



OFFICIAL PUBLIC NOTICE
MEETING OF THE PUBLIC SAFETY COMMITTEE
TUESDAY, MAY 07, 2024 AT 5:30 PM

SMALL CONFERENCE ROOM, MUNICIPAL BUILDING; 450 S. MAIN STREET; RICHLAND CENTER, WI 53581

AGENDA

CALL TO ORDER *Roll Call for the meeting, determine whether a quorum is present; determine whether the meeting has been properly noticed.*

APPROVAL OF MINUTES

1. Minutes of April 16, 2024

APPROVAL OF OPERATOR LICENSES

DISCUSSION AND ACTION ITEMS

2. Parade Permit Application from VFW Post #2267 for Memorial Day, May 27, 2024
3. Class "B" Beer License Application from AD German Warehouse Conservancy, Timothy Abair agent, for 300 S. Church Street effective July 1, 2024
4. Class "A" Beer License Application from Delicias De Las 4 Hermanas LLC, Joselin De La Cruz Garcia agent, for 146 S. Main Street effective May 8, 2024
5. Street Closing Application from Richland Co. Emergency Services for October 5, 2024
6. Street Closing Application, Community Safety Days
7. Temporary Class B Beer Picnic License from Southwest Partners Inc. dba Richland Rejuvenates for RC Thunderfest on Saturday, June 29, 2024
8. Temporary Class B Beer & Class B Wine License from Greater Richland Area Chamber for a Beer & Wine Walk on May 17, 2024.
9. Greater Richland Tourism Parade Application for Dairy Days & Rodeo Parade on June 15, 2024

CHIEF OF POLICE REPORT

REPORTS, REQUESTS, CONCERNS *No action will be taken on any matter originating under this item.*

SET NEXT MEETING DATE

ADJOURNMENT

Posted this 3rd day of May, 2024 by 4:30 PM.
Copy to the official newspaper the Richland Observer.

Aaron Joyce, City Clerk/Treasurer

PLEASE NOTE: That upon reasonable notice, a minimum of 24 hours in advance, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service contact Ashley Oliphant, City Administrator at 450 S. Main St., Richland Center, WI. 53581 or call 608-647-3466. Notice is hereby given that the council members who are not members of this committee may attend this meeting so as to constitute a quorum of the city council. Any such council member attendance will be for information gathering, discussion, and/or related purposes and will not result in the direct decision making by

the city council at the committee meeting. The City of Richland Center is an equal opportunity employer, provider, and lender.

CITY OF RICHLAND CENTER PARADE PERMIT

Bauer Gunnill Dalton UFW Post 2267

Name of organization:

Contact Person (Permittee): Marge Freeman

Address: 30256 County O R

Tel #: 608 647 4884

Cell #: 608 475 0014 (limited Tower Access)

Date of Parade: May 27 2024

Memorial Day

Start time: 10:00 AM End time: 10:45 AM Line up about

Estimated number of units involved: unknown estimate 5-8 9:30

Will there be any animal units (circle one) (YES*) NO Donkeys (2)

*If yes, owner of animal/s is responsible for removing and disposing of waste. American Legion Auxiliary

Indicate what streets will be used during the parade:

Jefferson Street start near Jefferson School Playground proceed to the Veterans Pavilion in the Park.

In addition, please highlight route on the attached city map. Line up on Jefferson St between 1st + 2nd Streets

Where will the parade assemble? Near Jefferson School Playground

Where will the parade disassemble? North Park near the Pavilion

Special parking or street closures required? (please describe):

All of Jefferson Street into Park and to the Pavilion

By applying for this Parade Permit, the above named Organization, and its agents and officers, hereby agree to hold the City of Richland Center harmless, and indemnify the City of Richland Center, for any and all claims, damages, losses, or injuries, of any nature whatsoever, occurring during, before or after the parade, and USER agrees to forever release and discharge the City of Richland Center, and its heirs, successors, and assigns, as well as its agents and employees, and all other persons who are or might be liable, from any and all claims occurring as a result of the issuance of this Parade Permit.

