEPT. OF ADMINIS	500-00-26300-240-253 PUBLIC	505000004746	PUBLIC BENEFITS FEEES Q3	2,416.46
Total WISCONSIN DEPT. OF ADMINISTRATION:					2,416.46
WISCONSIN DNR					
1309	WISCONSIN DNR	600-37-53860-378-930 MEMBER	WU89340	WATER USE FEES 2020	125.00
Total WISCONSIN DNR:					125.00
WOLF PAVING & EXCAVATING					
1330	WOLF PAVING & EXCAVATING	100-30-53311-346-000 STREET	68608	COLD MIX INVOICE#66608 1.12 TON OF COLD	129.86
Total WOLF PAVING & EXCAVATING:					129.86
Grand Totals:					216,025.82

Report Criteria:

Net account summary included
 Grand totals included

Employee Number	Payee	Reference Number	Check Number	Pay Period M	End Date	Check Issue Date	Net						
2	BENISH, SHELLIE	1	2386		05/24/2020	05/27/2020	1,848.47-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-01	REGULAR WA	5.50	32.8325	180.41		100-10-51500-100-000	1-01	REGULAR WA	6.28	32.8325	206.19		100-10-51400-100-000
1-01	REGULAR WA	13.35	32.8325	438.15		700-38-53960-100-920	1-01	REGULAR WA	14.13	32.8325	463.92		500-36-53740-100-920
1-01	REGULAR WA	19.63	32.8325	644.34		100-30-53100-100-000	1-01	REGULAR WA	19.61	32.8325	644.34		600-37-53860-100-920
13-00	FLEX BENEFIT	.11	32.8325	3.45		100-10-51500-100-000	13-00	FLEX BENEFIT	.12	32.8325	3.94		100-10-51400-100-000
13-00	FLEX BENEFIT	.26	32.8325	8.37		700-38-53960-100-920	13-00	FLEX BENEFIT	.27	32.8325	8.87		500-36-53740-100-920
13-00	FLEX BENEFIT	.38	32.8325	12.31		100-30-53100-100-000	13-00	FLEX BENEFIT	.36	32.8325	12.31		600-37-53860-100-920
42-01	AFLAC PRE TA	.00	.0000	24.24-		100-00-21540-000-000	43-01	HEALTH INSUR	.00	.0000	96.82-		100-00-21531-000-000
50-01	GENERAL Empl	.00	.0000	177.30-		100-00-21521-000-000	74-00	SOCIAL SECU	.00	.0000	161.35-		100-00-21511-000-000
75-00	MEDICARE	.00	.0000	37.73-		100-00-21511-000-000	76-00	FEDERAL WIT	.00	.0000	143.35-		100-00-21512-000-000
77-00	STATE WITHH	.00	.0000	137.34-		100-00-21513-000-000	86-00	DIRECT DEPO	.00	.0000	1,848.47-	D	999-00-10000-000-000
8	DANZ, ANTHONY	2	2387		05/24/2020	05/27/2020	1,435.04-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-01	REGULAR WA	2.16	26.9500	58.21		100-30-53441-100-000	1-01	REGULAR WA	11.52	26.9500	310.46		700-38-53940-100-900
1-01	REGULAR WA	12.24	26.9500	329.87		500-36-53740-100-901	1-01	REGULAR WA	15.12	26.9500	407.48		600-37-53840-100-900
1-01	REGULAR WA	30.96	26.9500	834.38		100-30-53100-100-000	5-00	SICK PAY	.24	26.9500	6.47		100-30-53441-100-000
5-00	SICK PAY	1.28	26.9500	34.50		700-38-53940-100-900	5-00	SICK PAY	1.36	26.9500	36.65		500-36-53740-100-901
5-00	SICK PAY	1.68	26.9500	45.28		600-37-53840-100-900	5-00	SICK PAY	3.44	26.9500	92.70		100-30-53100-100-000
41-00	DEFERRED CO	.00	.0000	35.00-		100-00-21538-000-000	43-01	HEALTH INSUR	.00	.0000	96.82-		100-00-21531-000-000
46-00	LIFE INSURAN	.00	.0000	3.74-		100-00-21532-000-000	50-01	GENERAL Empl	.00	.0000	145.53-		100-00-21521-000-000
74-00	SOCIAL SECU	.00	.0000	133.67-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	31.26-		100-00-21511-000-000
76-00	FEDERAL WIT	.00	.0000	166.94-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	108.00-		100-00-21513-000-000
86-00	DIRECT DEPO	.00	.0000	1,435.04-	D	999-00-10000-000-000							
52	FOSSHAGE, PAUL	15	45000		05/24/2020	05/27/2020	479.55-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-02	REGULAR PAR	43.00	14.0000	602.00		100-30-53100-100-000	74-00	SOCIAL SECU	.00	.0000	37.32-		100-00-21511-000-000
75-00	MEDICARE	.00	.0000	8.73-		100-00-21511-000-000	76-00	FEDERAL WIT	.00	.0000	64.43-		100-00-21512-000-000
77-00	STATE WITHH	.00	.0000	11.97-		100-00-21513-000-000	85-00	NET PAY	.00	.0000	479.55-		999-00-10000-000-000
50	GOSSELIN, JEANNE	13	2388		05/24/2020	05/27/2020	475.25-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-02	REGULAR PAR	.43	13.5200	5.78		100-10-51400-100-000	1-02	REGULAR PAR	14.11	13.5200	190.73		500-36-53740-100-920
1-02	REGULAR PAR	14.11	13.5200	190.73		600-37-53860-100-920	1-02	REGULAR PAR	14.10	13.5200	190.74		700-38-53960-100-920
74-00	SOCIAL SECU	.00	.0000	35.83-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	8.38-		100-00-21511-000-000
76-00	FEDERAL WIT	.00	.0000	44.22-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	14.30-		100-00-21513-000-000
86-00	DIRECT DEPO	.00	.0000	475.25-	D	999-00-10000-000-000							

