PUBLIC NOTICE

Common Council Regular Meeting

Tuesday, October 21, 2025 at 5:30 PM

Iowa County Law Enforcement Center, 109 E. Leffler Street, Dodgeville, WI 53533

AGENDA

I. CALL TO ORDER AND ROLL CALL

I. PLEDGE OF ALLEGIANCE

II. CONSENT AGENDA

1. Approval of Minutes from October 7, 2025
2. Approval of Claims from October 21, 2025

III. PUBLIC COMMENT *Citizen or delegation presentations, requests or comments and discussion of same, pursuant to Wis. Stat. Sec. 19.83 (2) and Sec. 19.84 (2). Ten minute limit except by consent of council. No action will be taken on any item that is not specifically listed on the agenda.*

IV. REPORTS/RECOMMENDATIONS

3. Library Update
4. Clerk/Treasurer Report
5. Mayor Report

V. NEW BUSINESS

6. Discussion and possible action to approve library board recommendation of Brian Kulcinski to Library Board of Trustees.
7. Discussion and possible action to approve filling vacant Officer position
8. Approval of temporary Class "B" Beer and "Class B" Wine to the Ice Wolves Youth Hockey Association for the following events: U14 Hockey Tournament 12/12/25-12/14/25, Alumni Game 12/27/25, U10 Hockey Tournament 1/9/2026-1/11/2026, Midget/U18 Hockey Tournament 1/23/2026-1/25/2026, and U12 Hockey Tournament 2/13/2026-2/15/2026.
9. Discussion and possible action to approve a retainer agreement with Boardman & Clark, LLP for 2026 legal services.
10. Discussion and possible action on Discover Merchant Settlement.
11. Consideration and possible action of the recommendation from the Plan Commission to approve the proposed Certified Survey Map for the combining of parcels 216-1132.A, 216-1132.E, and 216-1142 currently owned by the Reynolds and the location of Cindy's Red Wagon.
12. Discussion and possible action on a change in the original estimate from Hollandale Movers.

VI. OLD BUSINESS

VII. ANY OTHER BUSINESS AS ALLOWED BY LAW

VIII. CLOSED SESSION

13. Motion to adjourn into closed session pursuant to Wis. Stat. § 19.85(1)(e) to deliberate and negotiate the potential purchase of several publicly owned properties by the City, where competitive or bargaining reasons make a closed session necessary.

IX. OPEN SESSION

14. The Council may reconvene in open session to take action on matters discussed in closed session or to continue with the regular agenda.
15. Any Action Needed as a Result of Closed Session

X. ADJOURN

16. Motion to Adjourn

Any person who has a qualifying disability, as defined by the Americans with Disabilities Act, that requires the meeting or material at the meeting to be in an accessible location or format, must contact the City Clerk at the address listed above or call 930-5228, prior to the meeting so that any necessary arrangements can be made to accommodate each request.

MINUTES

Common Council Regular Meeting

Tuesday, October 7, 2025 at 5:30PM

City Hall, 100 E Fountain St, Dodgeville, WI

I. CALL TO ORDER AND ROLL CALL

The meeting was called to order by Mayor Barry Hottmann at 5:30pm. Members present: Shaun Sersch, Roxanne Reynolds-Lair, Tom DeVoss, Jeff "Potsie" Weber, Mike Olson, Jerry Johnson, Julie Johnson-Solberg, Larry Tremelling.

City Hall Staff present: Brandon Wilhelm (Dodgeville Police Chief), Dylan Wadzinski (DPW), Jody Vanderloo (Dodgeville Public Library Board Chair), Megan James (Recreation Director)

Others Present: Jenna Vondra (Chamber Director), Jeff Kellesvig (Daniels Construction), Gabby Recob (Daniels Construction), Brandon Bawden (Daniels Construction), Cole Biehn (Daniels Construction), Steve DeMuth (Dodgeville Resident), Evan Chambers (Town & Country Engineering)

II. PLEDGE OF ALLEGIANCE

III. CONSENT AGENDA

1. Approval of Minutes from September 30, 2025.
2. Approval of Claims from October 7, 2025.

Motion by DeVoss, second by Johnson. Voice Vote 8-0. Motion carried.

IV. PUBLIC COMMENT *Citizen or delegation presentations, requests or comments and discussion of same, pursuant to Wis. Stat. Sec. 19.83 (2) and Sec. 19.84 (2). Ten minute limit except by consent of council. No action will be taken on any item that is not specifically listed on the agenda.*

Steve DeMuth (Dodgeville resident) presented his concerns to the Common Council about having too many parks within the City of Dodgeville. In his presentation to the council, Steve voiced that rather than adding additional parks to the city, the City of Dodgeville needs to look at fixing roads, etc.

V. REPORTS/RECOMMENDATIONS

3. Police Report

During Chief Wilhelm's report, he noted that for the month of September, his department had 413 calls for service, which is up 43% from 2024. Chief Wilhelm noted that there were a few community events coming up, including the Dodgeville Homecoming parade and No Kings rally. Lastly, Chief Wilhelm noted that he is still waiting for the new 2025 police squad, which he is hopeful to arrive in a couple of weeks or so.

4. Chamber Update

Chamber Director Jenna Vondra noted that the WI Great Outdoors campaign, which aired on Fox 47 was very well received this year. Vondra also noted that Chamber is doing some remodeling of their office due to black mold issues. In terms of events, Vondra noted that they are busy preparing for the Home for the Holidays events coming up in November 2025.

5. Recreation Update

Due to programming conflicts, Rec Director Megan James was unable to attend the beginning of the meeting and provide an update of the Rec Department, however, prior to the meeting, James provided a document which was printed out and handed to each council member for their review.

6. Clerk/Treasurer Report

Deputy Clerk/Treasurer Emily Wolfe provided an update to the council stating that the annual fall clean up for 2025 had just ended on Saturday, October 4th, and that collection items and income were slightly up from Fall 2024 collection.

7. Mayor Report

Mayor Hottmann did not provide an update during this meeting. When asked about the 2026 budgeting process by a council member, Mayor Hottmann stated that his process has started, and that an initial look at the 2026 budget will be reviewed at the October 14th Finance Committee Meeting.

8. Library and Admin Building Report

Members from Daniels Construction, including Jeff Kellesvig, Gabby Recob, Brandon Bawden, and Cole Biehn gave a brief update regarding the Library and New City Hall projects. During this brief discussion, members from council and community residents in attendance at the council meeting were invited to ask questions or pose concerns regarding these two projects. One member asked about why there have been so many delays in getting materials, etc for the library expansion project. Jeff (project manager for the library expansion project) explained to council members that the majority of the reason for this delay is due to waiting for submittals from sub-contractors, which are passed down from the architect. Another concern was about the timing of completion of the library expansion project and how this delay could affect receiving the remainder of the grant money. Jeff (project manager for the library expansion project) informed council members that technically this project is still on-time, since work on the expansion project began earlier than planned. In final comments, council members asked Daniels representatives to be present monthly to give updates on this library expansion project.

VI. NEW BUSINESS

9. Approval of the following liquor license application for 2025-2026: Class “A” Retailers Fermented Malt Beverage & “Class A” Intoxicating Liquor License for: Laxami Narayan Fuel Inc dba Dodgeville Market Place – Rohitkumar V. Joshi, Agent.
   Motion by DeVoss, second by Weber to approve the Class “A” Retailers Fermented Malt Beverage & “Class A” Intoxicating Liquor License Application

for Laxami Narayan Fuel Inc dba Dodgeville Market Place. Voice Vote 8-0. Motion Carried.

