



**PUBLIC NOTICE**

**Common Council Regular Meeting  
Tuesday, March 03, 2026 at 5:30 PM**

**City Hall Council Chambers, 410 E Leffler St, Dodgeville,**

**WI 53533**

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**AGENDA**

**I. CALL TO ORDER AND ROLL CALL**

**I. PLEDGE OF ALLEGIANCE**

**II. CONSENT AGENDA**

- [1.](#) Approval of Minutes from February 17, 2026
- [2.](#) Approval of minutes from February 19, 2026
- [3.](#) Approval of Claims from March 3, 2026
- [4.](#) Approval of Temporary Alcohol Beverage License for the following events: 2026 WI Grilled Cheese Championship hosted by the Dodgeville Chamber of Commerce on April 25, 2026 ; Dairyland Dare Bicycle Race hosted by Race Day Events on August 1, 2026
- [5.](#) Approval of a Special Event License for the following events: 2026 WI Grilled Cheese Championship hosted by the Dodgeville Area Chamber of Commerce on April 25, 2026 ; Dairyland Dare Bicycle Race hosted by Race Day Events on August 1, 2026 ; Cruisin' the Courthouse hosted by Cruisin' the Courthouse on May 14, 2026, June 11, 2026, July 9, 2026, & August 13, 2026 ; Dodgeville Kiwanis Chicken BBQ hosted by the Dodgeville Kiwanis Club on August 20, 2026 ; No Kings III March & Rally hosted by Indivisible Southwest Wisconsin on March 28, 2026 ; Dodgeville Mat Club Scholarship Fundraiser hosted by the Dodgeville Mat Club on May 9, 2026

**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**

6. Chamber Update
7. Police Report
8. Deputy Clerk/Treasurer Report
9. Mayor Report

**V. OLD BUSINESS**

**VI. NEW BUSINESS**

- [10.](#) Discussion and possible action to approve a discount purchase agreement with Zoll Medical Corporation for EMS supplies.
11. Discussion and possible action to approve the purchase of a Tender 9 replacement for the Dodgeville Fire Department.
- [12.](#) Discussion and possible action to approve professional services contract with Public Administration Associates for city administrator planning and recruitment.
13. Discussion and possible action to approve the City of Dodgeville Emergency Response plan
- [14.](#) Discussion and possible action to approve Resolution 2026-04: No Mow/Low Mow May
- [15.](#) Discussion and possible action to approve service contract with Advanced Chemical Systems relating to HVAC maintenance.

## **VII. CLOSED SESSION**

16. Consider adjourning to closed session pursuant to Wis. Stat. sec. 19.85(1)(f) and (g) for the purposes of considering financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against specific persons except where 19.85(1) (b) applies which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person referred to in such histories or data, or involved in such problems or investigations, and for purposes of conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved, specifically related to consideration of social or personal histories related to a potential information security incident and conferring with legal counsel for the City on potential representation regarding the same.

## **VIII. OPEN SESSION**

17. Reconvene to Open Session
18. Any Action Needed as a Result of Closed Session

## **IX. ADJOURN**

19. 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, February 17, 2026 at 5:30PM  
City Hall, 410 E Leffler Street, Dodgeville, WI**

**I. CALL TO ORDER AND ROLL CALL**

The meeting was called to order at 5:30pm by Mayor Barry Hottmann. Members present: Shaun Sersch, Roxanne Reynolds-Lair, Tom DeVoss, Jeff “Potsie” Weber, Mike Olson, Julie Johnson-Solberg, Larry Tremelling. Members absent: Jerry Johnson. Others present: Dylan Wadzinski (DPW), Brian Cushman (EMS Chief), Evan Chambers (Town & Country Engineering), Carrie Portz (Library Director), Brandon Wilhelm (Police Chief), Chester Small (Dodgeville resident), Dan Paulson (Dodgeville resident/member of Cruisin’ the Courthouse), John DeMuth (Dodgeville resident/member of Cruisin’ the Courthouse)

**II. PLEDGE OF ALLEGIANCE**

**III. CONSENT AGENDA**

- 1. Approval of Minutes from February 3, 2026.
- 2. Approval of Claims from February 17, 2026.

Motion by DeVoss, second by Weber to approve Consent Agenda. Voice vote 7-0. 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.*

During public comment, Dodgeville resident Chester Small inquired about the grant that Upland Hills Health recently received, and wondered when the annexation for water and sewer would be complete. Dylan Wadzinski (Director of Public Works) confirmed that annexation of water and sewer had been completed, and that members of Upland Hills Health will be attending the next Design Review meeting scheduled for Tuesday, February 24<sup>th</sup>.

Also during public comment, Dan Paulson and John DeMuth, both Dodgeville residents, presented their plans to the council of their upcoming Cruizin’ the Courthouse events (formerly Cars for Coffee) for the 2026 year. During this presentation, Paulson and DeMuth stated that due to attendance numbers diminishing for the morning events in 2025, the group decided to move this event to the 2<sup>nd</sup> Thursday of the month for the events in 2026, with the first event planned for May 14<sup>th</sup>.

**V. REPORTS/RECOMMENDATIONS**

- 3. EMS overview report for 2025 and 2026 considerations

During the EMS overview report for 2025 and 2026 considerations, Chief Brian Cushman presented two different reports to Council showing year end 2025 stats, as well as EMS outlook for 2026 and beyond. During this report, Chief Cushman

stated that in 2025, the Dodgeville Area Ambulance had 1,055 calls for service. Of these 1055 calls, 655 of these calls were for residents within the City of Dodgeville. Cushman also states that the highest reason for calls were for falls. Lastly, Cushman states that average response time for a call for 2025 was 4.6 minutes with their main ambulance.

Regarding staffing, Cushman states that there are currently 35 staff members. Of these 35 members, 6 are full time.

Finally, Chief Cushman has asked to be part of a future Admin & Personnel committee meeting to discuss staffing shortages, and to help come up with a plan on how to recruit and retain employees for the 2026 calendar year and beyond.

4. Library update

During the library update, Library Director Carrie Portz informed council that they recently held a Job Pod training at City Hall on Monday, February 16<sup>th</sup> which included library staff, members of the Southwest Library Board, Southwest Job Center and others who will benefit from this job pod implementation. Portz stated that at this time, there is only one other library in this area that is implementing this job pod (Viroqua library), however, Dodgeville is now the first library to have implemented this training. Also during this report, Portz stated that RFP's (request for proposals) are due Thursday, February 19<sup>th</sup> for the furnishings for the new library. Lastly, Portz stated that 2.3 million has been received from the library grant. And finally, Portz states that as of the February 17<sup>th</sup> council meeting, the library project is 30% complete.

5. Deputy Clerk/Treasurer Report

During the Deputy Clerk/Treasurer report, Wolfe stated that property taxes for the 2025 tax season had now been closed out with the County, and that settlement checks had now been issued and mailed to the Iowa County, Dodgeville School, and Southwest Technical College. Wolfe reminded council members and others in attendance that pet licensing for the 2026 calendar year were due on March 31<sup>st</sup>. Lastly, Wolfe stated that in the upcoming weeks, she would be continuing to prepare for the audit, as well as prepare for the Spring Election, held at the Iowa County Law Enforcement Center on Tuesday, April 7<sup>th</sup>.

6. Mayor Report

During the Mayor report, Mayor Hottmann reminded council members of the Special Common Council meeting planned for Thursday, February 19<sup>th</sup> beginning at 5:30pm.

**VI. OLD BUSINESS**

**VII. NEW BUSINESS**

- 7. Discussion and possible action on recommendation from the Public Works Committee to approve a proposal from RES for water quality trading relating to phosphorus compliance requirements by the DNR.

Motion by Weber, second by Olson to approve recommendation from the Public Works Committee for a proposal from RES for water quality trading relating to phosphorus compliance requirements by the DNR in the amount of \$1,332,000. Roll call vote 7-0. Motion carried.

- 8. Discussion and possible action on recommendation from the Public Works Committee to approve estimate from Vierbicher to complete a Capital Improvement Planning Analysis for our city streets

Motion by DeVoss, second by Olson to approve recommendation from the Public Works Committee to approve estimate from Vierbicher to complete a Capital Improvement Planning Analysis for our city streets in the amount of \$8,500.00. Roll call vote 7-0. Motion carried.

- 9. Discussion and possible action to approve the commercial lease between the Dodgeville Public Library and Dennis Marklein in regards to the Library Annex.

Motion by DeVoss, second by Reynolds-Lair to approve the commercial lease between the Dodgeville Public Library and Dennis Marklein in regards to the Library Annex, which will terminate on October 1, 2026. Roll call vote 7-0. Motion carried.

**VIII. ADJOURN**

- 10. Motion to Adjourn

Motion by Olson, second by Weber to adjourn. Voice vote 7-0

Time: 6:23pm





**MINUTES**

**Common Council Special Meeting  
Thursday, February 19, 2026 at 5:30PM**

**City Hall, 410 E Leffler Street, Dodgeville, WI**

**I. CALL TO ORDER AND ROLL CALL**

The meeting was called to order at 5:30pm by Mayor Barry Hottmann. Members present: Shaun Sersch, Roxanne Reynolds-Lair, Tom DeVoss, Jeff "Potsie" Weber, Mike Olson, Jerry Johnson, Julie Johnson-Solberg, Larry Tremelling. Others Present: Kevin Brenner & Sue McDade (Representatives from Public Administration Associates), Jess Wildes (Representative from Innovative Public Advisors)

**II. CLOSED SESSION**

1. Consider adjourning to closed session pursuant to Wis. Stat. 185(1)(e) for the purpose of deliberating and negotiating the provision of public services and the terms of a potential contract for professional recruitment services related to the position development and recruitment of a City Administrator, including interviews with two firms, where competitive and bargaining reasons require a closed session.

Motion by Sersch, second by Reynolds-Lair to adjourn to closed session. Roll call vote 8-0. Motion carried.

**III. OPEN SESSION**

2. Reconvene to open session pursuant to Wis. Stat. 19.85(2) following closed session deliberations. The Common Council may take action regarding the selection of a recruitment firm and authorization of a professional services agreement, if appropriate.

Motion by Johnson, second by Olson to reconvene to open session. Roll call vote 8-0. Motion carried.

3. Any Action Needed as a result of Closed Session

Motion by DeVoss, second by Reynolds-Lair to approve contract with Public Administration Associates to assist with the hiring process of City Administrator in the amount of \$15,750.00. Roll call vote 7-1 (Johnson-Solberg voted NO). Motion carried.

**IV. ADJOURN**

1. Motion to Adjourn

Motion by Sersch, second by Weber to adjourn. Voice vote 8-0. Motion carried.