Employee Number	Payee	Reference Number	Check Number	M	Pay Period End Date	Check Issue Date	Net							
42	HOLCOMB, RILEY	10	2389		05/24/2020	05/27/2020	33.25-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
1-02	REGULAR PAR	4.00	9.0000	36.00		100-50-55110-115-000	74-00	SOCIAL SECU	.00	.0000	2.23-		100-00-21511-000-000	
75-00	MEDICARE	.00	.0000	0.52-		100-00-21511-000-000	86-00	DIRECT DEPO	.00	.0000	33.25-	D	999-00-10000-000-000	
51	LEVENHAGEN, GENA	14	2390		05/24/2020	05/27/2020	979.75-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
1-01	REGULAR WA	20.00	18.0000	360.00		100-10-51400-100-000	1-01	REGULAR WA	20.00	18.0000	360.00		500-36-53740-100-920	
1-01	REGULAR WA	20.00	18.0000	360.00		600-37-53860-100-920	1-01	REGULAR WA	20.00	18.0000	360.00		700-38-53960-100-920	
42-01	AFLAC PRE TA	.00	.0000	15.90-		100-00-21540-000-000	42-02	AFLAC AFTER	.00	.0000	24.84-		100-00-21540-000-000	
43-01	HEALTH INSUR	.00	.0000	98.82-		100-00-21531-000-000	50-01	GENERAL Empl	.00	.0000	97.20-		100-00-21521-000-000	
74-00	SOCIAL SECU	.00	.0000	88.29-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	20.65-		100-00-21511-000-000	
76-00	FEDERAL WIT	.00	.0000	54.61-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	61.94-		100-00-21513-000-000	
86-00	DIRECT DEPO	.00	.0000	979.75-	D	999-00-10000-000-000								
43	LYNCH, RILEY	11	2391		05/24/2020	05/27/2020	33.25-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
1-02	REGULAR PAR	4.00	9.0000	36.00		100-50-55110-115-000	74-00	SOCIAL SECU	.00	.0000	2.23-		100-00-21511-000-000	
75-00	MEDICARE	.00	.0000	0.52-		100-00-21511-000-000	86-00	DIRECT DEPO	.00	.0000	33.25-	D	999-00-10000-000-000	
54	MESSER, ELI	16	45001		05/24/2020	05/27/2020	30.47-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
1-02	REGULAR PAR	4.00	8.2500	33.00		100-50-55110-115-000	74-00	SOCIAL SECU	.00	.0000	2.05-		100-00-21511-000-000	
75-00	MEDICARE	.00	.0000	0.48-		100-00-21511-000-000	85-00	NET PAY	.00	.0000	30.47-		999-00-10000-000-000	
22	ROGERS, KIRSTEN	3	2392		05/24/2020	05/27/2020	636.43-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
1-02	REGULAR PAR	48.00	19.2500	924.00		100-50-55110-115-000	41-00	DEFERRED CO	.00	.0000	40.00-		100-00-21538-000-000	
42-02	AFLAC AFTER	.00	.0000	11.04-		100-00-21540-000-000	46-00	LIFE INSURAN	.00	.0000	0.96-		100-00-21532-000-000	
50-01	GENERAL Empl	.00	.0000	62.37-		100-00-21521-000-000	74-00	SOCIAL SECU	.00	.0000	57.29-		100-00-21511-000-000	
75-00	MEDICARE	.00	.0000	13.40-		100-00-21511-000-000	76-00	FEDERAL WIT	.00	.0000	73.46-		100-00-21512-000-000	
77-00	STATE WITHH	.00	.0000	29.05-		100-00-21513-000-000	86-00	DIRECT DEPO	.00	.0000	636.43-	D	999-00-10000-000-000	