10. Approval of Cigarette, Tobacco, and Electronic Vaping Device Retail License Application for 2025-2026: Laxami Narayan Fuel Inc dba Dodgeville Market Place – Rohitkumar V. Joshi - Agent.
    Motion by Weber, second by DeVoss to approve the Cigarette, Tobacco, and Electronic Vaping Device Retail License application for Laxami Narayan Fuel Inc dba Dodgeville Market Place. Voice Vote 7-1. Motion carried.
11. Discussion and possible action to approve the Special Event License application for the No Kings II Rally event on Saturday, October 18th.
    Motion by Johnson, second by Olson to approve the special event license for the No Kings II Rally event on Saturday, October 18th. Voice Vote 8-0. Motion carried.
12. Discussion and possible action to approve the Special Event License application for the Home for the Holidays Light Parade on Saturday, November 29th.
    Motion by Reynolds-Lair, second by Johnson to approve the special event license application for the Home for the Holidays Light Parade on Saturday, November 29th. Voice vote 8-0. Motion carried.
13. Discussion and possible action to approve request from Chamber to help aid in costs of lighting hung on the street for Home for the Holidays.
    Motion by Weber, second by Johnson-Solberg to approve funding half of the cost of install and tear-down of the lights that are hung in the City of Dodgeville for the Home for the Holidays holiday event. Voice vote 8-0. Motion carried.
14. Discussion and possible recommendation to Common Council to approve final quote from Gerber Leisure to purchase pool shade structure.
    Motion by Weber, second by Johnson-Solberg to approve the final quote from Gerber Leisure to purchase pool shade Structure for the Comer Pool. Roll call vote 8-0. Motion carried.
15. Consider Ordinance No. 25-19 to Amend the Schedule of Fees in Section 25.045(a), relating to setting fees for Building & Development – Planning & Zoning and Building Inspection.
    Motion by DeVoss, second by Johnson to approve amending the schedule of fees in Section 25.045(a) relating to setting fees for Building & Development – Planning & Zoning and Building Inspection. Voice Vote 8-0. Motion carried.
16. Discussion and possible action on Work Change Directive #15 for Water System Improvements Project.
    Motion by DeVoss, second by Olson to approve Work Change Directive #15 for Water System Improvements Project. Voice vote 8-0. Motion carried.
17. Discussion and possible action on Change Order #2 for Water System Improvements Project.
    Motion by DeVoss, second by Olson to approve Change Order #2 for Water System Improvements Project. Voice vote 8-0. Motion carried.

VII. OLD BUSINESS

There was no old business

VIII. ANY OTHER BUSINESS AS ALLOWED BY LAW

IX. CLOSED SESSION

18. Adjourn to Closed Session pursuant to Wis. State Statute 19.85(1)
    There was no Closed Session.

X. OPEN SESSION

19. Reconvene to Open Session
20. Any Action Needed as a Result of Closed Session
    There was no Closed Session, so reconvening to Open Session was not needed.

XI. ADJOURN

21. Motion to Adjourn

Motion by Weber, second by Sersch to adjourn. Voice vote 8-0. Motion carried.
Time: 6:30PM

COMMON COUNCIL - CLAIMS REPORT

Tuesday, October 21, 2025

		AMOUNT
Accounts Payable		
Capital Project Fund	$	642,798.16
Affordable Housing Fund	$	-
General Fund	$	130,197.24
Debt Service Fund		
Water Fund	$	3,828.59
Sewer Fund	$	3,871.03
Library Fund	$	8,339.23
TID 3 Fund	$	26,457.95
TOTAL ACCOUNTS PAYABLE	**$**	**815,492.20**

Payroll		
General Fund (100)	$	94,026.95
Water Fund (200)	$	8,470.71
Sewer Fund (300)	$	6,739.09
Special Purpose Library Fund (150)	$	10,192.65
TOTAL PAYROLL	**$**	**119,429.40**

TOTALS BY FUND

GENERAL (100, 140, 150, 160, 161, 170)	$	912,012.18
WATER (200)	$	12,299.30
SEWER (300)	$	10,610.12
TOTAL ALL PAYMENTS	**$**	**934,921.60**

Report Criteria:
Report type: Summary
Check.Type = {<>} "Adjustment"

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
10/25	10/08/2025	64820	2167	Village of Ridgeway	100-21000-000-000	150.00- V
10/25	10/08/2025	64960	13	ADP INC	100-21000-000-000	281.40
10/25	10/08/2025	64961	1723	Pelton Development Group LLC	430-21000-000-000	24,657.95
10/25	10/09/2025	64962	668	MHTC-MH	100-21000-000-000	415.36
10/25	10/13/2025	64963	36	AMAZON CAPITAL SERVICES	150-21000-000-000	65.87
10/25	10/13/2025	64964	2187	Arcadia Books	150-21000-000-000	3,549.28
10/25	10/13/2025	64965	89	BAKER & TAYLOR LLC	150-21000-000-000	605.30
10/25	10/13/2025	64966	1776	Blain's Farm & Fleet	150-21000-000-000	9.99
10/25	10/13/2025	64967	195	CITY OF DODGEVILLE WATER UTILITY	150-21000-000-000	49.07
10/25	10/13/2025	64968	274	DEMCO	150-21000-000-000	234.97
10/25	10/13/2025	64969	1592	DENNIS J MARKLEIN	150-21000-000-000	650.00
10/25	10/13/2025	64970	1823	Elan Financial Services	150-21000-000-000	974.88
10/25	10/13/2025	64971	671	MICHAEL FREDERICK	150-21000-000-000	50.00
10/25	10/13/2025	64972	1736	MicroMarketing, LLC	150-21000-000-000	136.62
10/25	10/13/2025	64973	768	PENWORTHY COMPANY LLC	150-21000-000-000	1,374.26
10/25	10/13/2025	64974	1830	Playaway Products LLC	150-21000-000-000	80.99
10/25	10/13/2025	64975	882	SENSOURCE LLC	150-21000-000-000	228.00
10/25	10/13/2025	64976	2116	Daniels Construction	160-21000-000-000	369,128.99
10/25	10/13/2025	64977	1685	HGA	160-21000-000-000	23,952.64
10/25	10/13/2025	64978	1538	AT&T MOBILITY	300-21000-000-000	378.15
10/25	10/13/2025	64979	2186	Eric Hagen	100-21000-000-000	50.00
10/25	10/13/2025	64980	879	SECURIAN FINANCIAL GROUP INC	100-21000-000-000	710.91
10/25	10/13/2025	64981	1120	WISCONSIN DEPARTMENT OF REVENUE	100-21000-000-000	736.28
10/25	10/13/2025	64982	2116	Daniels Construction	160-21000-000-000	570,348.71
10/25	10/13/2025	64983	851	RULE CONSTRUCTION LTD	160-21000-000-000	393,147.29
10/25	10/13/2025	64984	1538	AT&T MOBILITY	100-21000-000-000	742.31
10/25	10/21/2025	64986	2149	3C Inspect LLC	100-21000-000-000	63,989.40
10/25	10/21/2025	64987	781	ADVANTAGE COPY	100-21000-000-000	137.53
10/25	10/21/2025	64988	36	AMAZON CAPITAL SERVICES	200-21000-000-000	268.63
10/25	10/21/2025	64989	85	BADGER WELDING SUPPLIES INC	100-21000-000-000	137.84
10/25	10/21/2025	64990	114	BLACKSTONE TECHNOLOGIES LLC	100-21000-000-000	2,023.68
10/25	10/21/2025	64991	128	BOUND TREE MEDICAL LLC	100-21000-000-000	699.56
10/25	10/21/2025	64992	2113	Cant Qit Basketball Training	100-21000-000-000	825.00
10/25	10/21/2025	64993	188	CINTAS CORPORATION #446	100-21000-000-000	102.36
10/25	10/21/2025	64994	1744	CivicPlus LLC	100-21000-000-000	1,785.00
10/25	10/21/2025	64995	763	CONWAY SHIELDS	100-21000-000-000	534.00
10/25	10/21/2025	64996	976	Cvikota Company	100-21000-000-000	3,722.95
10/25	10/21/2025	64997	360	FAHERTY INC	100-21000-000-000	22,112.88
10/25	10/21/2025	64998	1709	IOWA COUNTY EMERGENCY SERVICES ASSOC	100-21000-000-000	140.00
10/25	10/21/2025	64999	621	LV Labs WW LLC	300-21000-000-000	1,804.50
10/25	10/21/2025	65000	642	MARTELLE WATER TREATMENT INC	200-21000-000-000	1,610.76
10/25	10/21/2025	65001	649	MAST WATER INC	100-21000-000-000	26.00
10/25	10/21/2025	65002	1913	Midwest Alarm Services	100-21000-000-000	443.10
10/25	10/21/2025	65003	2188	Midwest Playscapes Inc	100-21000-000-000	106.96
10/25	10/21/2025	65004	790	PREMIUM WATERS INC	100-21000-000-000	44.99
10/25	10/21/2025	65005	811	RANDYS SERVICE & TOWING	100-21000-000-000	49.95
10/25	10/21/2025	65006	2185	Rita Pauley	100-21000-000-000	450.95
10/25	10/21/2025	65007	835	RITCHIE IMPLEMENT INC	100-21000-000-000	220.80
10/25	10/21/2025	65008	1575	Rugged Depot	100-21000-000-000	8,094.75
10/25	10/21/2025	65009	851	RULE CONSTRUCTION LTD	100-21000-000-000	3,949.00
10/25	10/21/2025	65010	1335	SCHMITZ JANITORIAL SUPPLY	300-21000-000-000	60.00
10/25	10/21/2025	65011	901	SINGER LUMBER CO INC	100-21000-000-000	112.31
10/25	10/21/2025	65012	622	SJE	300-21000-000-000	1,061.18