Dated this 10 day of April, 2024

Marge Freeman (Commander) UFW Post 2267 RC

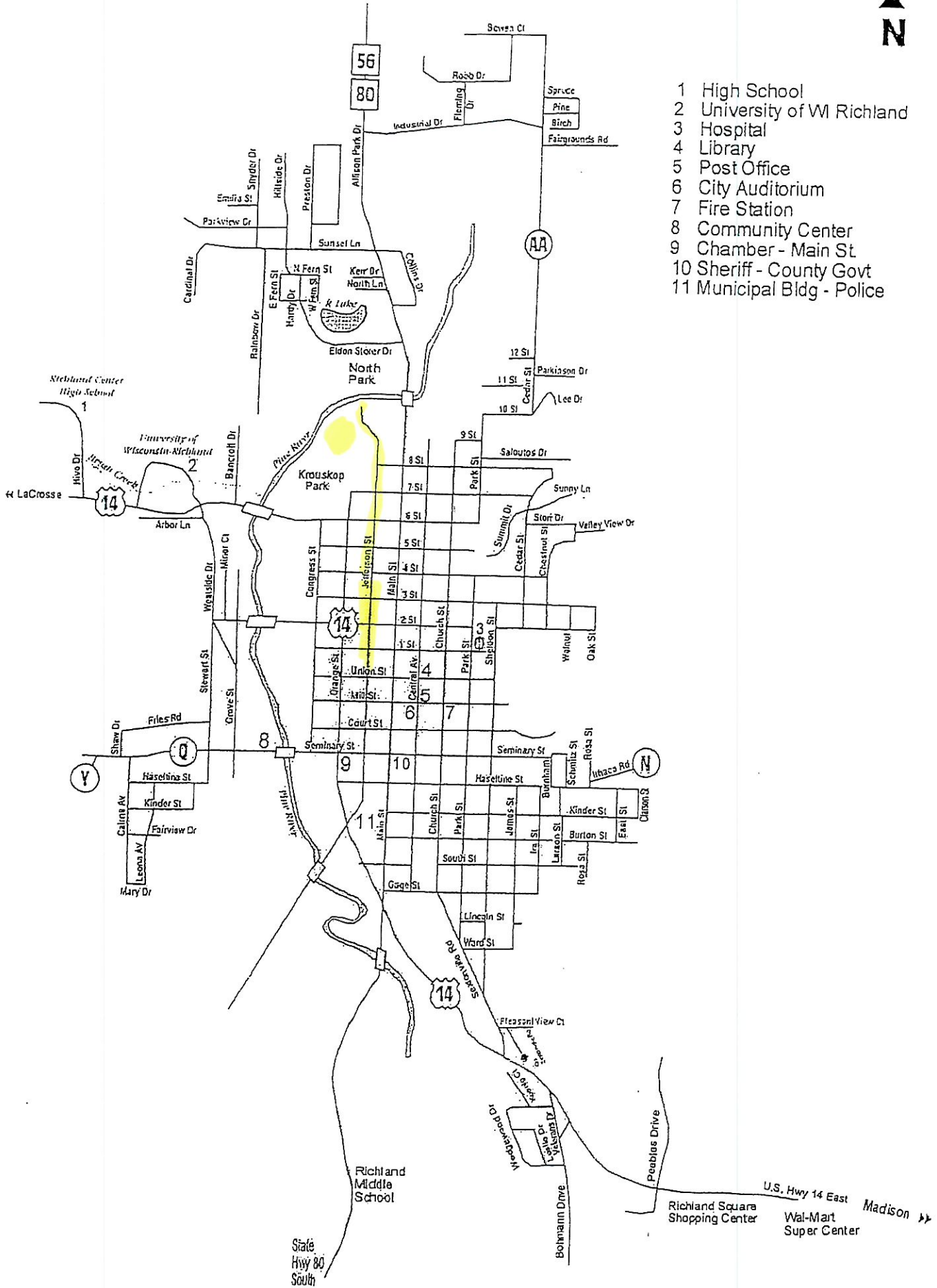
Name of person authorized to sign on behalf of organization and its officers