Employee Number	Payee	Reference Number	Check Number	Pay Period M	End Date	Check Issue Date	Net						
23	SCHMIDT, SCOTT	4	2393		05/24/2020	05/27/2020	1,121.46-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-01	REGULAR WA	2.27	20.3900	46.18		100-50-55200-100-000	1-01	REGULAR WA	12.08	20.3900	246.31		700-38-53940-100-901
1-01	REGULAR WA	12.84	20.3900	261.71		500-36-53740-100-901	1-01	REGULAR WA	15.86	20.3900	323.28		600-37-53840-100-901
1-01	REGULAR WA	32.45	20.3900	661.97		100-30-53100-100-000	4-00	VACATION PAY	.11	20.3900	2.14		100-50-55200-100-000
4-00	VACATION PAY	.56	20.3900	11.42		700-38-53940-100-901	4-00	VACATION PAY	.60	20.3900	12.13		500-36-53740-100-901
4-00	VACATION PAY	.74	20.3900	14.99		600-37-53840-100-901	4-00	VACATION PAY	1.49	20.3900	30.69		100-30-53100-100-000
5-00	SICK PAY	.03	20.3900	0.61		100-50-55200-100-000	5-00	SICK PAY	.16	20.3900	3.26		700-38-53940-100-901
5-00	SICK PAY	.17	20.3900	3.47		500-36-53740-100-901	5-00	SICK PAY	.21	20.3900	4.28		600-37-53840-100-901
5-00	SICK PAY	.43	20.3900	8.77		100-30-53100-100-000	42-01	AFLAC PRE TA	.00	.0000	16.56-		100-00-21540-000-000
43-01	HEALTH INSUR	.00	.0000	116.30-		100-00-21531-000-000	50-01	GENERAL Empl	.00	.0000	110.11-		100-00-21521-000-000
74-00	SOCIAL SECU	.00	.0000	100.11-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	23.41-		100-00-21511-000-000
76-00	FEDERAL WIT	.00	.0000	72.38-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	70.88-		100-00-21513-000-000
86-00	DIRECT DEPO	.00	.0000	1,121.46-	D	999-00-10000-000-000							
38	SCHULTZ, BRIAN	9	2394		05/24/2020	05/27/2020	774.66-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-01	REGULAR WA	1.20	26.0000	31.20		100-30-53441-100-000	1-01	REGULAR WA	6.80	26.0000	176.80		700-38-53940-100-900
1-01	REGULAR WA	7.20	26.0000	187.20		500-36-53740-100-901	1-01	REGULAR WA	10.00	26.0000	260.00		600-37-53840-100-900
1-01	REGULAR WA	14.80	26.0000	384.80		100-30-53100-100-000	13-00	FLEX BENEFIT	.12	26.0000	3.12		100-30-53441-100-000
13-00	FLEX BENEFIT	.68	26.0000	17.68		700-38-53940-100-900	13-00	FLEX BENEFIT	.72	26.0000	18.72		500-36-53740-100-901
13-00	FLEX BENEFIT	1.00	26.0000	26.00		600-37-53840-100-900	13-00	FLEX BENEFIT	1.48	26.0000	38.48		100-30-53100-100-000
43-01	HEALTH INSUR	.00	.0000	96.82-		100-00-21531-000-000	50-01	GENERAL Empl	.00	.0000	77.22-		100-00-21521-000-000
74-00	SOCIAL SECU	.00	.0000	70.93-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	16.59-		100-00-21511-000-000
76-00	FEDERAL WIT	.00	.0000	64.11-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	43.67-		100-00-21513-000-000
86-00	DIRECT DEPO	.00	.0000	774.66-	D	999-00-10000-000-000							
38	SCHULTZ, BRIAN	17	2398		05/24/2020	05/26/2020	729.66-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-01	REGULAR WA	1.08	26.0000	28.08		100-30-53441-100-000	1-01	REGULAR WA	6.12	26.0000	159.12		700-38-53940-100-900
1-01	REGULAR WA	6.48	26.0000	168.48		500-36-53740-100-901	1-01	REGULAR WA	9.00	26.0000	234.00		600-37-53840-100-900
1-01	REGULAR WA	13.32	26.0000	346.32		100-30-53100-100-000	50-01	GENERAL Empl	.00	.0000	63.18-		100-00-21521-000-000
74-00	SOCIAL SECU	.00	.0000	58.03-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	13.57-		100-00-21511-000-000
76-00	FEDERAL WIT	.00	.0000	40.83-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	30.71-		100-00-21513-000-000
86-00	DIRECT DEPO	.00	.0000	729.66-	D	999-00-10000-000-000							
26	SHAFFER, CAROLYN	5	2395		05/24/2020	05/27/2020	1,226.69-						
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account
1-01	REGULAR WA	80.00	23.9846	1,918.77		100-50-55110-100-000	41-00	DEFERRED CO	.00	.0000	100.00-		100-00-21538-000-000
42-01	AFLAC PRE TA	.00	.0000	17.17-		100-00-21540-000-000	43-01	HEALTH INSUR	.00	.0000	36.53-		100-00-21531-000-000
50-01	GENERAL Empl	.00	.0000	129.52-		100-00-21521-000-000	74-00	SOCIAL SECU	.00	.0000	117.90-		100-00-21511-000-000
75-00	MEDICARE	.00	.0000	27.57-		100-00-21511-000-000	76-00	FEDERAL WIT	.00	.0000	175.52-		100-00-21512-000-000
77-00	STATE WITHH	.00	.0000	87.87-		100-00-21513-000-000	86-00	DIRECT DEPO	.00	.0000	1,226.69-	D	999-00-10000-000-000