M = Manual Check, V = Void Check

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
10/25	10/21/2025	65013	2123	Team Laboratory Chemical LLC	300-21000-000-000	241.00
10/25	10/21/2025	65014	2000	Teamsters Local 120	100-21000-000-000	792.00
10/25	10/21/2025	65015	978	THE DODGEVILLE CHRONICLE INC	100-21000-000-000	1,037.69
10/25	10/21/2025	65016	1726	TK Elevator Corporation	100-21000-000-000	253.90
10/25	10/21/2025	65017	1284	TRI-STAR MULCH	100-21000-000-000	140.00
10/25	10/21/2025	65018	1040	Upland Hills Health	100-21000-000-000	40.50
10/25	10/21/2025	65019	1378	VIERBICHER ASSOCIATES	430-21000-000-000	1,800.00
10/25	10/21/2025	65020	1120	WI Department of Revenue	100-21000-000-000	270.33
10/25	10/21/2025	65021	1107	WI STATE LABORATORY OF HYGIENE	200-21000-000-000	31.00
10/25	10/21/2025	65022	1109	WIL-KIL	100-21000-000-000	121.36
10/25	10/21/2025	65023	1147	ZOLL MEDICAL CORPORATION	100-21000-000-000	705.30
10/25	10/21/2025	65024	790	PREMIUM WATERS INC	100-21000-000-000	9.95
10/25	10/21/2025	65025	1093	WI DEPARTMENT OF JUSTICE	100-21000-000-000	320.25
10/25	10/21/2025	65026	1093	WI DEPARTMENT OF JUSTICE	100-21000-000-000	28.00
10/25	10/21/2025	65027	360	FAHERTY INC	160-21000-000-000	414.80
10/25	10/21/2025	65028	399	GERBER LEISURE PRODUCTS INC	160-21000-000-000	17,965.00
10/25	10/21/2025	65029	2178	McDonald Blinds and Shades LLC	160-21000-000-000	3,671.86
10/25	10/21/2025	65030	851	RULE CONSTRUCTION LTD	160-21000-000-000	178,073.62
10/25	10/21/2025	65031	1378	VIERBICHER ASSOCIATES	160-21000-000-000	49,591.25
10/25	10/21/2025	65032	27	ALERT-ALL CORP	100-21000-000-000	954.00
10/25	10/21/2025	65033	1539	CERTIFIED RECOVERY INC.	100-21000-000-000	285.00
10/25	10/21/2025	65034	211	COMELEC SERVICES INC	100-21000-000-000	174.18
10/25	10/21/2025	65035	371	FIRE SAFETY USA INC	100-21000-000-000	1,499.50
10/25	10/21/2025	65036	1566	OSHKOSH FIRE & POLICE EQUIPMENT iNC	100-21000-000-000	64.63
10/25	10/08/2025	700218	1374	RECDESK LLC	100-21000-000-000	7.97
10/25	10/13/2025	700219	408	GORDON FLESCH CO INC	150-21000-000-000	86.15
10/25	10/13/2025	700220	34	ALLIANT ENERGY/WP&L (UTILITY PAYMENTS)	200-21000-000-000	1,666.11
10/25	10/13/2025	700221	408	GORDON FLESCH CO INC	300-21000-000-000	42.11
10/25	10/13/2025	700222	1308	KWIK TRIP INC - CREDIT DEPT	200-21000-000-000	4,775.64
10/25	10/13/2025	700223	1308	KWIK TRIP INC - CREDIT DEPT	100-21000-000-000	392.09
10/25	10/15/2025	700224	408	GORDON FLESCH CO INC	100-21000-000-000	6.03
10/25	10/15/2025	700225	408	GORDON FLESCH CO INC	100-21000-000-000	28.78
10/25	10/21/2025	700228	34	ALLIANT ENERGY/WP&L (UTILITY PAYMENTS)	100-21000-000-000	4,332.26
10/25	10/21/2025	700229	296	Napa Auto Parts	100-21000-000-000	76.80
10/25	10/21/2025	700230	1776	Blain's Farm & Fleet	100-21000-000-000	241.94
10/25	10/21/2025	700231	1393	TC NETWORKS INC	100-21000-000-000	1,406.34
10/25	10/21/2025	700232	1328	GFC Leasing WI	150-21000-000-000	243.85
10/25	10/21/2025	700233	408	GORDON FLESCH CO INC	300-21000-000-000	123.71
Grand Totals:						1,778,838.20

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
100-21000-000-000	160.00	130,207.24-	130,047.24-
100-21550-000-000	792.00	.00	792.00
100-21552-000-000	710.91	.00	710.91
100-24213-000-000	678.44	.00	678.44
100-24214-000-000	67.84	.00	67.84
100-44110-000-000	28.00	.00	28.00
100-46210-000-000	285.00	.00	285.00
100-46740-000-000	7.97	.00	7.97
100-48000-000-000	.00	10.00-	10.00-
100-51530-210-100	270.33	.00	270.33