Added note: City Police chief reviewed the suggested Route late March or early April 2024

CITY OF RICHLAND CENTER



- 1 High School
- 2 University of WI Richland
- 3 Hospital
- 4 Library
- 5 Post Office
- 6 City Auditorium
- 7 Fire Station
- 8 Community Center
- 9 Chamber - Main St
- 10 Sheriff - County Govt
- 11 Municipal Bldg - Police



Form
AT-106

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	City of Richland Center
License Period	7/1/24 - 6/30/25

Item 3.

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100 "Class B" Liquor \$ _____
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 100.00
Publication Fee	\$ 15.99
Background Check	\$ 15.00
Total Fees	\$ 130.99

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>AD GERMAN WAREHOUSE CONSERVANCY, INC.</u>		
2. Trade Name or DBA		
3. Premises Address <u>300 S CHURCH STREET</u>		
4. County <u>RICHLAND</u>	5. Municipality <u>RICHLAND CENTER</u>	6. Aldermanic District <u>Dist. #1</u>
7. Mailing Address (if different from premises address) <u>P O BOX 436 RICHLAND CENTER, WI 53581</u>		
8. FEIN <u>46 4001430</u>	9. Wisconsin Seller's Permit Number <u>456 - 10286 48447 - 03</u>	
10. Premises Phone <u>608 647 0255</u>	11. Premises Email <u>IN70ADGERMANWAREHOUSE@GMAIL.COM</u>	
12. Entity Type (check one) <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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. <u>FOUR STORY MASONRY WAREHOUSE BUILDING DESIGNED BY FRANK LLOYD WRIGHT. ALCOHOL STORAGE, SALES & CONSUMPTION WOULD BE LIMITED TO THE BASEMENT, GROUND FLOOR AND SECOND FLOOR</u>		

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration <i>WISCONSIN</i>		2. Date of Registration <i>2013</i>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company		FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name <i>ABAIR</i>		Agent's First Name <i>TIMOTHY</i>	Phone <i>608 3833336</i>

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<i>MARSHALL</i>	<i>BARB</i>	<i>PRESIDENT</i>	<i>6086046977</i>
<i>KINTE</i>	<i>JANE</i>	<i>VICEPRESIDENT</i>	<i>6085532631</i>
<i>ABAIR</i>	<i>TIMOTHY</i>	<i>TREASURER</i>	<i>608 3833336</i>
<i>MOTT</i>	<i>ASHLEY</i>	<i>SECRETARY</i>	<i>6084750114</i>
<i>ZIEGAHN</i>	<i>BARRY</i>	<i>BOARD MEMBER</i>	<i>6086476046</i>

Part E: Attestation

Who must sign this application?
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.

Signature <i>Timothy Abair</i>		Date <i>03/05/24</i>	
Name (Last, First, M.I.) <i>ABAIR, TIMOTHY L</i>			
Title <i>TREASURER</i>	Email <i>TIMOTHYABAIR406@GMAIL.COM</i>		Phone <i>608 3833336</i>

Part F: For Clerk Use Only

Date application was filed with clerk <i>3/6/2024</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

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

Submit to municipal clerk.