Time: 6:54pm

**COMMON COUNCIL - CLAIMS REPORT**  
**Tuesday, March 3, 2026**

	<b>AMOUNT</b>
<b><i>Accounts Payable</i></b>	
Capital Project Fund	\$ 496,907.95
American Rescue Plan (ARPA)	\$ -
Affordable Housing Fund	
General Fund	\$ 44,902.69
Debt Service Fund	\$ 133,488.33
Water Fund	\$ 27,866.66
Sewer Fund	\$ 10,216.43
Library Fund	\$ 2,590.19
TID 3 Fund	\$ 129,618.75
<b>TOTAL ACCOUNTS PAYABLE</b>	<b><u>\$ 845,591.00</u></b>
<b><i>Payroll</i></b>	
General Fund (100)	\$ 74,564.27
Water Fund (200)	\$ 8,883.83
Sewer Fund (300)	\$ 7,876.39
Special Purpose Library Fund (150)	\$ 11,344.19
<b>TOTAL PAYROLL</b>	<b><u>\$ 102,668.68</u></b>
<b>TOTALS BY FUND</b>	
GENERAL (100, 140, 150, 160, 161, 170)	\$ 893,416.37
WATER (200)	\$ 36,750.49
SEWER (300)	\$ 18,092.82
<b>TOTAL ALL PAYMENTS</b>	<b><u>\$ 948,259.68</u></b>

Report Criteria:

Report type: Summary

Check.Type = {<->} "Adjustment"

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
02/26	02/18/2026	65560	879	SECURIAN FINANCIAL GROUP INC	100-21000-000-000	748.96
02/26	02/23/2026	65562	2187	Arcadia Books	150-21000-000-000	859.32
02/26	02/23/2026	65563	1736	MicroMarketing LLC	150-21000-000-000	48.79
02/26	02/23/2026	65564	2116	Daniels Construction	160-21000-000-000	494,062.10
02/26	02/23/2026	65565	1378	VIERBICHER ASSOCIATES	100-21000-000-000	2,720.00
03/26	03/03/2026	65566	781	ADVANTAGE COPY	100-21000-000-000	351.61
03/26	03/03/2026	65567	1493	AMERICAN HEART ASSOCIATION INC	100-21000-000-000	2,864.48
03/26	03/03/2026	65568	1596	ASSOCIATED APPRAISAL CONSULTANTS INC.	100-21000-000-000	1,785.63
03/26	03/03/2026	65569	94	BARD MATERIALS	200-21000-000-000	600.00
03/26	03/03/2026	65570	1571	BETHANY MYVIET VO	100-21000-000-000	250.00
03/26	03/03/2026	65571	1776	Blain's Farm & Fleet	100-21000-000-000	432.02
03/26	03/03/2026	65572	128	BOUND TREE MEDICAL LLC	100-21000-000-000	2,426.53
03/26	03/03/2026	65573	290	DLT SOLUTIONS LLC	100-21000-000-000	1,345.75
03/26	03/03/2026	65574	301	DODGEVILLE MONUMENT CO INC	100-21000-000-000	4,200.00
03/26	03/03/2026	65575	2122	Dougherty ICF	200-21000-000-000	800.00
03/26	03/03/2026	65576	322	EAGLE ENGRAVING INC	100-21000-000-000	619.95
03/26	03/03/2026	65577	332	ELECTION SYSTEMS & SOFTWARE LLC	100-21000-000-000	380.00
03/26	03/03/2026	65578	410	GRAINGER	100-21000-000-000	35.47
03/26	03/03/2026	65579	427	HALLADA MOTORS INC	100-21000-000-000	2,969.20
03/26	03/03/2026	65580	451	INKWELL PRINTERS LLC	100-21000-000-000	175.00
03/26	03/03/2026	65581	458	IOWA COUNTY HIGHWAY DEPARTMENT	100-21000-000-000	513.89
03/26	03/03/2026	65582	468	J & R SUPPLY INC	300-21000-000-000	1,305.00
03/26	03/03/2026	65583	491	JEFFERSON FIRE & SAFETY INC	100-21000-000-000	338.62
03/26	03/03/2026	65584	516	JOHNSON BLOCK AND COMPANY INC	100-21000-000-000	10,803.00
03/26	03/03/2026	65585	1848	Joseph Pepper	100-21000-000-000	60.00
03/26	03/03/2026	65586	532	K & L BOBCAT INC	100-21000-000-000	311.67
03/26	03/03/2026	65587	589	Lange Enterprises of Wisconsin	100-21000-000-000	214.29
03/26	03/03/2026	65588	1452	MACQUEEN EQUIPMENT	100-21000-000-000	71.00
03/26	03/03/2026	65589	1748	Motorola Solutions Inc	100-21000-000-000	2,040.00
03/26	03/03/2026	65590	296	Napa Auto Parts	100-21000-000-000	.00 V
03/26	03/03/2026	65591	746	OREILLY AUTO PARTS	100-21000-000-000	59.96
03/26	03/03/2026	65592	790	PREMIUM WATERS INC	100-21000-000-000	49.47
03/26	03/03/2026	65593	811	RANDYS SERVICE & TOWING	100-21000-000-000	408.03
03/26	03/03/2026	65594	835	RITCHIE IMPLEMENT INC	100-21000-000-000	3.98
03/26	03/03/2026	65595	1783	Shane Groom	100-21000-000-000	20.00
03/26	03/03/2026	65596	2212	Stanard & Associates Inc	100-21000-000-000	24.50
03/26	03/03/2026	65597	926	STAPLES ADVANTAGE	100-21000-000-000	649.53
03/26	03/03/2026	65598	945	SW WI REGIONAL PLANNING COMMISSION	100-21000-000-000	250.00
03/26	03/03/2026	65599	2211	Tiffany Snyder	100-21000-000-000	305.00
03/26	03/03/2026	65600	1040	UPLAND HILLS HEALTH INC	100-21000-000-000	460.00
03/26	03/03/2026	65601	1046	USA BLUEBOOK	200-21000-000-000	1,096.94
03/26	03/03/2026	65602	1378	VIERBICHER ASSOCIATES	430-21000-000-000	3,423.75
03/26	03/03/2026	65603	1093	WI DEPARTMENT OF JUSTICE	100-21000-000-000	15.00
03/26	03/03/2026	65604	1109	WIL-KIL	100-21000-000-000	116.60
03/26	03/03/2026	65605	1147	ZOLL MEDICAL CORPORATION	100-21000-000-000	1,168.50
02/26	02/27/2026	65606	2096	Notary Records Section	100-21000-000-000	20.00
02/26	02/18/2026	700321	408	GORDON FLESCH CO INC	100-21000-000-000	14.99
02/26	02/24/2026	700322	1397	DEERE CREDIT INC	160-21000-000-000	1,783.83
02/26	02/23/2026	700323	34	ALLIANT ENERGY/WP&L (UTILITY PAYMENTS)	150-21000-000-000	504.79
02/26	02/23/2026	700324	1328	GFC Leasing WI	150-21000-000-000	243.85
02/26	02/23/2026	700325	408	GORDON FLESCH CO INC	300-21000-000-000	167.80
02/26	02/23/2026	700326	1374	RECDESK LLC	100-21000-000-000	342.09
02/26	02/27/2026	700327	2063	Employee Benefits Corporation	100-21000-000-000	105.00

M = Manual Check, V = Void Check

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
02/26	02/25/2026	700328	1975	Zift Systems	200-21000-000-000	88.92
03/26	03/03/2026	700329	34	ALLIANT ENERGY/WP&L (UTILITY PAYMENTS)	100-21000-000-000	22,576.47
03/26	03/03/2026	700330	1328	GFC Leasing WI	100-21000-000-000	326.04
03/26	03/03/2026	700331	1397	DEERE CREDIT INC	160-21000-000-000	1,062.02
03/26	03/03/2026	700332	296	Napa Auto Parts	100-21000-000-000	.00 V
03/26	03/03/2026	700333	296	Napa Auto Parts	100-21000-000-000	.00 V
02/26	02/26/2026	700334	124	BOND TRUST SERVICE CORPORATION	430-21000-000-000	92,850.00
02/26	02/26/2026	700335	124	Bond Trust Services Corporation	430-21000-000-000	34,900.00
02/26	02/26/2026	700336	124	Bond Trust Services Corporation	200-21000-000-000	149,196.66
02/26	02/26/2026	700337	363	FARMERS SAVINGS BANK	100-21000-000-000	25.00
Grand Totals:						845,591.00

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
100-21000-000-000	453.74	45,356.43-	44,902.69-
100-21552-000-000	748.96	.00	748.96
100-46740-000-000	647.09	.00	647.09
100-51420-390-000	20.00	.00	20.00
100-51440-390-000	380.00	.00	380.00
100-51510-210-000	4,167.68	.00	4,167.68
100-51530-210-000	1,785.63	.00	1,785.63
100-51600-340-000	116.60	.00	116.60
100-51710-222-000	2,563.79	.00	2,563.79
100-51710-310-000	72.42	.00	72.42
100-51710-390-000	35.47	.00	35.47
100-51912-390-000	25.00	.00	25.00
100-51963-390-000	105.00	.00	105.00
100-52100-210-000	2,209.51	.00	2,209.51
100-52100-326-000	20.00	.00	20.00
100-52100-400-000	408.03	.00	408.03
100-52100-610-000	484.50	.00	484.50
100-52100-720-000	60.00	.00	60.00
100-52200-222-000	2,465.37	.00	2,465.37
100-52200-340-000	71.00	.00	71.00
100-52200-400-000	398.58	.00	398.58
100-52300-210-000	186.52	.00	186.52
100-52300-222-000	1,298.99	.00	1,298.99
100-52300-310-000	392.92	.00	392.92
100-52300-325-100	250.00	.00	250.00
100-52300-325-140	2,864.48	.00	2,864.48
100-52300-345-000	2,426.53	.00	2,426.53
100-52300-400-000	1,477.01	.00	1,477.01
100-52300-500-000	1,279.34	.00	1,279.34
100-52300-700-000	619.95	.00	619.95
100-52300-720-000	497.38	.00	497.38
100-53100-240-000	1,345.75	.00	1,345.75
100-53230-390-000	1,804.24	.00	1,804.24
100-53240-390-000	1,210.20	340.76-	869.44
100-53415-390-000	500.50	.00	500.50
100-53420-390-000	89.74	.00	89.74
100-54910-222-000	238.50	.00	238.50
100-54910-390-000	250.00	.00	250.00