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
100-51600-340-000	360.70	.00	360.70
100-51710-240-000	308.90	.00	308.90
100-51710-310-000	65.23	.00	65.23
100-51710-390-000	45.17	.00	45.17
100-51900-345-000	1,037.69	.00	1,037.69
100-52100-210-000	414.78	.00	414.78
100-52100-224-000	299.60	.00	299.60
100-52100-340-000	28.78	.00	28.78
100-52100-400-100	49.95	.00	49.95
100-52100-410-000	839.36	.00	839.36
100-52100-610-000	178.03	.00	178.03
100-52200-215-000	194.50	.00	194.50
100-52200-224-000	42.14	.00	42.14
100-52200-340-000	238.81	.00	238.81
100-52200-410-000	392.09	.00	392.09
100-52200-610-000	954.00	.00	954.00
100-52200-620-000	1,499.50	.00	1,499.50
100-52300-210-000	589.13	.00	589.13
100-52300-215-000	3,528.45	.00	3,528.45
100-52300-224-000	400.57	.00	400.57
100-52300-325-120	450.95	.00	450.95
100-52300-345-000	1,542.70	.00	1,542.70
100-52300-410-000	636.81	.00	636.81
100-52300-500-000	534.00	.00	534.00
100-52300-720-000	93.38	.00	93.38
100-52300-800-000	9,473.59	.00	9,473.59
100-52400-390-000	63,989.40	.00	63,989.40
100-53100-300-000	74.13	.00	74.13
100-53230-390-000	37.09	.00	37.09
100-53240-390-000	595.17	.00	595.17
100-53410-390-000	2,023.68	.00	2,023.68
100-53420-390-000	4,332.26	.00	4,332.26
100-53440-390-000	3,949.00	.00	3,949.00
100-53620-390-000	12,149.12	.00	12,149.12
100-53630-210-000	9,963.76	.00	9,963.76
100-54910-340-000	189.11	.00	189.11
100-54910-400-000	220.80	.00	220.80
100-54910-410-000	786.86	.00	786.86
100-55170-000-000	1,785.00	.00	1,785.00
100-55200-224-000	37.09	.00	37.09
100-55200-410-000	1,082.75	.00	1,082.75
100-55200-600-000	813.29	.00	813.29
100-55300-190-000	825.00	.00	825.00
100-55300-300-000	37.09	.00	37.09
100-55300-600-000	227.34	150.00-	77.34
100-55310-000-000	50.00	.00	50.00
150-21000-000-000	.00	8,339.23-	8,339.23-
150-55115-224-000	330.00	.00	330.00
150-55115-311-000	259.84	.00	259.84
150-55115-321-000	5,644.71	.00	5,644.71
150-55115-322-000	136.62	.00	136.62
150-55115-323-000	80.99	.00	80.99
150-55115-331-000	228.00	.00	228.00
150-55115-361-000	960.00	.00	960.00
150-55115-391-000	49.07	.00	49.07
150-55115-392-000	650.00	.00	650.00
160-21000-000-000	.00	1,606,294.16-	1,606,294.16-

GL Account	Debit	Credit	Proof
160-57140-000-000	572,653.51	.00	572,653.51
160-57230-240-000	3,671.86	.00	3,671.86
160-57330-000-000	618,922.16	.00	618,922.16
160-57610-000-000	393,081.63	.00	393,081.63
160-57640-000-000	17,965.00	.00	17,965.00
200-21000-000-000	.00	3,828.59-	3,828.59-
200-53700-622-000	1,666.11	.00	1,666.11
200-53700-631-000	1,610.76	.00	1,610.76
200-53700-632-000	45.99	.00	45.99
200-53700-660-000	330.66	.00	330.66
200-53700-681-000	175.07	.00	175.07
300-21000-000-000	.00	3,871.03-	3,871.03-
300-53600-000-827	640.01	.00	640.01
300-53600-000-831	241.00	.00	241.00
300-53600-000-832	1,061.18	.00	1,061.18
300-53600-000-851	124.34	.00	124.34
300-53600-000-852	1,804.50	.00	1,804.50
430-21000-000-000	.00	26,457.95-	26,457.95-
430-56710-000-000	1,800.00	.00	1,800.00
430-57700-720-100	24,657.95	.00	24,657.95
Grand Totals:	1,779,158.20	1,779,158.20-	.00

Dated: _____

Mayor: _____

City Council: _____

_____

_____

_____

_____

_____

City Recorder: _____

Report Criteria:
Report type: Summary
Check.Type = {<>} "Adjustment"

M = Manual Check, V = Void Check

Report Criteria:
Invoices with totals above $0.00 included.
Only paid invoices included.

Vendor	Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	Amount Paid	Date Paid	Voided
GENERAL FUND								
Total GENERAL FUND:					130,197.24	130,197.24		
SPECIAL PURPOSE LIBRARY FUND								
Total SPECIAL PURPOSE LIBRARY FUND:					8,339.23	8,339.23		
CAPITAL PROJECT FUND								
Total CAPITAL PROJECT FUND:					642,798.16	642,798.16		
WATER								
Total WATER:					3,828.59	3,828.59		
SEWER								
Total SEWER:					3,871.03	3,871.03		
TIF 3								
Total TIF 3:					26,457.95	26,457.95		
Grand Totals:					815,492.20	815,492.20		

Dated: _____

Mayor: _____

City Council: _____

_____

_____

_____

_____

_____

Clerk/Treasurer: _____

GL Account	Debit	Credit
100-53640-110-000	743.84	.00
100-55200-110-000	5,273.04	.00
100-55310-110-000	261.23	.00
150-55115-110-000	10,192.65	.00
200-53700-640-000	3,920.21	.00
200-53700-680-000	916.64	.00
200-53700-686-000	731.50	.00
300-53600-000-832	153.27	.00
300-53600-000-840	1,205.04	.00
999-10001-000-000	.00	82,403.96-
	Totals:	119,429.40	119,429.40-

GL Account	Debit	Credit
100-54910-110-000	4,269.91	.00
100-55300-110-000	2,080.00	.00
100-55420-110-000	150.44	.00
200-53700-630-000	2,251.27	.00
200-53700-652-000	362.68	.00
200-53700-680-100	288.41	.00
300-53600-000-831	753.39	.00
300-53600-000-834	4,061.38	.00
300-53600-000-854	566.01	.00

10/12/2025 Fund Summary

Fund	Debit	Credit
100	94,026.95	37,025.44-
150	10,192.65	.00
200	8,470.71	.00
300	6,739.09	.00
999	.00	82,403.96-
Totals:	119,429.40	119,429.40-

Form **AB-220**

Temporary Alcohol Beverage License

Municipality: City of D

License(s) Requested	Fees	
☑ Temporary "Class B" Wine ☑ Temporary Class "B" Beer	License Fees	$
	Background Check	$
	Total Fees	$ 10.00

Part A: Organization Information

1. Organization Name: Ice Wolves Youth Hockey Association

2. Organization Permanent Address: PO Box 69

3. City: Dodgeville | 4. State: WI | 5. Zip Code: 53533

6. Mailing Address (if different from permanent address):

7. FEIN: 39-2010154 | 8. Date of Organization/Incorporation: 3-24-2001 | 9. State of Organization/Incorporation: Wisconsin

10. Phone: (608) 574-2303 | 11. Email: icewolvesprez@gmail.com

12. Organization type *(check one)*

☑ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization

☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? ..... ☐ Yes ☑ No

14. Wisconsin Seller's Permit Number (if applicable):

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Levetzow	Kyle	President	(608) 574-2303
Olday	Jonathan	Vice President	(608) 577-1556
Ley	Tricia	Treasurer	(608) 553-0622
Lee	Rachel	Secretary	(715) 533-1370