Employee Number	Payee	Reference Number	Check Number	M	Pay Period End Date	Check Issue Date	Net							
49	VARICHAK, MILES	12	45002		05/24/2020	05/27/2020	403.82-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
	1-02 REGULAR PAR	40.00	14.0000	560.00		100-50-55110-115-000	48-01	CHILD SUPPO	.00	.0000	57.69-		100-00-21514-000-000	
	74-00 SOCIAL SECU	.00	.0000	34.72-		100-00-21511-000-000	75-00	MEDICARE	.00	.0000	8.12-		100-00-21511-000-000	
	76-00 FEDERAL WIT	.00	.0000	42.07-		100-00-21512-000-000	77-00	STATE WITHH	.00	.0000	13.58-		100-00-21513-000-000	
	85-00 NET PAY	.00	.0000	403.82-		999-00-10000-000-000								
29	VOUGHT, DONNA	6	45003		05/24/2020	05/27/2020	203.17-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
	1-02 REGULAR PAR	16.00	13.7500	220.00		100-50-55110-115-000	74-00	SOCIAL SECU	.00	.0000	13.64-		100-00-21511-000-000	
	75-00 MEDICARE	.00	.0000	3.19-		100-00-21511-000-000	85-00	NET PAY	.00	.0000	203.17-		999-00-10000-000-000	
36	ZANDER, BRENNAN	8	2396		05/24/2020	05/27/2020	34.17-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
	1-02 REGULAR PAR	4.00	9.2500	37.00		100-50-55110-115-000	74-00	SOCIAL SECU	.00	.0000	2.29-		100-00-21511-000-000	
	75-00 MEDICARE	.00	.0000	0.54-		100-00-21511-000-000	86-00	DIRECT DEPO	.00	.0000	34.17-	D	999-00-10000-000-000	
33	ZANDER, MICHELLE	7	2397		05/24/2020	05/27/2020	536.71-							
PC	Title	Hr/Un	Rate	Amount	D	GL Account	PC	Title	Hr/Un	Rate	Amount	D	GL Account	
	1-02 REGULAR PAR	40.00	18.2800	731.20		100-50-55110-115-000	42-02	AFLAC AFTER	.00	.0000	12.60-		100-00-21540-000-000	
	50-01 GENERAL Empl	.00	.0000	49.36-		100-00-21521-000-000	74-00	SOCIAL SECU	.00	.0000	45.33-		100-00-21511-000-000	
	75-00 MEDICARE	.00	.0000	10.60-		100-00-21511-000-000	76-00	FEDERAL WIT	.00	.0000	56.69-		100-00-21512-000-000	
	77-00 STATE WITHH	.00	.0000	19.91-		100-00-21513-000-000	86-00	DIRECT DEPO	.00	.0000	536.71-	D	999-00-10000-000-000	