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
100-54910-700-000	4,500.00	.00	4,500.00
100-55200-222-000	2,182.34	.00	2,182.34
100-55200-400-000	112.98	112.98-	.00
100-55310-000-000	119.91	.00	119.91
100-55420-310-000	249.52	.00	249.52
100-56500-000-000	150.00	.00	150.00
100-57330-000-000	4,525.00	.00	4,525.00
140-21000-000-000	.00	133,488.33-	133,488.33-
140-58200-000-000	133,488.33	.00	133,488.33
150-21000-000-000	.00	2,590.19-	2,590.19-
150-55115-221-000	933.44	.00	933.44
150-55115-224-000	243.85	.00	243.85
150-55115-321-000	908.11	.00	908.11
150-55115-391-000	504.79	.00	504.79
160-21000-000-000	.00	496,907.95-	496,907.95-
160-57610-000-000	494,062.10	.00	494,062.10
160-58100-000-000	2,845.85	.00	2,845.85
200-21000-000-000	.00	27,866.66-	27,866.66-
200-51510-000-000	3,117.66	.00	3,117.66
200-53700-000-427	15,708.33	.00	15,708.33
200-53700-000-903	16.49	.00	16.49
200-53700-622-000	4,850.02	.00	4,850.02
200-53700-632-000	351.22	.00	351.22
200-53700-641-000	1,085.90	.00	1,085.90
200-53700-651-000	1,100.00	.00	1,100.00
200-53700-660-000	1,492.19	.00	1,492.19
200-53700-681-000	55.93	.00	55.93
200-53700-689-000	88.92	.00	88.92
300-21000-000-000	.00	10,216.43-	10,216.43-
300-51510-000-000	3,117.66	.00	3,117.66
300-53600-000-821	1,292.96	.00	1,292.96
300-53600-000-827	4,392.93	.00	4,392.93
300-53600-000-831	1,305.00	.00	1,305.00
300-53600-000-834	51.94	.00	51.94
300-53600-000-851	55.94	.00	55.94
430-21000-000-000	.00	129,618.75-	129,618.75-
430-51510-000-000	250.00	.00	250.00
430-56701-000-000	100,000.00	.00	100,000.00
430-56702-000-000	27,750.00	.00	27,750.00
430-56710-000-000	1,618.75	.00	1,618.75
Grand Totals:	846,498.48	846,498.48-	.00

Dated: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Council: \_\_\_\_\_

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City Recorder: \_\_\_\_\_

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

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
<b>GENERAL FUND</b>								
Total GENERAL FUND:					44,902.69	44,902.69		
<b>DEBT SERVICE</b>								
Total DEBT SERVICE:					133,488.33	133,488.33		
<b>SPECIAL PURPOSE LIBRARY FUND</b>								
Total SPECIAL PURPOSE LIBRARY FUND:					2,590.19	2,590.19		
<b>CAPITAL PROJECT FUND</b>								
Total CAPITAL PROJECT FUND:					496,907.95	496,907.95		
<b>WATER</b>								
Total WATER:					27,866.66	27,866.66		
<b>SEWER</b>								
Total SEWER:					10,216.43	10,216.43		
<b>TIF 3</b>								
Total TIF 3:					129,618.75	129,618.75		
Grand Totals:					845,591.00	845,591.00		

Dated: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Council: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clerk/Treasurer: \_\_\_\_\_

GL Account	Debit	Credit	GL Account	Debit	Credit
300-53600-000-840	2,149.37	.00	300-53600-000-850	264.90	.00
999-10001-000-000	.00	66,540.39-			
			Totals:	102,668.68	102,668.68-

02/15/2026 Fund Summary

Fund	Debit	Credit	Fund	Debit	Credit	Fund	Debit	Credit
100	74,564.27	36,128.29-	150	11,344.19	.00	200	8,883.83	.00
300	7,876.39	.00	999	.00	66,540.39-			
						Totals:	102,668.68	102,668.68-

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
<b>Total Fees</b>		<b>\$</b>

Part A: Organization Information		
1. Organization Name Dodgeville Area Chamber of Commerce		
2. Organization Permanent Address 338 N Iowa St		
3. City Dodgeville	4. State WI	5. Zip Code 53533
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
10. Phone (608) 935-9200	11. Email depot@mhtc.net	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wunderlin	Kari	President	
Oellerich	Julia	Vice President	
Boehnen	Aaron	Treasurer	
Vondra	Jenna	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Wisconsin Grilled Cheese Championship			
2. Dates of Operation 4/25/2026		3. Hours of Operation 11am to 4pm	
4. Premises Address 600 N Bennett Rd			
5. City Dodgeville		6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Dodgeville		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website www.dodgeville.com		14. Event Website www.grilledcheesewisconsin.com	
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. Pavilion			

Part D: Attestation			
Who must sign this application? <ul style="list-style-type: none"> <li>• one officer or director of the nonprofit organization</li> </ul> <p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>			
Last Name Vondra		First Name Jenna	M.I.
Title Executive Director	Email depot@mhtc.net		Phone (608) 935-9200
Signature 		Date 11/12/2026	

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	

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$
	Background Check	\$
	<b>Total Fees</b>	<b>\$</b>

Part A: Organization Information		
1. Organization Name Dodgeville Area Chamber of Commerce		
2. Organization Permanent Address 338 N Iowa St		
3. City Dodgeville	4. State WI	5. Zip Code 53533
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
10. Phone (608) 935-9200	11. Email depot@mhtc.net	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wunderlin	Kari	President	
Allbright	Robert	Vice President	
Oellerich	Julia	Treasurer	
Vondra	Jenna	Executive Director	

Continued →

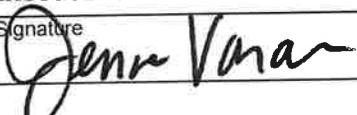
**Part C: Event Information**

1. Name of Event (if applicable) Wisconsin Grilled Cheese Championship			
2. Dates of Operation 4/25/2026		3. Hours of Operation 11am to 4pm	
4. Premises Address 600 N Bennett Rd			
5. City Dodgeville		6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Dodgeville</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website www.dodgeville.com		14. Event Website www.grilledcheesewisconsin.com	
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.  Pavilion			

**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 Vondra		First Name Jenna		M.I.
Title Executive Director		Email depot@mhtc.net		Phone (608) 935-9200
Signature 			Date 10/7/2020	

**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	

## Alcohol Beverage Individual Questionnaire

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.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) Dodgeville Revitalization			
2. Business Trade Name or DBA Dodgeville Area Chamber of Commerce			
3. Entity Type ( <i>check one</i> )			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization			

<b>Part B: Individual Information</b>					
1. Last Name Vondra		2. First Name Jennifer		3. M.I.	
4. Relationship to Business (Title) Executive Director		5. Email depot@mhtc.net		6. Phone (608) 935-9200	
7. Home Address 321 W Valley St.					
8. City Dodgeville		9. State WI	10. Zip Code 53533		11. Date of Birth 01/21/25
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		

<b>Part C: Address History</b>						
1. Do you currently reside in Wisconsin? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>						
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? .....					Years 40	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1		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 WI	County Iowa	State WI	County Dane	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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

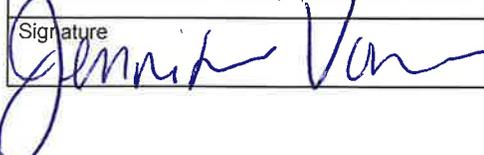
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

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 1/12/2020
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Municipality

Form  
**AB-220**

**Temporary Alcohol Beverage License**

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
<b>Total Fees</b>		<b>\$ 10.00</b>

Part A: Organization Information		
1. Organization Name Verona Youth Hockey Association		
2. Organization Permanent Address 451 East Verona Ave		
3. City Verona	4. State WI	5. Zip Code 53593
6. Mailing Address (if different from permanent address)		
7. FEIN 39-1748585	8. Date of Organization/Incorporation 10/10/95	9. State of Organization/Incorporation WI
10. Phone (608) 698-5665	11. Email mob2@tds.net	
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-0000339803-03		

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
O'Brien	Michael	Director	(608) 698-5665
Mattla	Jason	President	(608) 444-9099
Temple	Justin	Vice President	(608) 239-6585
Gastel	Joe	Treasure	(608) 238-9865

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Dairyland Dare			
2. Dates of Operation August 1, 2026		3. Hours of Operation 8am - 8pm	
4. Premises Address 600 N Bennet Rd			
5. City Dodgeville		6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of <u>Dodgeville</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Race Day Events		12. Email and/or Phone Number for Organizer of Event brad.rogstad@racedayevents.com	
13. Organizer Website racedayevents.com		14. Event Website dairylanddare.com	
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. Alcohol only served inside the pavilion at Harris Park			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>		
Last Name O'Brien	First Name Michael	M.I. W
Title Director	Email mob2@tds.net	Phone (608) 698-5665
Signature 		Date 11/20/25

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	

Form  
**AB-100**

## Alcohol Beverage Individual Questionnaire

Date  
11/19/2025

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.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) Verona Youth Hockey Association			
2. Business Trade Name or DBA Verona Youth Hockey Association			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>					
1. Last Name O'Brien		2. First Name Michael		3. M.I. W	
4. Relationship to Business (Title) Director		5. Email mob2@tds.net		6. Phone (608) 698-5665	
7. Home Address 2128 Allegheny Dr					
8. City Madison		9. State WI	10. Zip Code 53719		11. Date of Birth 05/06/54
12. Drivers License/State ID Number O-165-5595-4-166-00			13. Drivers License/State ID State of issuance WI		

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 05/1954
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 NA lived at same address for 30 years		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
	NA		
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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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	11/20/2025
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Form  
AB-101

# Alcohol Beverage Appointment of Agent

Date  
11/19/2025

<b>Agent Type</b> (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Verona Youth Hockey Association	
2. Business Trade Name or DBA Verona Youth Hockey Association	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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.	

<b>Part B: Agent Information</b>			
1. Last Name O'Brien	2. First Name Michael	3. M.I. W	
4. Email mob2@tds.net		5. Phone (608) 698-5665	
6. Home Address 2821 Allegheny Dr			
7. City Madison	8. State WI	9. Zip Code 53719	10. Date of Birth 5/6/54
11. Drivers License/State ID Number O-165-5595-4-166-00		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

<b>Part D: Business Attestation</b>			
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b> , 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 O'Brien		First Name Michael	M.I. W
Title Director	Email mob2@tds.net		Phone (608) 698-5665
Signature 		Date 11/20/25	

<b>Part E: Agent Attestation</b>			
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , 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 O'Brien		First Name Michael	M.I. W
Signature 		Date 11/20/25	





CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

**ADDITIONAL MATERIALS**

With your application please include the following materials:

- A detailed map if street use is involved with the event.
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event).
- Additional applications as needed: Alcohol Licensing, Vending Permits, Facility Use or Pavilion rental agreements

**ACKNOWLEDGEMENT**

If applicable, I understand that I may be required to set up barricades at the locations designated by the City and to take down the barricades after the event. Generally, barricades may be set in place no earlier than 1/2 hour before the start of the event and must be removed immediately following the event and returned to the location designated by the City no more than 1 hour after the conclusion of the event.

I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.

I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.

I certify that all information provided on this application is true and correct.

I, Jenna Vondra, organizer of the event:  
(insert name/organization)

WI Grilled Cheese Championship  
(insert name of event)

shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.