Continued →

Part C: Event Information

1. Name of Event (if applicable) Ice Wolves Youth Hockey			
2. Dates of Operation see attached		3. Hours of Operation 9:00am - 11:00pm	
4. Premises Address 600 Bennett Road			
5. City Dodgeville		6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality ☑ City ☐ Town ☐ Village of: Dodgeville		10. Aldermanic District Ward 7
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event icewolvesprez@gmail.com	
13. Organizer Website www.icewolveshockey.org		14. Event Website www.icewolveshockey.org	

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Harris Park Ley Memorial Pavilion 27,000 square foot, multi purpose facility used for winter hockey, concessions area, storage areas, restrooms and zamboni garage

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name Levetzow	First Name Kyle	M.I. M	
Title President	Email icewolvesprez@gmail.com	Phone (608) 574-2303	
Signature [signature]		Date 10-1-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Ice Wolves Youth Hockey Association Events – Attachment Part C

Ice Wolves U14 Hockey Tournament 12/12/25-12/14/25

Ice Wolves Alumni Game 12/27/2025

Ice Wolves U10 Hockey Tournament 1/9/2026 – 1/11/2026

Ice Wolves Midget / U18 Hockey Tournament 1/23/2026 – 1/25/2026

Ice Wolves U12 Hockey Tournament 2/13/2026 – 2/15/2026

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Dat 09/13/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Ice Wolves Youth Hockey Association
2. Business Trade Name or DBA: IWYHA
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Levetzow	Amy	B

4. Relationship to Business (Title)	5. Email	6. Phone
Agent - Concessions	iwiceconcessions@gmail.com	(608) 574-3286

7. Home Address: 5234 County Road YZ

8. City	9. State	10. Zip Code	11. Date of Birth
Dodgeville	WI	53533	08/05/76

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
L132-0027-6785-02	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 08/1976

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1: current address	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Dane	WI	Iowa				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
Amy Beth Severson	09/13/2025

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 09/13/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Ice Wolves Youth Hockey Association

2. Business Trade Name or DBA: IWYHA

3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Levetzow	Kyle	M

4. Relationship to Business (Title)	5. Email	6. Phone
President		

7. Home Address: 5234 County Road YZ

8. City	9. State	10. Zip Code	11. Date of Birth
Dodgeville	WI	53533	09/09/79

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
L132-5137-9329-05	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 03/1981

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1: 5234 Cty Rd YZ	City: Dodgeville	State: WI	Zip Code: 53533
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Iowa						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	10-1-25

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 09/13/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Ice Wolves Youth Hockey Association

2. Business Trade Name or DBA
IWYHA

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
OLDAY	JONATHAN	W

4. Relationship to Business (Title)	5. Email	6. Phone
VICE PRESIDENT	JonathanOlday@gmail.com	608-577-1556

7. Home Address
2401 WALTERS ROAD

8. City	9. State	10. Zip Code	11. Date of Birth
DODGEVILLE	WI	53533	10/11/1984

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
0430-4398-4371-02	WISCONSIN

Part C: Address History

1. Do you currently live in Wisconsin? ..... ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin ..... (MM/YYYY) 10/1984

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 2401 WALTERS ROAD	DODGEVILLE	W	53533
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
W	IOWA						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	9-25-25

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 09/13/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Ice Wolves Youth Hockey Association
2. Business Trade Name or DBA: IWYHA
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Ley	Trica	M

4. Relationship to Business (Title)	5. Email	6. Phone
TREASURER	icewolvestreasurer@gmail.com	608-553-0622

7. Home Address: 5434 Davis Rd

8. City	9. State	10. Zip Code	11. Date of Birth
Dodgeville	WI	53533	4/7/1990

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
L000-8139-0627-04	Wisconsin

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 04/1990

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 5434 Davis Rd	Dodgeville	WI	53533
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Iowa	WI	Dane				
WI	Grant						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

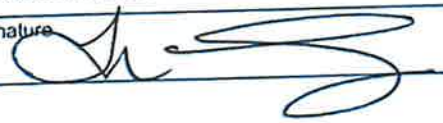
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☑ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	9/13/2025

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 09/13/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Ice Wolves Youth Hockey Association

2. Business Trade Name or DBA
IWYHA

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Lee	Rachel	A

4. Relationship to Business (Title)	5. Email	6. Phone
SECRETARY	rachelaglee@gmail.com	715 533 1370

7. Home Address
3484 Veterans Pass

8. City	9. State	10. Zip Code	11. Date of Birth
Dodgeville	WI	53533	04/17/1986

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
L000-7218-6637-05	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 04/2002

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 3484 Veterans Pass	Dodgeville	WI	53533
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Grant	WI	Dane				
WI	Iowa						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	16 Sep 2025

Form
AB-101

Alcohol Beverage Appointment of Agent

Da
09/13/2025

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Ice Wolves Youth Hockey Association

2. Business Trade Name or DBA
IWYHA

3. Entity Type *(check one)*
☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Levetzow	Amy	B

4. Email	5. Phone
iwiceconcessions@gmail.com	(608) 574-3286

6. Home Address
5234 County Road YZ

7. City	8. State	9. Zip Code	10. Date of Birth
Dodgeville	WI	53533	8/5/1976

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
L132-0027-6785-02	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned,** authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Levetzow	Kyle	M

Title	Email	Phone
President	icewolvesprez@gmail.com	(608) 574-2303

Signature	Date
[signature]	10-1-25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent,** hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Levetzow	Amy	B

Signature	Date
[signature]	9-13-2025

RETAINER AGREEMENT

The City of Dodgeville, Iowa County, Wisconsin, agrees to retain the firm of Boardman & Clark, LLP, to perform routine legal services as described in this agreement. It is understood and agreed that Eric Hagen will be designated as the City Attorney who will have primary responsibility for handling and providing the legal services described in this agreement but that he may, from time to time, delegate other attorneys in the firm to perform legal services for the City.

The routine legal affairs of the City will be handled on a flat fee compensation basis in the amount of $22,500.00 per calendar quarter. Routine legal affairs shall include the following services:

1. Consulting with City officials concerning the City's legal affairs and business, and drafting legal opinions thereon when requested.

2. Attending regular or special City Council meetings, committee meetings, Plan Commission, Board of Zoning Appeals meetings and collective bargaining negotiations or mediation sessions on an as needed basis.

3. Maintaining office hours at city hall on a regular basis ("Office Hours") consistent with other scheduled obligations (e.g. court appearances, meetings). The City Attorney shall advise the City Clerk of scheduled Office Hours or changes thereto at least 24 hours in advance. Generally, the City Attorney will schedule Office Hours for at least 6 hours per week.

4. The following legal services shall be considered routine legal affairs when performed during the City Attorney's Office Hours:

    a. Performing legal work in connection with real estate transactions in which the City is interested, including the closing of streets and alleys.

    b. Assisting City officials in the handling of personnel matters, including disciplinary issues.

    c. Reviewing or preparing contracts in which the City has an interest.

    d. Drafting ordinances and resolutions.

5. Prosecuting all cases brought into Iowa County Circuit Court for violations of City ordinances (the "municipal court" for purposes of this contract).

6. Prosecuting all actions for the collection of personal property taxes of the City.

7. Responding to routine auditor's requests for information on behalf of the City and its Utilities.

8. Consulting with City officials concerning collective bargaining agreement negotiations and interpretation.

9. Other miscellaneous, routine and recurring legal work as arises from time to time.

Compensation shall be paid quarterly on March 31, June 30, September 30 and December 31.