Total Grand Totals

Employee Hash: 596

Employee Count: 17

Grand Totals Hours/Units/Types Summary

PC	Title	Hours	Units	Net Type	Amount	D	Info Type	Amount
1-01	REGULAR WAGES	462.00	.00	Direct Deposit Net	9,864.81-	D	Informational	.00
1-02	REGULAR PART-TI	245.75	.00	Net	1,117.01-		Info Tips Reported	.00
4-00	VACATION PAY	3.50	.00				Fringe Benefit	.00
5-00	SICK PAY	9.00	.00					
13-00	FLEX BENEFIT	5.50	.00					
Grand Totals:		725.75	.00		10,981.82-			.00

Grand Totals Pay Code Totals

PC	Title	Amount	PC	Title	Amount	PC	Title	Amount	PC	Title	Amount
1-01	REGULAR W	11,391.97	1-02	REGULAR P	3,757.18	4-00	VACATION P	71.37	5-00	SICK PAY	235.99
13-00	FLEX BENE	153.25	41-00	DEFERRED	175.00-	42-01	AFLAC PRE	73.87-	42-02	AFLAC AFTE	48.48-
43-01	HEALTH INS	540.11-	46-00	LIFE INSUR	4.70-	48-01	CHILD SUPP	57.69-	50-01	GENERAL E	911.79-
74-00	SOCIAL SEC	963.21-	75-00	MEDICARE	225.26-	76-00	FEDERAL WI	998.61-	77-00	STATE WITH	629.22-
85-00	NET PAY	1,117.01-	86-00	DIRECT DEP	9,864.81-						