Signature of Applicant  
Jenna Vondra

Date 10/7/2026





CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

**ADDITIONAL MATERIALS**

With your application please include the following materials:

- A detailed map if street use is involved with the event.
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event).
- Additional applications as needed: Alcohol Licensing, Vending Permits, Facility Use or Pavilion rental agreements

**ACKNOWLEDGEMENT**

*If applicable, I understand that I may be required to set up barricades at the locations designated by the City and to take down the barricades after the event. Generally, barricades may be set in place no earlier than ½ hour before the start of the event and must be removed immediately following the event and returned to the location designated by the City no more than 1 hour after the conclusion of the event.*

*I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.*

*I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.*

*I certify that all information provided on this application is true and correct.*

I, Brad Rogstad, organizer of the event: Dairyland Dare  
(insert name/organization) (insert name of event)

*shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.*

Signature of Applicant

11/19/2025

Date

### APPLICANT INFORMATION

ORGANIZATION/ENTITY NAME: Cruisin' the Courthouse  
PRIMARY EVENT CONTACT: Dan Paulson/John Demuth      PHONE: 608-467-0223  
EMAIL: dwp53533@yahoo.com      ALT PHONE: 608-553-5501  
ADDRESS: 628 Jamie St.      CITY: Dodgeville      STATE: WI      ZIP: 53533

### EVENT INFORMATION

NAME OF EVENT: Cruisin' The Courthouse  
START DATE/TIME: 5:00 PM      END DATE/TIME: Dusk  
*(Include set-up and tear-down/clean-up time. A 48-hr notice is required if event time changes or is cancelled.  
If notice is NOT given, costs may be assessed for loss of City Staff time)*

GENERAL EVENT TYPE:

Parade     Block Party     Expo     Other (Describe): Car Cruise in - see below

EXPECTED NUMBER OF ATTENDEES:

USE OF STREETS:      Are Street Barricades Required? **Yes**  
State or County Approval Required? **Yes**  
*(For Events involving or crossing State or County Highways)*

**DESCRIPTION:** *Include a detailed description of all event activities such as vending, music, selling of food or alcohol beverages, location and use of tents, stages, sound amplification or other equipment, and attach a detailed plan for clean-up after the event, steps to be taken to prevent vehicular traffic from going through the area (if necessary), and steps that will be done to ensure underage people in are not served alcohol (if applicable). If using public streets, a detailed map MUST be provided with this application. Include additional pages if necessary.*

Cruisin' The Courthouse is a family event hosted in downtown Dodgeville on Merrimac Street near the historic courthouse. Events will be held monthly from May until October. Times will be 5:00 PM until Dusk Please support the Dodgeville Lion's Club. Their generous donation to Cruisin' The Courthouse supports the car enthusiasts and businesses so we can put on this event. We are asking for the closure. of Merrimac street and part of Iowa Street in front of the courthouse for parking. Overflow will be in the Courthouse parking lot which we will discuss with them. Single permit for all dates.

Dates for Cruisin' The Courthouse

- May 14
- June 11
- July 9
- August 13

### ADDITIONAL MATERIALS

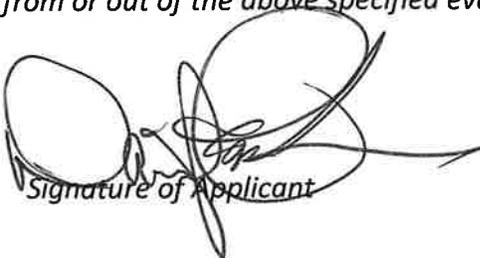
With your application please include the following materials:

- A detailed map if street use is involved with the event.
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event).
- Additional applications as needed: Alcohol Licensing, Vending Permits, Facility Use or Pavilion rental agreements

### ACKNOWLEDGEMENT

- If applicable, I understand that I may be required to set up barricades at the locations designated by the City and to take down the barricades after the event. Generally, barricades may be set in place no earlier than ½ hour before the start of the event and must be removed immediately following the event and returned to the location designated by the City no more than 1 hour after the conclusion of the event.*
- I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.*
- I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.*
- I certify that all information provided on this application is true and correct.*
- I, Daniel Paulson, organizer of the event: Cruisin' The Courthouse  
(insert name/organization) (insert name of event)

*shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.*

  
Signature of Applicant

Date 03/18/20



CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

**APPLICANT INFORMATION**

ORGANIZATION/ENTITY NAME: DODGEVILLE KIWANIS CLUB

PRIMARY EVENT CONTACT: CARRIE SCHROEDER                      PHONE: (608) 574-0267

EMAIL: CARRIE.SCHROEDER@FRONTIER.COM                      ALT PHONE:

ADDRESS: 413 W CHAPEL ST                      CITY: DODGEVILLE                      STATE: WI                      ZIP: 53533

**EVENT INFORMATION**

NAME OF EVENT: DODGEVILLE KIWANIS CHICKEN BBQ

START DATE/TIME: 8/20/2026 06:00                      END DATE/TIME: 8/20/2026 20:00

*(Include set-up and tear-down/clean-up time. A 48-hr notice is required if event time changes or is cancelled. If notice is NOT given, costs may be assessed for loss of City Staff time)*

GENERAL EVENT TYPE:

Parade     Block Party     Expo     Other (Describe): CHICKEN BBQ

EXPECTED NUMBER OF ATTENDEES:    1,000

USE OF STREETS:    Are Street Barricades Required? No

State or County Approval Required? No

*(For Events involving or crossing State or County Highways)*

**DESCRIPTION:** *Include a detailed description of all event activities such as vending, music, selling of food or alcohol beverages, location and use of tents, stages, sound amplification or other equipment, and attach a detailed plan for clean-up after the event, steps to be taken to prevent vehicular traffic from going through the area (if necessary), and steps that will be done to ensure underage people in are not served alcohol (if applicable). If using public streets, a detailed map MUST be provided with this application. Include additional pages if necessary.*

The Dodgeville Kiwanis Club will host a Chicken BBQ at the Ley Pavilion in Harris Park. We will be grilling chicken and boiling corn outside the building. Inside, we will be assembling meals for drive through and dine in orders. Folding tables from the city will be utilized and tables are rented from the Lions Club. The German Band will be playing inside the pavilion as well.

Drive through is offered, with customers entering the Harris Park parking lot via the north entrance. They line up around the building to be served on the southern exterior of the pavilion.

Clean up takes place immediately after service is completed. All tables are wiped clean and returned to their respective storage areas and all garbage is placed in dumpsters.



CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

**ADDITIONAL MATERIALS**

With your application please include the following materials:

- A detailed map if street use is involved with the event.
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event).
- Additional applications as needed: Alcohol Licensing, Vending Permits, Facility Use or Pavilion rental agreements

**ACKNOWLEDGEMENT**

If applicable, I understand that I may be required to set up barricades at the locations designated by the City and to take down the barricades after the event. Generally, barricades may be set in place no earlier than ½ hour before the start of the event and must be removed immediately following the event and returned to the location designated by the City no more than 1 hour after the conclusion of the event.

I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.

I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.

I certify that all information provided on this application is true and correct.

I, Carrie Schroeder/Dodgeville Kiwanis , organizer of the event: Dodgeville Kiwanis Chicken BBQ  
(insert name/organization) (insert name of event)

shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.

Signature of Applicant

2/20/26

Date



CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

APPLICANT INFORMATION

ORGANIZATION/ENTITY NAME: Indivisible Southwest Wisconsin  
PRIMARY EVENT CONTACT: Bob Breslow PHONE: ( 608 ) 206 - 5657  
EMAIL: rmbreslow@hotmail.com ALT PHONE: ( 608 ) 574 - 3548  
ADDRESS: 4560 Goldmine Rd. CITY: Dodgeville STATE: WI ZIP: 53533

EVENT INFORMATION

NAME OF EVENT: No Kings III  
START DATE/TIME: 03 / 28 / 26 08 : 30  am/pm END DATE/TIME: 03 / 28 / 26 1 : 00  am/pm

*(Include set-up and tear-down/clean-up time. A 48-hr notice is required if event time changes or is cancelled.  
If notice is NOT given, costs may be assessed for loss of City Staff time)*

GENERAL EVENT TYPE:

Parade  Block Party  Expo  Other (Describe): March and Rally

EXEPECTED NUMBER OF ATTENDEES: 1,000

USE OF STREETS: Are Street Barricades <sup>Requested</sup> ~~Required?~~  Yes  No  
State or County Approval Required?  Yes  No  
*(For Events involving or crossing State or County Highways)*

The City/Police graciously placed barricades at Fountain/Iowa and Fountain/Montgomery Streets without a specific request for a pervious event. This effort was appreciated by the organizers.

DESCRIPTION: *Include a detailed description of all event activities such as vending, music, selling of food or alcohol beverages, location and use of tents, stages, sound amplification or other equipment, and attach a detailed plan for clean-up after the event, steps to be taken to prevent vehicular traffic from going through the area (if necessary), and steps that will be done to ensure underage people in are not served alcohol (if applicable). If using public streets, a detailed map MUST be provided with this application. Include additional pages if necessary. No vending, no selling of food, no alcohol.*

Staging/start area is the County Courthouse parking lot. Attendees will march from the court-house parking lot to the greenspace at 105 W. Fountain Street along the west side of Iowa Street. See attached map. Two large tents will be used as cover for an information table, for first aid, seating for guests in need of a chair, cover for musicians and sound equipment and cover for speakers. A utility trailer will be used as a raised platform for musicians and speakers.  
We are requesting approval to park the trailer on Fountain Street adjacent to the green space, if necessary. A final location is not decided. Attendee safety and trailer placement are reasons for our barricade request. Sound amplication will be used at the greenspace and may be needed at the courthouse. A bull horn may be used along the route. Organizers will make a clean-up sweep of all areas affected by the rally and march. Of note, much of this request is the same as our permitted event October 2025. That permit was approved with our thanks.