The City shall reimburse the attorney for out-of-pocket costs and expenses incurred in representing the City's interests, such as long distance telephone charges, recording and court filing fees, fees for service of process and witness fees, abstracting or title insurance fees and extraordinary mailing or photocopying costs (i.e. for mailing an item which costs $1.50 or more or for photocopying a document which exceeds 50 pages). The attorney will not bill mileage or other travel-related expenses unless overnight or out of county travel is required (exclusive of travel to/from the City).

1. The following items are excluded from routine legal services if performed outside of the City Attorney's Office Hours:

    a. Performing legal work in connection with real estate transactions in which the City is interested, including the closing of streets and alleys.

    b. Assisting City officials in the handling of personnel matters, including disciplinary issues.

    c. Reviewing or preparing contracts in which the City has an interest.

    d. Drafting ordinances and resolutions.

2. Interest and grievance arbitration, including discharge matters.

3. Quo warranto proceedings and legal representation which would be provided under any contract of insurance, liability or otherwise, in effect for the City.

4. Litigation of matters outside of small claims or municipal court procedural rules, including certiorari and mandamus proceedings.

5. Appeals or review of zoning matters in Circuit Court, other than prosecution of zoning ordinance violations and appeals or reviews of municipal court determinations.

6. Matters related to municipal finance including the issuance of municipal obligations, TIF districting and obtaining grants from federal or state authorities or agencies.

7. Matters arising under the City's power of eminent domain.

8. Election matters including referenda, recounts and recall elections.

9. Defense of administrative or forfeiture actions brought against the City or its officials by state or federal authorities.

10. Other extraordinary legal matters requiring extensive time and attention upon prior notice to City.

Legal fees for services excluded from routine legal work shall be charged at our hourly rates multiplied by the hours worked, plus reimbursement for out-of-pocket expenses as described above. The attorney shall provide an itemized statement for all such fees and expenses. Hourly rates for services excluded from routine legal work will range from $150 to $400. This includes the rates of attorneys, paralegals, legal assistants and clerks who may be assigned to work on matters that are excluded from routine legal work. The hourly rates of others will vary depending upon the individual involved and the nature of the legal services being provided. Our fees for professional services will take into account additional factors, including the time and labor required, the novelty and difficulty of the issues involved, and the skill required to perform the legal services. The hourly rate for Eric Hagen, the attorney who will be primarily handling this representation is $300.00 per hour.

This agreement shall be effective for a period of one year commencing January 1, 2026. The City has the right to terminate this agreement at any time. The attorney has the right to terminate this agreement at any time consistent with the requirements of Rule 20:1:16 of the Rules of Professional Conduct for Attorneys.

Dated as of this ____ day of _____ 2025.

CITY OF DODGEVILLE

By: _____
BARRY HOTTMANN, Mayor

BOARDMAN & CLARK, LLP

By: _____
ERIC HAGEN

Countersigned: _____
EMILY WOLFE, Deputy Clerk-Treasurer

This contract was approved by the City Council at a meeting held _____, 2025.

Discover Card Merchant Settlement
Class Action Settlement Administrator
c/o Epiq Class Action
PO Box 2497
Portland OR 97208-2497

DISCOVER

Submission Deadline
May 18, 2026

400689810068290925
000 0001609 00000000 0001 0002 00805 INS: 0 0

CITY OF DODGEVILLE
100 E FOUNTAIN ST
DODGEVILLE WI 53533-1750

176
55805

Legal Name: CITY OF DODGEVILLE
Tax ID: XX-XXX5432
Claimant ID: 2DX7V73Y77
PIN: 545067

Submit your claim online:

Scan the QR code to file a claim online via your phone, computer, tablet, or other smart device.

• COURT-APPROVED CLAIM FORM •

If you accepted or processed Discover credit cards between 2007–2023, you could be eligible to get a payment from a class action settlement.

You must file a claim to receive a payment under the Settlement. You can file a claim online at www.DiscoverMerchantSettlement.com or by filling out and mailing this Claim Form to the address listed below.

Provide and/or Confirm Claimant Information.

Legal name of business, entity or person that accepted and/or processed Discover credit cards 2007–2023 (☐ Check this box if the Legal Name preprinted at the top of this page is correct):
(If applicable) Doing business as (DBA) name of business, entity or person (if any) that accepted and/or processed Discover credit cards 2007–2023 (☐ Check this box if the DBA Name preprinted at the top of this page is correct):
Postal Mailing Address (☐ Check this box if mailing address preprinted at the top of this page is correct):
Taxpayer Identification Number (SSN, EIN or ITIN)

Email	**Phone**

Tell us about your acceptance and/or processing of Discover credit cards.

Are you a franchisor or franchisee? ☐ Neither ☐ Franchisor ☐ Franchisee ☐ Both
Do/did you process or accept Discover credit cards on behalf of other businesses? ☐ Yes ☐ No

Your signature is required.

By signing below, I attest the information provided is correct, I have sufficient authority to submit a claim for this entity, and, to the best of my knowledge and belief, no other person or entity has a claim to any Settlement Payment I am seeking in connection with this Settlement.

Signature	Date (mm/dd/yyyy)
Printed Name	Title/Position

File your claim online or mail this Claim Form to:
Discover Card Merchant Settlement Administrator, PO Box 2497, Portland, OR 97208-2497
Please review additional options on the back of this form.

To get this Claim Form and other information in Spanish Español, Russian Русский, Korean 한국어, Vietnamese Tiếng Việt, Japanese 日本語, Chinese 汉语, or Thai ภาษาไทย, please visit DiscoverMerchantSettlement.com

AK5591 v.19

Questions? Call 1-888-655-3176 or visit www.DiscoverMerchantSettlement.com

Optional: Tell us your preferred payment method.

Eligible claimants will be mailed checks if the Settlement becomes final. If you want to receive a payment electronically instead, you may securely provide your payment information at www.DiscoverMerchantSettlement.com.

Optional: Fill out an IRS Form W-9.

You may be required to fill out a Form W-9 in connection with any settlement payment issued. To save time, you may provide this information now at www.DiscoverMerchantSettlement.com.

For free assistance, call us at 1-888-655-3176, Monday through Friday, 9:00 a.m. to 8:00 p.m. ET, or send us an email at info@DiscoverMerchantSettlement.com.

DISCOVER CARD MERCHANT CLASS ACTION SETTLEMENT

If you accepted or processed Discover credit cards between 2007-2023, you could be eligible to get a cash payment from a class action settlement.

A federal court authorized this notice.

****YOU MAY BE ENTITLED TO A SETTLEMENT PAYMENT****

To receive a payment, you must file a claim by May 18, 2026

For more information, read this notice, visit www.DiscoverMerchantSettlement.com, or call 1-888-655-3176.

What is this notice about? A proposed class action settlement has been reached in three related lawsuits. The lawsuits allege that, beginning in 2007, Discover misclassified certain Discover-issued consumer credit cards as commercial credit cards, which in turn caused merchants and others to incur excessive interchange fees. Discover denies the claims in the lawsuits, and the Court has not decided who is right or wrong. Instead, the proposed settlement, if approved, will resolve the lawsuits and provide benefits to Settlement Class Members.