Grand Totals Account Summary

GL Account	Debit	Credit	GL Account	Debit	Credit
100-00-21511-000-000	.00	1,188.47-	100-00-21512-000-000	.00	998.61-
100-00-21513-000-000	.00	629.22-	100-00-21514-000-000	.00	57.69-
100-00-21521-000-000	.00	911.79-	100-00-21531-000-000	.00	540.11-
100-00-21532-000-000	.00	4.70-	100-00-21538-000-000	.00	175.00-
100-00-21540-000-000	.00	122.35-	100-10-51400-100-000	575.91	.00
100-10-51500-100-000	183.86	.00	100-30-53100-100-000	3,656.76	.00
100-30-53441-100-000	127.08	.00	100-50-55110-100-000	1,918.77	.00
100-50-55110-115-000	2,577.20	.00	100-50-55200-100-000	48.93	.00
500-36-53740-100-901	1,018.23	.00	500-36-53740-100-920	1,023.52	.00
600-37-53840-100-900	972.76	.00	600-37-53840-100-901	342.55	.00
600-37-53860-100-920	1,207.38	.00	700-38-53940-100-900	698.56	.00
700-38-53940-100-901	260.99	.00	700-38-53960-100-920	997.26	.00
999-00-10000-000-000	.00	10,981.82-			
Grand Totals:	15,609.76	15,609.76-			

Grand Totals Fund Summary

Grand Totals Net Account Summary

GL Account	Debit	Credit	GL Account	Debit	Credit
100-00-21511-000-000	.00	1,188.47-	100-00-21512-000-000	.00	998.61-
100-00-21513-000-000	.00	629.22-	100-00-21514-000-000	.00	57.69-
100-00-21521-000-000	.00	911.79-	100-00-21531-000-000	.00	540.11-
100-00-21532-000-000	.00	4.70-	100-00-21538-000-000	.00	175.00-
100-00-21540-000-000	.00	122.35-	100-10-51400-100-000	575.91	.00
100-10-51500-100-000	183.86	.00	100-30-53100-100-000	3,656.76	.00
100-30-53441-100-000	127.08	.00	100-50-55110-100-000	1,918.77	.00
100-50-55110-115-000	2,577.20	.00	100-50-55200-100-000	48.93	.00
500-36-53740-100-901	1,018.23	.00	500-36-53740-100-920	1,023.52	.00
600-37-53840-100-900	972.76	.00	600-37-53840-100-901	342.55	.00
600-37-53860-100-920	1,207.38	.00	700-38-53940-100-900	698.56	.00
700-38-53940-100-901	260.99	.00	700-38-53960-100-920	997.26	.00
999-00-10000-000-000	.00	10,981.82-			
Grand Totals:	15,609.76	15,609.76-			