CITY OF DODGEVILLE  
SPECIAL EVENT LICENSE  
FEE: \$30.00

**ADDITIONAL MATERIALS**

With your application please include the following materials:

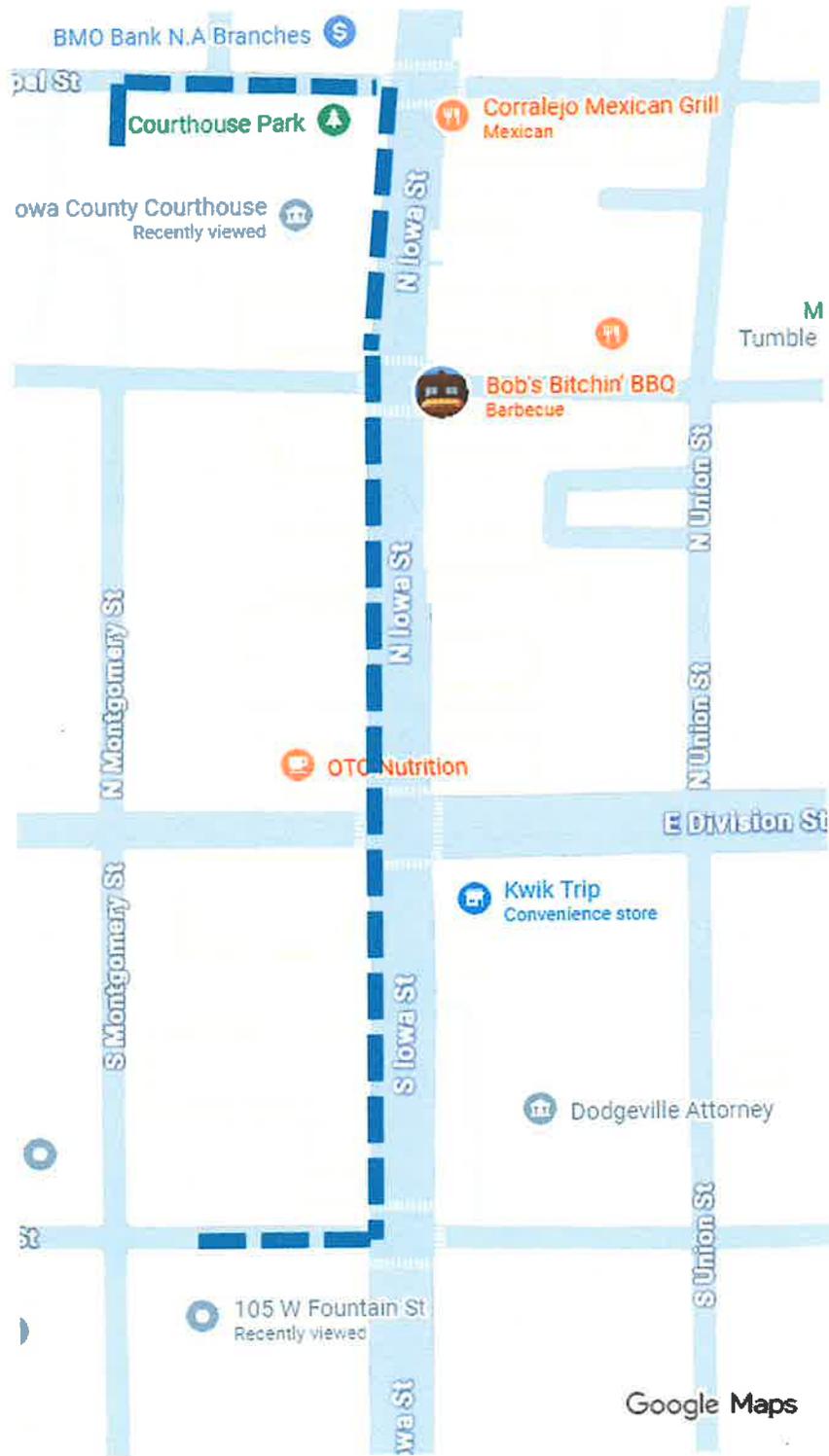
- A detailed map if street use is involved with the event. (see attached)
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event). Indivisible Southwest Wisconsin has researched availability of liability insurance, but no companies will insure political action groups. We stipulate that Southwest Wisconsin will not hold the City liable.
- Additional applications as needed: Alcohol Licensing, Vending Permits, Facility Use or Pavilion rental agreements None Needed.

**ACKNOWLEDGEMENT**

- ✓ *If applicable, I understand that I may be required to set up barricades at the locations designated by the City and to take down the barricades after the event. Generally, barricades may be set in place no earlier than ½ hour before the start of the event and must be removed immediately following the event and returned to the location designated by the City no more than 1 hour after the conclusion of the event.*
- ✓ *I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.*
- ✓ *I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.*
- ✓ *I certify that all information provided on this application is true and correct.*
- ✓ *I, Indivisible Southwest Wisconsin, organizer of the event: No Kings III  
(insert name/organization) (insert name of event)  
shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.*

Robert M. Breslow  
Signature of Applicant

February 23, 2026  
Date







### ADDITIONAL MATERIALS

With your application please include the following materials:

- A detailed map if street use is involved with the event.
- Certificate of Liability Insurance for general liability coverage (minimum of \$300,000 for the injury or death of any one person, \$50,000 for property damage, and \$1,000,000 aggregate coverage for the event).
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### ACKNOWLEDGEMENT

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- I understand that pursuant to Chapter 12.05 of the municipal code, I may be charged for the cost of "Extraordinary Services" provided by the City that exceed \$500 as a result from the Special Event.*
- I certify that I have read and understand Chapter 12.05 of the municipal code, and agree to adhere to all of the rules and requirements outlined in the ordinance.*
- I certify that all information provided on this application is true and correct.*
- I, Dodgeville Mat Club INC, organizer of the event: Dodgeville Mat Club Fundraiser  
*(insert name/organization)* *(insert name of event)*

*shall indemnify, hold harmless, and defend City of Dodgeville, its officers, agents, and employees from and against all claims, damages, losses, and expenses, including attorneys' fees, which arise from or out of the above specified event.*

  
Signature of Applicant

02/26/2026  
Date

**Supplementary Purchase Agreement for Participating Member**  
**Defibrillator Capital Equipment and Accessories**  
**Agreement No. LOC02994552**

This Supplementary Purchase Agreement (“Agreement”) is made between ZOLL Medical Corporation (“ZOLL”), and Dodgeville Area Ambulance Service, headquartered at 100 East Fountain Street Dodgeville, WI 53533, on its own behalf and on behalf of its Affiliates as defined below (collectively, “Customer”). Customer is a participating member of the group purchasing organization, Public Safety Association Inc. (“PSAI”) (the “GPO”). ZOLL and the GPO have previously entered into that certain Public Safety Association Inc. (“PSAI”) RFB 2024-06 as of November 8, 2024 (the “Underlying Agreement”) to allow for the purchase by participating members of ZOLL capital equipment, software, accessories and/or supplies (collectively “Products”). Customer wishes to purchase Products from ZOLL under the Underlying Agreement and is willing to make the supplementary commitments described herein to enable ZOLL to offer terms more favorable than in the Underlying Agreement. This Agreement will be effective upon the date of last signature (“Effective Date”). The terms of the Underlying Agreement are hereby incorporated herein.

- 1) **Agreement Pricing:** In consideration for the Volume Commitment described in Section 2 of this Agreement and the Co-Marketing Commitment described in Section 3 of this Agreement, ZOLL shall offer the Product pricing set forth in Exhibit A.
  
- 2) **Committed Volume Discount:** Each year during the Term, the Customer shall purchase at least ninety-one percent (91%) of its defibrillator capital equipment exclusively from ZOLL and ninety-one percent (91%) of its accessories and supplies for such equipment exclusively from ZOLL (collectively, the “Volume Commitment”). The price and part numbers for ZOLL’s defibrillator capital, accessories and supplies are listed in Exhibit A - Agreement Pricing. Prior to expiration of each quarter and fiscal/calendar year, during the term of this Agreement, the parties shall meet to review the Customers’ aggregate progress in meeting the applicable commitments listed in this agreement. Failure to meet the commitments listed above may result in pricing changes or the termination of this Agreement for default. Should termination of this Agreement occur, Customer’s pricing shall revert to ZOLL’s then-current list price or, if applicable, the pricing under any group purchasing or government contract designated by Customer to ZOLL.
  
- 3) **Co-Marketing Discount:** During the Term, the Customer hereby (a) grants to ZOLL the right to use its name for marketing purposes and as a reference to other potential ZOLL customers, (b) agrees to serve as a Customer Acceptance Trial Site to evaluate ZOLL products and proposed product features; and (c) agrees to provide general feedback, advice and information about the industry (the “Co-Marketing Commitment”).
  
- 4) **Term of Agreement:** The term of this Agreement (“Term”) will be coterminous with the Underlying Agreement. Termination of this Agreement shall not cause the Underlying Agreement to terminate. This Agreement shall automatically terminate upon written notification to ZOLL by Customer of Customer’s designation of a different GPO for the purpose of purchasing any ZOLL products offered in the Underlying Agreement.
  
- 5) **General:** Unless otherwise specified herein, no additions to or modification of any of the terms and conditions specified herein shall be binding unless made in writing and signed by duly authorized representatives of the parties.

*Remainder of Page Intentionally Left Blank*

**Supplementary Purchase Agreement for Participating Member**  
**Defibrillator Capital Equipment and Accessories**  
**Agreement No. LOC02994552**

Section VI. Item #10.

**IN WITNESS WHEREOF**, the undersigned duly authorized representatives of the parties have executed this Supplementary Purchase Agreement as of the date appearing below their respective signatures.

**ZOLL MEDICAL CORPORATION**

**Dodgeville Area Ambulance Service**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Supplementary Purchase Agreement for Participating Member  
Defibrillator Capital Equipment and Accessories  
Agreement No. LOC02994552**

Section VI. Item #10.

**EXHIBIT A  
Agreement Pricing**

ZOLL shall offer the Products at the following discounted prices:

ITEM	ITEM_SHORT_DESCRIPTION	UOM	Proposed Price
8009-0020	CPR-D PADZ CONNECTOR FOR R SERIES ONESTEP CABLE	EA	365.76
8300-000676	CABLE ASSY, ONE STEP, X SERIES	EA	421.92
8000-0370	CPR CONNECTOR	EA	263.52
8300-0802-01	CABLE, 12 LEAD ECG, AAMI, PROPAQ MD	EA	313.92
8300-0804-01	CABLE, V LEAD ECG, AAMI, PROPAQ MD	EA	169.20
8300-0803-01	CABLE, LIMB LEAD ECG, AAMI, PROPAQ MD	EA	154.08
8000-0330	RED LNC-4, 4FT REUSABLE PATIENT CABLE, (REF: 9355-0330, 2055)	EA	181.50
8000-0294	LNCS ADULT REUSABLE SP02 SENSOR, (REF:9355-0294, 1863)	EA	202.50
8000-000456	MASIMO SINGLE PATIENT EAR SENSOR, LNCS E1, BOX OF 10, (REF: 9355-000456, 2918)	BX	291.75
8000-0320	LNCS DISPOSABLE ADULT SP02 SENSORS (20 PER BOX), (REF: 9355-0320, 1859)	BX	251.25
8000-0321	LNCS DISPOSABLE PEDIATRIC SP02 SENSORS (20 PER BOX), (REF: 9355-0321, 1860)	BX	251.25
8000-0322	LNCS INF-3, INFANT SP02 ADHESIVE SENSOR (BOX OF 20), (REF: 9355-0322, 2319)	BX	340.50
8000-0324	LNCS NEOPT-3, NEONATAL SP02 ADHESIVE SENSOR (BOX OF 20), (REF: 9355-0324, 2321)	BX	364.50
8000-000151	RD RAINBOW SET MD20-04, EMS, PATIENT CABLE, 4 Ft. (REF: 4792)	EA	194.25
8000-000860	LNCS-II RAINBOW DCI 8λ SpHb, SC-400, ADULT SENSOR, 3 FT, 1/BOX (REF: 4059)	BX	1,027.50
8000-000861	LNCS-II RAINBOW DCIP 8λ SPHB, SC-400, PEDIATRIC SENSOR, 3 FT, 1/BOX (REF: 4062)	BX	1,027.50
8000-000862	LNCS-II RAINBOW DCI 8λ SPCO ADULT SENSOR, 3 FT, 1/BOX (REF: 4067)	BX	675.00
8000-000863	LNCS-II RAINBOW DCIP 8λ SPCO PEDIATRIC SENSOR, 3 FT, 1/BOX (REF: 4068)	BX	637.50
8000-001814	RD SET DCI, ADULT SPO2 SENSOR, 3 FT	EA	187.50
8000-001815	RD SET DCI-P, PEDIATRIC/SLENDER DIGIT REUSABLE SPO2 SENSOR, 3 FT	EA	202.50
8000-000101	RD SET E1 ADULT SP02 EAR SENSOR, 3FT (REF: 4015)	EA	300.00
8000-000103	RD SET PEDI ADV PARAMETERS SPHB, SPHB, SPMET, SPOC (REF: 4027)	EA	1,027.50
8000-000104	RD SET ADULT ADV PARAMETERS SPHB, SPMET, SPOC, PVI (REF: 4026)	EA	1,027.50
8000-000106	RD RAINBOW NEONATE 8λ SpCO, ADHESIVE SENSOR, 10/BOX (REF: 4037)	BX	577.50
8000-000130	RD SET ADULT CS-3, SpO2 ADHESIVE SENSORS, 3 Ft, 20/BOX (REF: 4475)	BX	247.50
8000-000131	RD SET PEDIATRIC CS-3, SpO2 ADHESIVE SENSORS, 3 Ft, 20/BOX (REF: 4476)	BX	255.00
8000-000132	RD SET INFANT CS-3, SpO2 ADHESIVE SENSORS, 3 Ft, 20/BOX (REF: 4477)	BX	315.00
8000-000133	RD SET NEONATAL CS-3, SpO2 ADHESIVE SENSORS, 3 Ft, 20/BOX (REF: 4478)	BX	315.00
8000-000134	RD SET NEONATAL/PRETERM CS-3, SpO2 ADHESIVE SENSORS, 3 Ft, 20/BOX (REF: 4479)	BX	375.00
8000-000816	RD RAINBOW SET-2 INFANT ADHESIVE SENSOR, 10/BOX (REF: 4028)	BX	1,027.50
8000-000817	RD RAINBOW SET-2 ADULT/NEONATE ADHESIVE SENSOR, 10/BOX (REF: 4029)	BX	1,027.50
8000-000818	RD RAINBOW ADULT 8λ SpCO, ADHESIVE SENSOR, 10/BOX (REF: 4034)	BX	495.00
8000-000819	RD RAINBOW PEDIATRIC 8λ SpCO ADHESIVE SENSOR, 10/BOX (REF: 4035)	BX	562.50
8000-000876	RD RAINBOW INFANT 8λ SpCO ADHESIVE SENSOR, 10/BOX (REF: 4036)	BX	562.50
8000-001701	RD RAINBOW SET MD20-05, PATIENT CABLE, 5 FT	EA	241.50
8300-0787-01	IBP CABLE, RIGHT ANGLE, EDWARDS, PROPAQ MD	EA	208.80
8300-0788-01	IBP CABLE, RIGHT ANGLE, ABBOTT, PROPAQ MD	EA	160.80
8900-4003	STAT-PADZ ELECTRODE (8900-4004), 12/CASE	CA	437.25
8900-4004	STAT-PADZ ELECTRODE, SINGLE	EA	46.50
8900-0801-01	STAT-PADZ II ELECTRODE, SINGLE	EA	56.25
8900-0802-01	STAT-PADZ II ELECTRODE (P/N 8900-0801-01), 12/CASE	CA	478.50
8900-000219-01	ONESTEP PEDIATRIC CPR ELECTRODE, SINGLE	EA	85.40

**Supplementary Purchase Agreement for Participating Member  
Defibrillator Capital Equipment and Accessories  
Agreement No. LOC02994552**

Section VI. Item #10.

8900-000220-01	ONESTEP PEDIATRIC CPR ELECTRODE (P/N 8900-000219-01), 8/CASE	CA	626.50
8900-0400	CPR STAT-PADZ ELECTRODE (P/N 8900-0402), 8/CASE	CA	539.70
8900-0402	CPR STAT-PADZ ELECTRODE, SINGLE	EA	81.20
8000-000314	TEMPERATURE PROBE, ESOPHAGEAL/RECTAL, REUSABLE, PEDIATRIC	EA	30.00
8000-000315	TEMPERATURE PROBE, SKIN, REUSABLE, ADULT	EA	30.00
8000-000316	TEMPERATURE PROBE, SKIN, REUSABLE, PEDIATRIC	EA	30.00
8900-0004	4 ECG RECTANGULAR ELECTRODES, 10 SHELF CARTONS / CASE (480)	CA	93.10
8900-0006	6 ECG RECTANGULAR ELECTRODES, 10 SHELF CARTONS / CASE (600)	CA	116.20
8900-0709	4 PEDIATRIC ECG 1.5" ROUND ELECTRODES, 10 SHELF CARTONS / CASE (480)	CA	123.82
8000-000401	ACCESSORY, FLEXIPOINT TUBE SET, TWO TUBE, FEMALE SUB-MINIATURE CONNECTOR	CA	72.75
8300-0002-01	DUAL LUMEN NIBP TUBING ASSEMBLY, PROPAQ MD	EA	120.75
8300-0002-02	DUAL LUMEN NIBP TUBING ASSEMBLY, 5 FT, X SERIES	EA	120.75
REUSE-07-2MQ	INFANT CUFF, 9-13CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	25.50
REUSE-08-2MQ	SMALL CHILD CUFF, 12-16CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	25.50
REUSE-09-2MQ	CHILD CUFF, 15-21CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	26.25
REUSE-10-2MQ	SMALL ADULT CUFF, 20-26CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	27.00
REUSE-11-2MQ	ADULT CUFF, 25-34CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	27.75
REUSE-11L-2MQ	ADULT LONG CUFF, 25-34CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	32.25
REUSE-12-2MQ	LARGE ADULT CUFF, 32-43CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	31.50
REUSE-12L-2MQ	LARGE ADULT LONG CUFF, 32-43CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	36.00
REUSE-13-2MQ	THIGH CUFF, 40-55CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR	EA	48.75
SOFT-07-2MQ	INFANT CUFF, 9-13CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	172.50
SOFT-08-2MQ	SMALL CHILD CUFF, 12-16CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	172.50
SOFT-09-2MQ	CHILD CUFF, 15-21CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	172.50
SOFT-10-2MQ	SMALL ADULT CUFF, 20-26CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	192.00
SOFT-11-2MQ	ADULT CUFF, 25-34CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	192.00
SOFT-11L-2MQ	ADULT LONG CUFF, 25-34CM, DOUBLE TUBE W/TWIST LOCK CONNECTOR (20/CS)	CA	222.75
SOFT-12-2MQ	LARGE ADULT CUFF, 32-43CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	192.00
SOFT-12L-2MQ	LARGE ADULT LONG, 32-43CM, DOUBLE TUBE W/TWIST LOCK CONNECTOR (20/CS)	CA	222.75
SOFT-13-2MQ	THIGH CUFF, 40-55CM, DOUBLE TUBE W/TWIST-LOCK CONNECTOR (20/CS)	CA	261.00
8000-000875-01	PAPER, THERMAL, 80MM ROLL, TSI, BPA-FREE (BOX OF 6)	BX	24.00
8000-000876-01	PAPER, THERMAL, 80MM ROLL, TSI, W/GRID, BPA-FREE (BOX OF 6)	BX	24.75
8300-000200	MICROSTREAM ADVANCE ADULT ORAL-NASAL CO2 FILTER LINE WITH O2 TUBING, SHORT	BX	248.30
8300-000203	MICROSTREAM ADVANCE PEDIATRIC ORAL-NASAL CO2 FILTER LINE WITH O2 TUBING, S	BX	271.05
8300-000208	MICROSTREAM ADVANCE ADULT-PEDIATRIC INTUBATED CO2 FILTER LINE, SHORT TERM	BX	187.20
8300-000206	MICROSTREAM ADVANCE NEONATAL-INFANT INTUBATED CO2 FILTER LINE, EXTENDED	BX	360.75
8000-001128	FLOWTUBE, ACCUVENT, BOX OF 10	BX	574.70
8000-000993	CABLE ASSY, FLOW SENSOR CONNECTOR, ACCUVENT	EA	290.50
8000-0580-01	BATTERY, LITHIUM ION, SUREPOWER II	EA	721.70
8000-0807-01	TYPE 123 LITHIUM BATTERIES	PK	70.00
8000-000105	RD SET DBI ADULT SOFT SENSOR, 3 FT (REF: 4052)	EA	225.00
8000-000319	ADAPTER/EXTENSION, TEMPERATURE PROBE, REUSABLE	EA	15.00

The pricing is subject to annual increases in ZOLL's sole discretion and could be based upon supply chain changes, economic conditions, epidemics/pandemics and/or natural disasters. These annual price increase will not exceed the greater of (a) 4%, or (b) the sum of the annual average of the previous 12 months Producer Price Index (PPI) (change in final demand less foods, energy and trade, unadjusted) published by the United States Department of Labor, Bureau of Labor Statistics plus 1.5 %. ZOLL's annual increases generally occur on April 1 of each year, regardless of when the Agreement or Order was entered into; however, ZOLL reserves the right to impose the annual increase at any time in the year. ZOLL will provide sixty (60) days' notice of any price increases. ZOLL may, in its sole discretion, at any time or from time to time within thirty (30) days prior written notification to Customer, add Products or remove Products from Exhibit A. Exhibit A shall be deemed amended as of the date of the notice.

**Supplementary Purchase Agreement for Participating Member  
Defibrillator Capital Equipment and Accessories  
Agreement No. LOC02994552**

Section VI. Item #10.

**EXHIBIT B  
Notices**

**If to ZOLL by mail to:**

ZOLL Medical Corporation  
269 Mill Road  
Chelmsford, MA 01824-4105  
Attn: Contracts Department 214

**If to ZOLL by email to:**

[Contracts@zoll.com](mailto:Contracts@zoll.com)

**If to Customer by mail to:**

Dodgeville Area Ambulance Service  
100 East Fountain Street  
Dodgeville, WI 53533

**If to Customer by email:**

Brian Cushman  
[dodgevilleems@dodgevillewi.gov](mailto:dodgevilleems@dodgevillewi.gov)

**MUNICIPAL EXECUTIVE SEARCH SERVICES AGREEMENT**

This Services Agreement is entered into as of this \_\_\_\_ day of March 2026 by and between PUBLIC ADMINISTRATION ASSOCIATES, LLC, "PAA", and CITY OF DODGEVILLE, "City".

Whereas the City needs assistance with professional recruitment and selection of City employees (City Administrator), and

Whereas, PAA has expertise in professional recruitment and selection of municipal administrators;

Therefore, the parties agree as follows:

1. **Services.** At the City's request, PAA will provide those services listed under the process outlined in PAA's Proposal to the City dated January 9, 2026, and included as Exhibit A to this Agreement.