Who is included? The Settlement Class includes all End Merchants, Merchant Acquirers, and Payment Intermediaries involved in processing or accepting a Misclassified Card Transaction during the period from January 1, 2007 through December 31, 2023. To view the full Settlement Class definition, including defined terms and excluded entities, go to www.DiscoverMerchantSettlement.com.

You are receiving this **Standard Notice** because records indicate that you are a Settlement Class Member.

What can I get? Under the proposed settlement, Discover will make payments to eligible Settlement Class Members who submit valid claims. Discover has agreed to pay between $540 million and $1.225 billion plus interest in connection with this settlement. Your settlement payment amount will be calculated based on a variety of factors, including the total estimated interchange fee overcharge for each Discover merchant identifier (or "MID") associated with you, how interchange fee charges for each MID were allocated among entities associated with the same MID, and the total aggregate dollar amount of all settlement payments. For more information, including to view the detailed calculation methodology or to review the list of MIDs associated with you, go to www.DiscoverMerchantSettlement.com.

How do I get a payment? To receive a settlement payment, you must submit a claim, postmarked or submitted online, by **May 18, 2026**. You can: (a) submit a claim form online at www.DiscoverMerchantSettlement.com, or (b) fill out the claim form enclosed with this notice and mail it to the Settlement Administrator at the address listed in the form.

The Settlement Administrator will validate claims and review all information submitted and will determine allocations and payment amounts pursuant to the terms of the settlement. Payments will be sent to eligible Settlement Class Members if and when the settlement is approved by the Court and becomes final.

What are my options? You can file a claim for a payment. Alternatively, you can exclude yourself from the settlement by opting out, in which case you will receive no payment under this settlement and retain any right you may have to sue Discover about the claims in these lawsuits or related to the Misclassified Card Transactions. To exclude yourself, mail a request for exclusion containing the information described at www.DiscoverMerchantSettlement.com, postmarked by **March 25, 2026**, to: Discover Card Merchant Settlement Exclusion Requests, c/o Epiq Class Action, PO Box 5370 Portland, OR 97228-5370. If you do not exclude yourself, and the Court approves the settlement, you will be bound by the Court's orders and judgments and will release any claims against Discover in these lawsuits or related to the Misclassified Card Transactions. If you do not exclude yourself, you can object to or comment on the settlement or Settlement Class Counsel's request for attorneys' fees, expenses, and service awards for the Settlement Class Representatives who brought the lawsuits. To object, you must submit to the Court a signed, written objection containing the information described at www.DiscoverMerchantSettlement.com by **March 25, 2026**. Visit www.DiscoverMerchantSettlement.com for more information.

What happens next? The Court will hold a hearing, currently scheduled for **May 20, 2026 at 9:30 a.m. (CT)**, at the United States District Court for the Northern District of Illinois, Courtroom 2319, 219 South Dearborn Street, Chicago, IL 60604, to decide whether to approve the settlement, attorneys' fees (not to exceed to $25 million) plus reimbursement of litigation expenses (not to exceed $1 million), and service awards of up to $7,500 to each of five Settlement Class Representatives. Under the terms of the settlement, any amounts awarded by the Court to Settlement Class Counsel and Settlement Class Representatives will be paid by Discover separate from (in other words, in addition to) settlement payments paid to Settlement Class Members. The date and time of this hearing may change without further notice, or the Court could order that this hearing be held remotely or telephonically. Check www.DiscoverMerchantSettlement.com for updates.

Who represents me? The Court has appointed Lieff Cabraser Heimann & Bernstein LLP, Dilworth Paxson LLP, and The Kick Law Firm, APC to represent the Settlement Class. Together, these lawyers are called Settlement Class Counsel. You do not need to pay these lawyers out of your pocket; instead these lawyers will apply to the Court for compensation, to be paid by Discover separate from and on top of the payments to Settlement Class Members. If you want to be represented by your own lawyer, you may hire one at your own expense.

How do I get more information? For more information, including to view copies of case documents, the full Settlement Agreement, the settlement payment calculation methodology, and Settlement Class Counsel's fee application, or to file a claim online or print out a hard copy claim form to file by mail, visit www.DiscoverMerchantSettlement.com. You can also call 1-888-655-3176 or contact Settlement Class Counsel at 1-800-971-8881.

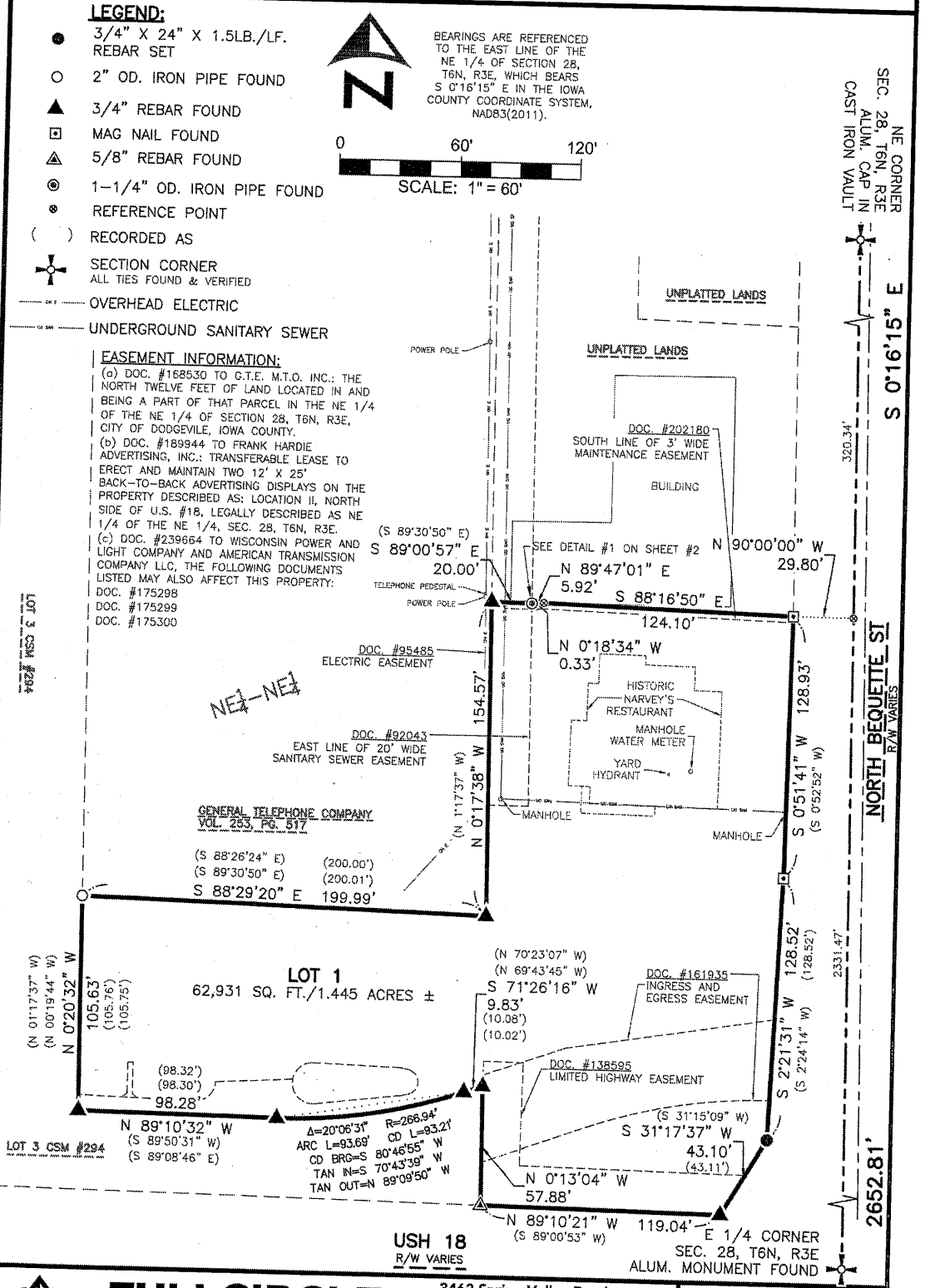
PLEASE DO NOT CONTACT THE COURT ABOUT THIS NOTICE

PRELIMINARY 8/22/2025

IOWA COUNTY CERTIFIED SURVEY MAP #_____

Being Lot 4 of CSM #294 and part of the NE 1/4 of the NE 1/4 of Section 28, T6N, R3E, City of Dodgeville, Iowa County, Wisconsin