GL Account	Debit	Credit
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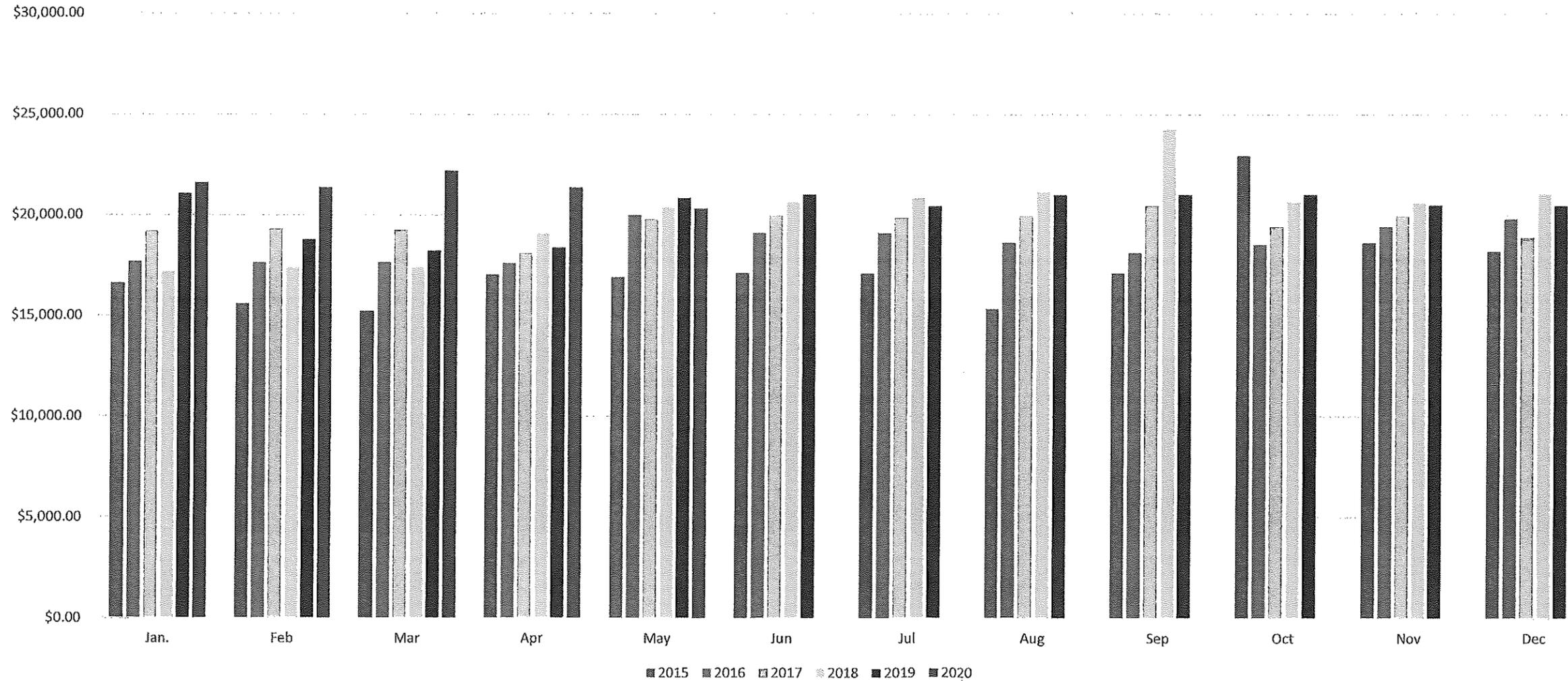
GL Account	Debit	Credit
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Report Criteria:

- Net account summary included
 - Grand totals included
-

YEAR	Jan.	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTALS	BUDGET	% TO BUDGET
2013	\$14,974.40	\$14,777.98	\$12,935.01	\$16,789.49	\$17,162.62	\$17,417.16	\$16,654.01	\$17,568.56	\$17,586.30	\$17,168.81	\$17,250.13	\$16,199.54	\$196,484.01	\$218,970.00	10%
2014	\$17,524.60	\$16,100.61	\$18,256.27	\$16,579.82	\$17,504.04	\$16,597.29	\$24,371.87	\$14,970.89	\$15,869.62	\$17,063.49	\$17,511.60	\$17,374.08	\$209,724.18	\$220,000.00	5%
2015	\$16,608.99	\$15,586.81	\$15,224.53	\$17,023.61	\$16,908.23	\$17,113.09	\$17,100.99	\$15,337.45	\$17,117.40	\$22,942.87	\$18,627.78	\$18,192.66	\$207,784.41	\$233,000.00	11%
2016	\$17,678.69	\$17,625.05	\$17,642.50	\$17,602.98	\$19,987.85	\$19,105.54	\$19,110.35	\$18,636.40	\$18,125.84	\$18,532.01	\$19,429.63	\$19,811.18	\$223,288.02	\$245,000.00	9%
2017	\$19,176.88	\$19,295.03	\$19,250.75	\$18,093.98	\$19,778.89	\$19,973.77	\$19,863.06	\$19,971.34	\$20,456.71	\$19,423.88	\$19,946.88	\$18,885.76	\$234,116.93	\$230,000.00	-2%
2018	\$17,161.28	\$17,350.53	\$17,372.52	\$19,061.22	\$20,360.38	\$20,648.53	\$20,839.35	\$21,138.48	\$24,244.21	\$20,626.06	\$20,583.86	\$21,030.60	\$240,417.02	\$245,000.00	2%
2019	\$21,055.10	\$18,769.66	\$18,213.38	\$18,377.14	\$20,833.87	\$21,006.90	\$20,448.89	\$20,990.09	\$20,997.38	\$21,009.24	\$20,483.16	\$20,460.51	\$242,645.32	\$263,765.00	8%
2020	\$21,596.28	\$21,355.34	\$22,179.22	\$21,358.23	\$20,311.23								\$106,800.30	\$285,000.00	37%