2. **Term.** PAA anticipates that this recruitment/selection process will take approximately ninety (90) days. The City shall have the right to terminate this Agreement in the event a suitable candidate has not been hired by the City within 90 days after execution of this Agreement. In the event of such termination, PAA shall be entitled to compensation for services performed in an amount equal to ½ of the remaining balance then due under this Agreement.

3. **Payment.** For these services, the city will pay PAA \$15,750 as follows:

- A. One-Third (\$5,750) at the execution of this agreement.
- B. One-Third (\$5,750) at the mid-point in the City Administrator search process (selection of semi-final candidates).
- C. One-Third (\$5,750) upon the completion of services or acceptance by the City Council of an employment agreement with the selected City Administrator.

4. **Other Direct Expenses.** In addition to the payment for the services, the City will pay PAA for any special services that may be required by the City, as enumerated in Exhibit A. PAA will submit invoices for these direct expenses incurred with the final search completion billing.

5. **Professional Conduct.** PAA will provide services to the City in a professional and businesslike manner and will comply with all Federal, State, and local laws, regulations, rules, and ordinances. PAA will at all times endeavor to uphold and preserve the City's reputation.

6. **Cooperation & Conduct.** Similarly, City and its representatives will act and communicate at all times in a professional manner, will provide their full cooperation to PAA in PAA's search on behalf of City, and will comply with all Federal, State, and local laws, regulations, rules, and ordinances, including anti-discrimination laws, regulations, rules, and ordinances.

7. **Liability Insurance.** PAA carries, and will continue to carry throughout the term of this Agreement, professional liability insurance with limits of \$1,000,000 per occurrence/\$1,000,000 aggregate.

8. **Hold Harmless & Indemnity.** City agrees to hold harmless, indemnify, and defend PAA from any and all demands, claims, causes of action, and judgments brought by candidates or third parties against PAA and/or City for City's negligent or intentional conduct resulting in damages to a candidate or third party provided, however, that the City shall not be liable for such actions to the extent they are undertaken in reliance on advice, recommendation or information provided by PAA.

Similarly, PAA agrees to hold harmless, indemnify, and defend City from any and all demands, claims, causes of action, and judgments brought by candidates or third parties against PAA and/or City for PAA's negligent or intentional conduct resulting in damages to a candidate or third party.

9. **Authorized Signatory.** The person signing this contract on behalf of City warrants and represents that she/he/they have the authority to do so.

10. **No Assignment.** Neither party may assign this contract without the written consent of the other party.

11. **Entire Agreement.** This contract contains the entire agreement between the parties and supersedes all prior discussions and negotiations between them. This contract may only be amended

by a written contract signed by both parties.

12. **Disclosure of Attorney.** PAA discloses to the City that one of PAA's partners is an attorney; however, PAA will not provide the City with legal advice. City must seek legal advice from its own counsel.

13. **Governing Law.** This agreement is governed by the laws of the State of Wisconsin.

14. **Records Retention.** PAA acknowledges that the City is a governmental entity and is subject to the provisions of the Wisconsin Public Records Law (Wis. Stats. §19.31 et seq.). Most "records" as defined by the law generated in connection with this Agreement are subject to disclosure to the public upon request. City's obligation includes records prepared and maintained by contractors. Therefore, it may be necessary for City to obtain records from PAA while this Agreement is in effect or during the required record-retention period thereafter. The following provisions shall govern the retention and provision of documents relating to work under this Agreement:

a. Provision of Records by PAA. Upon request by the City, PAA shall provide to the City any and all documents in PAA's possession or control pertaining to the work performed pursuant to this Agreement that the City's record custodian determines are subject to release under the Public Records Law and have been requested by a requester. Such records shall be provided as soon as practicable and without delay, but in no event later than ten (10) business days after the request.

b. Preservation of Records. PAA shall retain copies of all documents and other records prepared by it in connection with the work under this Agreement for a period of not less than seven (7) years. The retention obligation under this paragraph shall not apply to any record after a copy of that record has been provided to the City.

c. Indemnification. PAA agrees to indemnify the City and pay any and all costs, expenses, fees (including reasonable attorney fees), forfeitures, penalties and damages incurred by, or assessed against, the City which arise or result from a failure by PAA to timely provide any records to the City as required by par. (a), above, other than documents no longer in possession of PAA and exempted from the retention

requirement under par. (b). City agrees to indemnify and defend PAA and pay any and all costs, expenses, fees (including reasonable attorney fees), forfeitures, penalties and damages incurred by, or assessed against PAA which arise or result from the City's release of records provided by PAA under paragraph a, including, but not limited to the City's failure to: provide a record subject with notice when required, redact information protected by law, keep confidential the identities of employment applicants (with the exception of final applicants) or any cause of action by the subject of a record based on the release of the same by the City.

d. Survival. The obligations under this paragraph to produce and retain records, including the provisions for indemnity, shall survive the expiration or termination of this Agreement.

Dated this \_\_\_\_ day of March 2026.

PUBLIC ADMINISTRATION ASSOCIATES

CITY OF DODGEVILLE

*Kevin M. Brunner*

KEVIN M. BRUNNER, President  
Public Administration Assoc.  
1155 W South Street  
Whitewater, WI 53190  
[kevin.brunner1013@gmail.com](mailto:kevin.brunner1013@gmail.com)

By \_\_\_\_\_

**CITY OF DODGEVILLE RESOLUTION 2026-04  
NO MOW/LOW MOW MAY**

**Whereas**, No Mow & Low Mow May is a conservation initiative that encourages people to stop mowing, mow less often, or to mow at a taller height for the month of May to create habitat and provide resources for bees and other early-season pollinators; and

**Whereas**, during the month of May, the City of Dodgeville wishes to relax the enforcement of long-grass rules under Sec. 10.03(h) of the Dodgeville Municipal Code for residents that sign up on the City’s website, allowing such Dodgeville residents to delay or reduce lawn cutting as a way to promote pollinator-friendly habitat early in the growing season; and

**Whereas**, No Mow & Low Mow May is a voluntary program for City residents.

**Now, therefore be it resolved** that the City of Dodgeville does hereby suspend the enforcement of the 8-inch height restriction in Sec. 10.03(h) of the Dodgeville Municipal Code during the month of May for Dodgeville residents that sign up for No Mow & Low Mow May on the City’s website by April 15, 2026, to support the community initiative that encourages private property owners to limit lawn mowing practices.

Dated this 3rd day of March, 2026.

\_\_\_\_\_  
Barry N. Hottmann, Mayor

ATTEST:

\_\_\_\_\_  
Emily Wolfe, Deputy Clerk/Treasurer

February 21, 2026

Dylan Wadzinski  
Director of Public Works  
City of Dodgeville  
410 E Leffler Street  
Dodgeville, WI 53533

Dylan:

To protect the closed/hot water loop system at the City Hall in Dodgeville, WI we will utilize ACS Closed Loop Products in conjunction with ACS On-site Services. In order to provide the needed services and water treatment programs we will implement ACS's Chemical Service Agreement Program.

This agreement outlines a 24-month ACS Commitment starting on March 1, 2026, at an annual guaranteed price of \$2,200; with quarterly billings of \$550.00.

With ACS's Chemical Service Agreement Program, we will provide the following additional services:

1. ACS Closed Loop Treatments.
2. Provide replacement filter bags at No Additional Charge.
3. Shipment of all ACS Products at NO Charge.
4. ACS On-site Services with 3-service visits per heating season, plus an initial visit to start-up The ACS Closed Loop Treatment Program.
5. Product application to the HWL System, in conjunction with replacing the Filter bags.

If you have any questions regarding this ACS Review, please contact me at 414-755-9362, or at [greg.pribek@advancedchemsys.com](mailto:greg.pribek@advancedchemsys.com).

Greg Pribek  
*Greg Pribek*  
ACS Senior Sales Manager



## ACS Chemical Service Agreement Programs

For a set or predictable service fee, ACS will:

- Provide on-site service visits. You, as the customer pick the number of desired service calls per year. You pick the timing of those visits!
- Provide a detailed water analysis during each service visit.
- Make any needed chemical adjustments or chemical additions to the system.
- Provide you with a detailed report during the time of that visit.
- Inspect and/or replace the filter bag.
- If available or requested, ACS will conduct system corrosion studies.



*ACS Chemical Systems' Agreement, it takes the guess-work and chemical handling out of your maintenance operations!*

**ADVANCED CHEMICAL SYSTEMS - "the clear choice in water treatment since 1977"**

## ADVANCED CHEMICAL SYSTEMS' - CHEMICAL SERVICE AGREEMENT

With the ACS Chemical Service Agreement, we will provide the following:

- define the number of on-site visits to your facility for the calendar year
- provide all required chemical treatments for your specific HVAC System
- include all shipping fees for supplies & chemical treatments
- make any needed chemical adjustments or product additions
- control all ACS Product Inventory
- include any ACS Lab fees as part of the agreement
- offer the ACS Services & Treatment Programs at a set annual fee, with a defined billing schedule.
- eliminate additional budgeted items, such as: replacement filters, test kit reagents, pump repair parts, ..... etc.

## ACS - Key Phases of a Closed Loop Treatment Program

### 1. Inhibitor Treatments

Corrosion Inhibitors for Mild Steel  
Corrosion Inhibitors for the non-ferrous metals  
Scale Inhibitors for hard water conditions

### 2. pH Adjustment Treatments

To maintain a slightly alkaline water condition; a pH of 8.5 to 11

### 3. Microbial Control

Biocides to deal with bacteria in chilled or combo loop systems

### 4. Filtration

Filtration a key to removing unwanted scale particulate

### 5. ACS Services

#### Planned on-site to services to:

Analyze the Closed Loop System  
Make any needed chemical additions or adjustments  
Monitor for any system leaks or water losses of the treated water  
Replace and/or inspect the filtration equipment & filter bag



#### Areas of Impact:

Energy Costs  
HVAC Equipment Repairs and Losses  
Downtime  
Peace of mind  
Compliance and Safety



City of Dodgeville HWL Deposit Review

The displayed picture of fouled strainer in the HWL System shows the following:

Active corrosion in the HWL System

The corrosion is primarily iron, with copper components as well.

This type of scale deposit will:

Reduce Heat transfer operations = raise fuel costs

Impact the hot water flows for heating of building

Reduce life expectancy of recirculation pumps and pump seals

HWL Iron Levels = 4.30 ppm  
Copper Levels = 0.29 ppm  
Recommended is: Iron = < 0.5 ppm and copper = < 0.1 ppm



Solutions: Add ACS Closed Loop Treatments and Services. Utilize Griswold Filter System.





# FIELD SERVICE REPORT

Section VI. Item #15.