FOR: 1206 N BEQUETTE ST LLC
3725 REYNOLDS RD
DODGEVILLE, WI 53533



FULLCIRCLE ENGINEERING & SURVEYING
3462 Spring Valley Road
Dodgeville, WI 53533
608-935-0294
www.fullcircleES.com

SHEET 1 OF 2
JOB ID: 2304051C
FIELD CREW: MGR BWJ

PRELIMINARY 8/22/2025

IOWA COUNTY CERTIFIED SURVEY MAP #_____

Being Lot 4 of CSM #294 and part of the NE 1/4 of the NE 1/4 of Section 28, T6N, R3E, City of Dodgeville, Iowa County, Wisconsin

FOR: 1206 N BEQUETTE ST LLC
3725 REYNOLDS RD
DODGEVILLE, WI 53533

SURVEYOR'S CERTIFICATE:

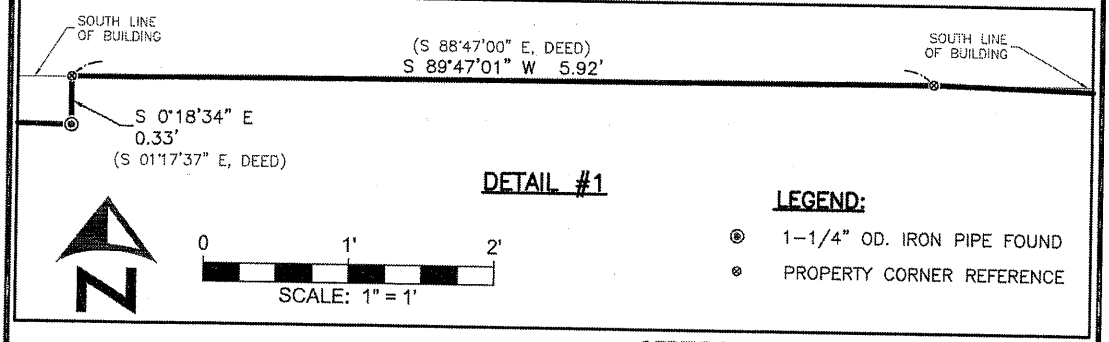
I, Michael G. Rochon, professional land surveyor, hereby certify:

Being Lot 4 of CSM #294 and part of the NE of the NE 1/4 of Section 28, T6N, R3E, City of Dodgeville, Iowa County, Wisconsin, to wit:

Commencing at the NE corner of said section 28;
thence S 0°16'15" E, 320.34' along the east line of the NE 1/4;
thence N 90°00'00" W, 29.80' to the POINT OF BEGINNING;
thence S 0°51'41" W, 128.93' along the westerly right of way of North Bequette Street;
thence S 2°21'31" W, 128.52' along the westerly right of way of North Bequette Street;
thence S 31°17'37" W, 43.10' along the westerly right of way of North Bequette Street;
thence N 89°10'21" W, 119.04' along the northerly right of way of USH. 18;
thence N 0°13'04" W, 57.88' along Lot 3 of CSM #294;
thence S 71°26'16" W, 9.83' along Lot 3 of CSM #294 to the beginning of a curve, concave to the northwest, having a central angle of 20°06'31", a radius of 266.94', and whose long chord bears S 80°46'55" W, 93.21';
thence 93.69' along the arc of said curve and along Lot 3 of CSM #294;
thence N 89°10'32" W, 98.28' along Lot 3 of CSM #294;
thence N 0°20'32" W, 105.63' along Lot 3 of CSM #294;
thence S 88°29'20" E, 199.99';
thence N 0°17'38" W, 154.57';
thence S 89°00'57" E, 20.00';
thence N 0°18'34" W, 0.33';
thence N 89°47'01" E, 5.92';
thence S 88°16'50" E, 124.10' to the POINT OF BEGINNING;
containing 62,931 square feet or 1.445 acres, more or less.
Parcel is subject to any easements of record and/or usage.

THAT the description and plat is a correct representation of all exterior boundaries of the land surveyed and the division thereof made. That I have fully complied with the provisions of Section 236.34 of the Wisconsin Statutes in surveying, dividing and mapping of the same and that the survey is correct to the best of my knowledge and belief.

Michael G. Rochon, S-2767 Date



CITY OF DODGEVILLE

The City of Dodgeville hereby accepts this CSM for recording.

Lauree Aulik – Clerk/Treasurer Date

CERTIFICATE OF IOWA CO. REGISTER OF DEEDS

Received for recording this ___ day of _____, 2025 at ___ o'clock __M, and recorded in Volume _____ of Certified Survey Maps, on Page(s) _____.

TAYLOR J CAMPBELL, IOWA CO. REGISTER OF DEEDS

FULLCIRCLE ENGINEERING & SURVEYING
3462 Spring Valley Road
Dodgeville, WI 53533
608-935-0294
www.fullcircleES.com

SHEET 2 OF 2
JOB ID: 2304051C
FIELD CREW: MGR BWJ

Hollandale Moving - Estimate for Moving Services

Thank you for your interest in Hollandale Moving and our services.

Based on the information we received for your upcoming move from Dodgeville to Dodgeville your estimate is as follows:

Included in the estimate is both hourly and mileage rates. These rates apply from the time we leave our office until we return. We will provide 4 movers, one truck, the labor, insurance and any other equipment needed to move your belongings in a safe and efficient manner.

With the information we received regarding your list of belongings, we estimate we will need 5-7 hours to complete your move. Our current hourly rate for 4 movers and one truck is $275.00 totaling $1,375.00 to totaling $1,925.00. We provide a 2 hour range in all of our estimates to ensure you have the information needed to make an informed decision.

Based on the locations provided, we estimate it will be 28 miles round trip, bringing the estimated mileage rate for our truck to be $50.40 We occasionally have come across instances where we have experienced road construction, detours and additional stops requested by clients. If we experience any of these or similar conditions that may affect the actual mileage the total amount will reflect these changes.

If you approve of this estimate please contact our office with a short email, text or phone call.

**Please note that availability is subject to change until I have heard back from you with an approval of your estimate, and a date has then been confirmed between both parties.

As always, if you have any additional questions, please feel free to contact our office. We look forward to working with you.

Best Regards,

Joy Hull
Hollandale Moving L.L.C.
Blue Mounds, WI 53517
(608) 967-2457

Email: contact@hollandalemoving.com
Internet: www.hollandalemoving.com

Moving Estimate Pt 2

Time (hr)		4-5
Rate	$	275.00
Max Total	$	1,375.00

Note: Rate is for 4 movers. They will most likely bring 2-3.
We will have stuff staged for pickup to help save time.