Police Contract Wages



Vanguard Spending History

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals	Budget	% over/under	
2010	\$24,387.00	\$24,387.00	\$24,387.00	\$24,387.00	\$30,180.00	\$30,180.00	\$29,202.00	\$29,202.00	\$29,202.00	\$29,202.00	\$26,949.28	\$81,462.34	\$383,127.62	\$345,000.00	11%	
2011	\$21,847.74	\$41,237.00	\$41,237.00	\$21,927.00	\$21,927.00	\$21,927.00	\$37,299.00	\$37,299.00	\$37,299.00	\$21,192.45	\$40,067.17	\$40,037.00	\$383,296.36	\$355,000.00	8%	
2012	\$34,605.48	\$25,204.00	\$25,204.00	\$25,204.00	\$25,204.00	\$32,019.00	\$32,019.00	\$32,019.00	\$76,840.30	\$91,395.48	\$46,130.64	\$46,130.64	\$491,975.54	\$350,000.00	41%	
2013	\$34,593.91	\$45,323.38	\$31,337.17	\$37,464.10	\$57,258.41	\$50,369.26	\$48,656.09	\$41,780.87	\$17,207.44	\$38,840.40	\$26,200.83	\$60,308.07	\$489,339.93	\$0.00	#DIV/0!	
2014	\$34,931.51	\$26,911.32	\$53,389.79	\$51,320.03	\$32,537.22	\$39,077.42	\$69,355.82	\$25,037.60	\$37,170.83	\$53,957.64	\$46,372.88	\$51,584.38	\$521,646.44	\$0.00	#DIV/0!	
2015	\$50,697.06	\$32,405.05	\$33,261.70	\$35,672.98	\$33,330.77	\$50,996.98	\$63,827.85	\$41,312.17	\$34,456.64	\$43,934.47	\$37,549.05	\$56,084.67	\$513,529.39	\$480,000.00	107%	
2016	\$47,746.22	\$32,983.20	\$27,713.00	\$45,502.28	\$30,445.87	\$37,376.47	\$49,239.84	\$32,371.24	\$45,498.11	\$33,655.41	\$38,322.42	\$42,145.93	\$462,999.99	\$500,000.00	93%	
2017	\$25,346.43	\$37,306.05	\$38,763.48	\$30,307.62	\$38,353.41	\$60,779.02	\$43,426.86	\$48,685.71	\$33,217.13	\$28,132.05	\$50,421.92	\$26,484.98	\$461,224.66	\$400,000.00	115%	102838
2018	\$31,424.47	\$20,844.96	\$26,155.34	\$47,557.22	\$39,764.55	\$26,200.32	\$24,641.15	\$44,444.47	\$42,236.70	\$26,374.21	\$17,889.54	\$53,677.98	\$401,210.91	\$400,000.00	100%	-49254
2019	\$37,178.60	\$27,951.76	\$62,133.12	\$48,216.90	\$19,013.39	\$29,216.83	\$37,792.49	\$51,378.71	\$19,849.25	\$42,638.35	\$42,355.44	\$53,584.00	\$471,308.84	\$500,000.00	94%	53584
2020	\$55,841.49	\$38,014.22	\$45,925.46	\$28,651.84									\$168,433.01	\$650,000.00	26%	

Vanguard Historical spending