ACS Representative: Greg Pribek

Phone: 414-755-9362

Email: [greg.pribek@advancedchemsys.com](mailto:greg.pribek@advancedchemsys.com)

ACS Office Phone: 414-235-3246

Web: [www.advancedchemsys.com](http://www.advancedchemsys.com)

**Customer No:** Prospect

**Customer:** City of Dodgeville

**Address:** 410 E. Leffler Street

**City/State/Zip:** Dodgeville, WI 53533

**Date:** February 20, 2026

**Interviewed:** Dylan Wadzinski

**Copy:**

**Copy:**

Readings are in Parts Per Million (ppm) unless otherwise indicated

Water Sample	TH	T Alk	Color		Moly	Toly	NO2	Fe	Cu		pH	Cond
HW Loop	120	200	Graphite		0	0.3	0	4.30	0.29		8.91	478
Recommended Ranges	TO	TO	TO	75	50	10	1000	Max	Max	Max	8.0	No
				125	Min	Min	1200	0.5	0.1	0.1	8.5	Limit
Recommended Ranges	TO	TO	TO	TO	TO			TO	TO	TO	TO	No
<b>Filter System</b>	<b>HWL Inventory</b>		<b>CHEMICALS USED DAILY</b>				<b>FORMULA</b>		<b>RECOMMENDED DOSAGES TO BE ADJUSTED BY TEST</b>			
Griswold Filter System	LA-914	gal	pH Builder				BA-10		NR			
Filter System was activated during our 2/20/26 visit.	LA-918	gal	Mild Steel Inhibitor				LA-914		1-gal=initial feed			
	BA-10	gal	NFM Inhibitor				LA-918		1-pint = initial feed			
	LA-987	qts	HWL Defoamer				LA-987		NR			
				HWL Cleaner				PC-883		1/2-pint = initial feed		

**Findings/Recommendations:** Red Boxes indicate water treatment issues Yellow Box = iron precipitation

- Inhibitor levels for mild steel are non-existent = Molybdate or Nitrite tests.  
Either molybdate or nitrite will protect mild steel. ACS will utilize molybdate-based corrosion inhibitors
- There are "trace" levels of Tolytriazole in the HWL System. LA-918 is used to protect copper and brass  
The presence of Tolytriazole would be an indication that at one point in time a closed loop treatment was added.
- The HWL pH levels are in a desired mild alkaline condition.
- Iron are very high, caused by the lack of mild steel inhibitor treatment.  
Iron corrosion is occurring, and with the heated surfaces, iron scale is being formed reducing heat transfer operations.  
The ACS Closed Loop Program will provide fuel savings, as the heat surfaces are cleaned over time.  
Galvanic corrosion can be a concern with a lack of corrosion protection. Pump seal failure can also be a problem.
- A combination filter/feed system should be utilized for removal of iron and copper scale.  
The Griswold Filter System will be utilized to removed iron and copper scale.
- Conductivity levels are low by precipitation of minerals. As closed loop products are added, the conductivity rises.
- Alkalinity and hardness declines are normal in a closed loop. Keeping them suspended is a key to prevent hardness scale deposits. LA-914 has crystalline modifiers to keep the hardness fluid.
- ACS Service Visits are recommended, with 3-calls per heating season being advised.



### Service Agreement – 2 YEARS

This Service Agreement ("Agreement") is made and entered into as of 3/1/26, by and between Advanced Chemical Systems (ACS), with its principal office located at 9640 South 60<sup>th</sup> St., Franklin, WI 53132 (hereinafter referred to as the "Service Provider"), and The City of Dodgeville, (hereinafter referred to as the "Client").

The contract will start on (March 1, 2026) and end on (February 29, 2028).

Dodgeville City Hall
410 E Leffler Street
Dodgeville, WI 53533

Billing Address:

SAME

Service Address (If different than Billing):

### 1. Terms of Agreement

This Agreement shall be effective from 3/1/26 and will continue for a period of 24-months, unless terminated earlier pursuant to the termination provisions set forth herein. The Contract may be renewed upon written agreement of both parties.

#### 1A. Payment Schedule

- The Client agrees to pay an **Annual** service fee of \$2,200.00 (Two thousand two hundred and NO/100's).
- Total Sum of the 2-Year Agreement is \$4,400.00 (Four thousand four hundred Dollars and NO/100's).
- Payment will be made in for (8) QUATERLY installments of:  
\$550.00 (Five hundred fifty dollars and NO/100's).

#### 1B. Invoices

- Invoices will be sent to the Client at City Hall in Dodgeville, WI. The Client agrees to make payments via check, direct transfer, or any other mutually agreed-upon method.

### 2. Scope of Services

ACS agrees to deliver a comprehensive water treatment chemical program and related on-site services for the Client's facility, including:

- 3 visits for system analyses during each heating
- Water Treatments and Chemistries
  - ACS Closed Loop Treatments.
  - Shipping/Handling provided by Advanced Chemical System (See Terms and Conditions).
- Replacement Filter Bags
- Administration of the closed loop treatments and replacement filter bags

### 3. Service Calls and Reporting

ACS will perform three (3) service calls per contract year, during which:

- All pertinent analyses of water systems will be conducted.
- Administration of the closed loop treatments will be provided as needed per system results
- Recommendations for chemical and operational parameters will be provided.
- Written reports will be furnished to designated Client personnel.

### 4. Performance and Adjustments

The quoted program fee is based on maintaining all treatment limits per ACS recommendations under normal load conditions. Should operating parameters change, ACS and Client will renegotiate terms in writing prior to servicing. Service Agreement price may be adjusted during contract period in response to market or service conditions. Mutual termination resulting from price modification will not result in restocking fees (below).

### 6. Term and Termination

This Agreement commences on the Start Date and continues until the completion of the service term, unless terminated earlier as follows:

- Either party may terminate for cause upon 30 days' written notice if the other party fails to cure a material breach.
- Upon termination, Client will return all unopened chemical inventory (within shelf life) and ACS equipment.
- Termination via Client will result in additional restocking fee of 25 percent to returned inventory.

### 8. Liability and Force Majeure

ACS's liability under this Agreement is limited to exercising reasonable care and diligence in performing its obligations. ACS is not liable for delays or failures resulting from acts beyond its reasonable control, including but not limited to acts of God, government regulations, or facility shutdowns.

### 9. General Terms

- This Agreement, including ACS's standard Terms and Conditions of Sale, constitutes the entire understanding between the parties.
- Any modifications must be made in writing and signed by both parties.

### 10. Signatures

By signing below, each party acknowledges that it has read, understood, and agreed to this Service Agreement and ACS's Terms and Conditions of Sale (attached).

**CLIENT: City of Dodgeville**

**SUPPLIER: Advanced Chemical Systems**

By: \_\_\_\_\_  
Printed Name

By: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Signature/Date

\_\_\_\_\_  
Authorized Signature/Date

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**ADVANCED CHEMICAL SYSTEMS, LLC**  
**Terms and Conditions of Sale**

**Acceptance**

The quoted prices are subject to acceptance within 30 days of this quotation date and may change without notice after that time. Orders received within the 30-day period will be invoiced at the quoted figure provided delivery is accepted within 6 months of ACS's receipt of the order.

**Additional Costs**

For any additional work beyond the scope of the services outlined in this Contract, such as emergency repairs or replacement of parts, the Client will be billed separately. The Service Provider will provide the Client with an estimate before proceeding with any additional work.

Where feeding and control equipment is proposed, the quotation includes only that equipment specifically listed. No wiring, piping, fittings or installation costs are included unless specifically noted.

Quoted prices do not include any taxes or other charges levied by the government of the United States, any State, County, or local government body. Such levies or charges, if applicable, will be assumed and remitted by Client. A tax valid tax exemption certificate may be provided by Client to ACS for exclusion.

Unless specifically quoted as included in above contract, all Advanced Chemical System's (ACS) products and equipment are F.O.B. destination, freight prepaid to any point in the Continental United States serviced by commercial truck lines. Alaska, Hawaii, Puerto Rico and all other destinations outside the continental U.S. will incur additional freight charges.

Requirements for special delivery requests such as delivery lift gate, weekend or holiday delivery, air freight, delivery within a building, etc., will be billed at cost to the customer. These additional charges will be billed separately unless included in a monthly, quarterly, or annual agreement.

**Terms**

Terms are net 30 days. Customers with unpaid invoices after 60 days will be subject to being placed on credit hold status until payment verification is made. Payments not received within 90 days of the due date will incur a late fee of \$150 per month until the outstanding balance is paid.

**Exceptions**

All orders are accepted solely on the basis of the above terms and conditions, regardless of contrary conditions set up on Buyer's purchase order, unless exceptions are clearly stated in writing and signed by an officer of ACS.

**Warranty and Return**

Materials sold are warranted to be free of defects in composition or workmanship. All other warranties, whether expressed or implied, are excluded unless such warranties are expressed in writing and signed by an officer of the ACS. Upon inspection and instructions by the Seller, defective materials may be returned to the Seller. If

found to be defective, such goods will be replaced or repaired by the Seller. The Seller shall not be liable for any loss or damage arising from the use of such materials, either direct or consequential. The exclusive remedy against the Seller shall be that of replacement of defective materials.

Any chemical product provided to the customer becomes the property of the customer once the chemical container is opened, or a stored chemical exceeds its expiration date. Chemical containers used in the management of the customer's water treatment systems become the property of the customer. In addition, spill residue or spill clean-up materials of chemicals accidentally or inadvertently released at the customer's facility become the property of the customer. Unopened chemicals within their expiration date may be able to be returned to ACS upon approval, however, shipping will be the responsibility of the customer and there will be a restocking charge.

**Delivery and Losses**

ACS will make every effort to provide the quoted materials and services promptly and, on a schedule, required by the Client and/or estimated by ACS. The Provider shall not be liable for losses either direct or consequential, caused by delays in delivery resulting from labor disputes, shortages of raw materials, inability of suppliers to deliver or perform, losses or delays or damages while in the hands of a common carrier, fire, flood, riot, insurrection, and acts of God, or any other cause beyond the control of the Seller.

**Right to Cure**

The client shall give ACS written notice(s) specifying any performance deficiencies and allow ACS a meaningful opportunity of no less than 30 days to correct prior actions adverse to ACS.

**Insurance**

ACS shall be relieved of its obligations with respect to its warranties, performance goals, cost savings or usage goals or any other commitments, in addition to any other remedies it may have in the event of Buyer's failure: (a) to operate the systems treated with ACS's Goods and all related equipment and processes ("Systems") within control parameters or, if none, within industry customary operating conditions; (b) to maintain the systems in good operation order and repair; (c) to follow ACS's recommendations or to fulfill its responsibilities for System operation; (d) to communicate to ACS hidden or not obvious system, process or equipment conditions affecting ACS's Goods or (e) to provide complete and accurate system data. In the event ACS fails to comply with any of Buyer's insurance requirements, whether imposed by contract or otherwise, Buyer shall have the right to terminate purchases from ACS and seek any other remedies available under the law.

**Exceptions**

All orders are accepted solely on the basis of the above terms and conditions, regardless of contrary conditions set

up on Buyer's purchase order, unless exceptions are

clearly stated in writing and signed by an office

*Section VI. Item #15.*