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

To the governing body of: Town Village City of RICHLAND CENTER County of RICHLAND

The undersigned duly authorized officer/member/manager of AD GERMAN WAREHOUSE CONSERVANCY, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

located at 300 S CHURCH ST RICHLAND CENTER, WI 53581
(Trade Name)

appoints TIMOTHY ABAIR
(Name of Appointed Agent)

18519 TUCKAWAY VALLEY RD RICHLAND CENTER, WI 53581
(Home Address of Appointed Agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 50+ YRS

Place of residence last year 18519 TUCKAWAY VALLEY RD RICHLAND CENTER WI 53581

For: AD GERMAN WAREHOUSE CONSERVANCY, INC.
(Name of Corporation / Organization / Limited Liability Company)

By: Barbara Mouskall
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, TIMOTHY ABAIR, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 2/29/24 Agent's age 65
(Signature of Agent) (Date)

18519 TUCKAWAY VALLEY RD RICHLAND CENTER WI 53581 Date of birth 6/25/58
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 3/22/2024 by [Signature] Title Chief of Police
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Date 2/29/24

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) AD GERMAN WAREHOUSE CONSERVANCY, INC.
2. Trade Name or DBA N/A
3. Entity Type (check one) [] Sole Proprietor [] Partnership [] Limited Liability Company [] Corporation [X] Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) ABBAIR, TIMOTHY L
2. Relationship to Registered Entity (Title) BOARD MEMBER
3. Email TIMOTHYABBAIR406@GMAIL.COM
4. Phone 608 383 3336
5. Home Address 18519 TUCKAWAY VALLEY RD
6. City RICHLAND CENTER
7. State WI
8. Zip Code 53581
9. Date of Birth 0625 1958
10. Drivers License/State ID Number A160 8125 8225 09
11. Drivers License/State ID State of Issuance WISCONSIN

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 NOT APPLICABLE
Previous City, State, Zip
Dates (MM/YYYY - MM/YYYY)
Previous Address 2
Previous City, State, Zip
Dates (MM/YYYY - MM/YYYY)

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name NOT APPLICABLE
Employer's Address
Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions


1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	50+	

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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
	2/29/24

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) AD German Warehouse Conservancy				
2. Trade Name or DBA				
3. Entity Type (check one)				
<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				

Part B: Individual Information				
1. Name (Last, First, M.I.) Barbara S Marshall				
2. Relationship to Registered Entity (Title) Board President		3. Email bsmrcwi@gmail.com		4. Phone 608-604-6977
5. Home Address 25058 Hwy N				
6. City Richland Center		7. State WI	8. Zip Code 53581	9. Date of Birth 10/21/1957 ^{3/2/57}
10. Drivers License/State ID Number M6240775788100			11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Retired	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) <i>A. D. German Warehouse Conservancy</i>	
2. Trade Name or DBA	
3. Entity Type (check one)	
<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	

Part B: Individual Information			
1. Name (Last, First, M.I.) <i>Ziegahn, Barry A.</i>			
2. Relationship to Registered Entity (Title) <i>Member</i>		3. Email <i>bzstc72@gmail.com</i>	4. Phone <i>608-647-6046</i>
5. Home Address <i>1807 W. Fern St.</i>			
6. City <i>Richland Center</i>	7. State <i>WI</i>	8. Zip Code <i>53581</i>	9. Date of Birth <i>10-20-1947</i>
10. Drivers License/State ID Number <i>7250-0614-7380-01</i>		11. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name <i>Capital Wealth Advisory Group</i>	
Employer's Address <i>1313 W. Seminary St., Richland Center, WI 53581</i>	Dates Employed (MM/YYYY - MM/YYYY) <i>June 2007 - Sept. 2023</i>
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

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

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

foreign - Australia - 1972-74

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <i>49</i>	Months <i>10</i>
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 <i>Bay Egan</i>	Date <i>2/28/24</i>
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Application Supplemental Questionnaire

Item 3.

Form
AT-103
Date 2/27/24

Alcohol Beverage License

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-106, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

AD German Warehouse

2. Trade Name or DSA

3. Entity Type (check one)

Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)

Kintz, Jane, M.

6. City Richland Center

2. Relationship to Registered Entity (Title)

3. Email janekintz@gmail.com

AD German Warehouse Conservancy Board

9. Date of Birth 5/15/1955

Member.

7. TWI

8. 53581

5. Home Address 21945 Galway Lane

4. Phone 608 553-2631

10. Drivers License/State ID Number

Part C: Address History

K532-4535-5675-02

11. Drivers License/State ID State of Issuance *Ind 1*

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Previous City, State, Zip Dates (MM/YYYY - MM/YYYY) Previous Address 2 None

Item 3.

Previous City, State, Zip Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name Riverdale School District

Employer's Address 747 6th St., Muscoda, WI 53573

Dates Employed (02/2023 - 06/2023)

Employer's Name

Employer's Address Dates Employed (MM/YYYY - MM/YYYY)

- 1 -

AT-103 (R. 06-23) Wisconsin Department of Revenue

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? No

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

Law/Ordinance Violated Penalty Imposed

Was sentence completed? Yes No

Trial Date

Law/Ordinance Violated Trial Date

Penalty Imposed Was sentence completed? Yes No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2 No

Years

2. How long have you continuously lived in Wisconsin prior to the date of application?

Life 08 years, 9 months

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? No
If yes, please explain using the space below. Attach additional sheets as needed.

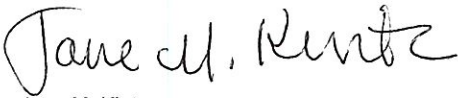
No Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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.

Item 3.

Signature Date



Jane M. Kintz

2/27/24

- 2 - AT-103 (R. 06-23)

Form AT-103 Instructions

Alcohol Beverage License Application/Supplemental Questionnaire

Who must complete Form AT-103?

All persons involved in the applicant business who are partners of a partnership, officers, directors, managing members, sole proprietors, or agents. These persons must be identified in the schedule for appointment of agent (Form AT-104), original license application (Form AT-106), retail license transfer (Form AT-108) the renewal license application (Form AT-115), or the appointment of successor agent (Form AT-200).

Where do I submit Form AT-103?

Submit this form with Form AT-104, AT-106, AT-108, AT-115, or AT-200 to the clerk of the municipality in which the applicant business is located.

Specific Instructions

Date

- Date the form in the top left corner.

Part A: Premises/Business Information

- Enter the legal business name in box 1. If sole proprietor, enter the individual's first and last name. • Enter the trade name or "doing business as" name in box 2, if different than the name in box 1. • Check one entity type in box 3 to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form AT-106 or AT-115).

Part B: Individual Information

- Provide all requested personal information.
- For box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- List your two most recent addresses within the past five years.

Part D: Employment History

- List your two most recent employers/business ventures within the past five years.

Part E: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.). • Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Date
02/27/24Form
AT-103**Alcohol Beverage License Application
Supplemental Questionnaire**

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) A D German Warehouse Conservancy Inc.	
2. Trade Name or DBA	
3. Entity Type (check one)	
<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	

Part B: Individual Information			
1. Name (Last, First, M.I.) Mott, Ashley R			
2. Relationship to Registered Entity (Title) Secretary		3. Email armott@outlook.com	4. Phone 608-475-0114
5. Home Address 23995 Buckhorn Ln			
6. City Richland Center	7. State WI	8. Zip Code 53581	9. Date of Birth 04/20/87
10. Drivers License/State ID Number M300-0168-7640-08		11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 23995 Buckhorn Ln.	
Previous City, State, Zip Richland Center, WI 53581	Dates (MM/YYYY - MM/YYYY) 10/2020-Present
Previous Address 2 20654 Hidden Valley Rd.	
Previous City, State, Zip Richland Center, WI 53581	Dates (MM/YYYY - MM/YYYY) 06/2019-10/2020

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name TitleWorks, LLC	
Employer's Address 161 N Central Ave., Richland Center, WI 53581	Dates Employed (MM/YYYY - MM/YYYY) 12/2020-Present
Employer's Name W. Chris McGough Attorney at Law	
Employer's Address PO BOX 548, Richland Center, WI 53581	Dates Employed (MM/YYYY - MM/YYYY) 06/2019-12/2021

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

Minnesota, Alabama


2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
4	8

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 2/27/2024
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Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	City of Richland Center
License Period	Nov 8, 24 06/30/2024

Item 4.

License(s) Requested

- Class "A" Beer \$ 14.79 "Class A" Liquor \$ _____
- Class "B" Beer \$ _____ "Class B" Liquor \$ _____
- "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
- Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>14.79</u>
Publication Fee	\$ 15.99
Background Check	\$ 15.00
Total Fees	\$ <u>45.78</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Delicias De las 4 Hermanas LLC

2. Trade Name or DBA

3. Premises Address
146 S Main St

4. County Richland 5. Municipality Richland Center 6. Aldermanic District

7. Mailing Address (if different from premises address)

8. FEIN 09-1587885 9. Wisconsin Seller's Permit Number 456-1031623366-04

10. Premises Phone 608-383-3331 11. Premises Email Deliciasdelas4Hermanas24@gmail.com

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.
This premises is located on 146 S. Main St Richland Center
NO basement
NO upstairs

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... Yes No
 If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin 2. Date of Registration 3/11/2024

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors Yes No

Name of Parent Company _____ FEIN of Parent Company _____

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name _____ Agent's First Name _____ Phone _____

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone

Part E: Attestation

Who must sign this application?
 sole proprietor one general partner of a partnership one corporate officer one managing member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.

Signature Joselin De La Cruz Garcia Date 3/20/24

Name (Last, First, M.I.) Joselin De La Cruz Garcia

Title Owner Email Joselin1996@live.com Phone 608-383-3331

Part F: For Clerk Use Only

Date application was filed with clerk <u>4-12-2024</u>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

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

Item 4.

Submit to municipal clerk.

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

To the governing body of: Town Village City of Richland Center County of Richland

The undersigned duly authorized officer/member/manager of Delicias De Las 4 Hermanas LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

located at 146 S Main St (Trade Name) Richland Center WI 53581

appoints _____
(Name of Appointed Agent)

(Home Address of Appointed Agent)

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

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Delicias De Las 4 Hermanas

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 24 years

Place of residence last year _____

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Joselin De La Cruz Garcia, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Joselin De La Cruz Garcia 3/20/2024 Agent's age 27
(Signature of Agent) (Date)

236 S. Sheldon St Apt D Richland Center WI Date of birth 10/29/1996
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 4/19/2024 by [Signature] Title Chief of Police
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Alcohol Beverage License Application Supplemental Questionnaire

Date: 3/20/24

Item 4.

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) Delicias De Las 4 Hermanas LLC	
2. Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) DeLaCruz-Garcia Joselin			
2. Relationship to Registered Entity (Title) Owner		3. Email joselin1996@live.com...	4. Phone 608-383-3331
5. Home Address 236 S. Sheldon St Apt D			
6. City Richland Center	7. State WI	8. Zip Code 53581	9. Date of Birth 10/29/1996
10. Drivers License/State ID Number D426-4209-6889-02		11. Drivers License/State ID State of Issuance	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 236 S. Sheldon St Apt D	
Previous City, State, Zip Richland Center WI 53581	Dates (MM/YYYY - MM/YYYY) 08/2020 - Present
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Allied Machinery LLC	
Employer's Address 1000 Foundry Drive E - Richland Center	Dates Employed (MM/YYYY - MM/YYYY) 10/2021 - present
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
------------------------	------------

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

Law/Ordinance Violated	Trial Date
------------------------	------------

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

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 24 years	Months
--	-------------------	--------

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 <i>Joselin D. Garcia</i>	Date 3/20/2024
---------------------------------------	-------------------

CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: 04/14/24

Name of Event: One Team, One Mission

Name of Contact: Kaili Klatt

Telephone Number (608) 604-2621

Alternate Contact: Amber Burch

Telephone Number (608) 495-0480

Name of Organization / Business requesting closure: Richland County Emergency Services

Address: 1027 N Jefferson St.

Date of Event October 5, 2024

Street Closure Request: Jefferson St., between 7th and 8th

Street will be closed between the hours of: 10:00am - 6:00pm

Explain how the street-closure will be marked such as cones or barricades: Barricades on 8th and Jefferson + 7th and Jefferson

Kaili Klatt
Signature of Applicant (s)

Date filed with Clerk 4/18/2024

Referred to Public Safety on 5/7/2024

Action of Public Safety _____

CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: 4/29/2024

Name of Event: Community Safety Day

Name of Contact: Stacy Pilla - Brewer Public Library

Telephone Number: 608-447-6444

Alternate Contact: n/a

Telephone Number: _____

Name of Organization / Business requesting closure: Brewer Public Library

Address: 325 N. Central Avenue

Date of Event: Sat. June 22nd 2024

Street Closure Request: Central between First and Union (in front of library)

from approx 8am until 1pm (event runs from 10a until 12:30p)

Street will be closed between the hours of: 8am to 1pm

Explain how the street closure will be marked such as cones or barricades: barricades at

each end of Central

Stacy Pilla 4/29/24 Date filed with Clerk _____
Signature of Applicant (s)

Referred to Public Safety on _____

Action of Public Safety _____

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 04/26/2024

Town Village City of Richland Center County of Richland

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

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 06/29/2024 and ending 06/29/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Southwest Partners Inc dba Richland Rejuventes

(b) Address PO Box 651, Richland Center WI 53581 (Street) Town Village City

(c) Date organized 03/03/2016

(d) If corporation, give date of incorporation 03/03/2016

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: [checked]

(f) Names and addresses of all officers:

President Michael Breininger 24810 Mourning Dove Ln, Richland Ctr WI 53581

Vice President Dale Bender, PO Box 244, Richland Center WI 53581

Secretary Liz Perkins 23009 Cty Hwy AA Richland Center WI 53581

Treasurer Michael Cosgrove 25218 Cty HWY Y, Richland Center WI 53581

(g) Name and address of manager or person in charge of affair: Michael Cosgrove see above address

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number Krouskop Park 1100 N Jefferson Street, Richland Ctr WI 53581

(b) Lot Block

(c) Do premises occupy all or part of building?

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event RC Thunderfest

(b) Dates of event 06-29-2024

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Southwest Partners Inc dba Richland (Name of Organization)

Officer [Signature] (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

Date Filed with Clerk 4/29/2024

Date Reported to Council or Board

Date Granted by Council

License No.

May 17, 2024 - Richland Center Wine Walk 2024				
Event Time: 5:30-8:30 PM				
Sponsor:		The Greater Richland Area Chamber of Commerce		
BUSINESS	ADDRESS	LOCATION FOR SERVING/CONSUMPTION	WINE & BEER	BEER ONLY
Advanced Pump & Well	278 W. Court St.	Front room	X	
Computer Doctors	122 W. Court St.	First floor, front lobby	X	
Creative Layers	142 S. Central Ave.	Salon area main floor	X	
Diploia	100 W. Court St.	First floor, Central Ave. side	X	
Essential Wellness	186 E. Mill St.	Lobby Area	X	
Herb Rx	145 W. Court St.	Main level, store front	X	
J. Jay Walsh Jewelers	157 N. Main St.	Front portion of the store	X	
Los Amigos II **	100 N. Main St.	Bar area	X	
Phoenix Center **	100 S. Orange St.	Banquet area	X	
Pine River Smoke Company	249 W. Court St.	Front room	X	
Richland Family Restaurant	211 N. Main St.		X	
Richland Locker Co.	590 S. Main St.	Front retail area	X	
State Farm Insurance	172 S. Main St.	Lobby	X	
The Creative Outlet	156 E. Court St.	1st floor	X	
The Gym-boree	142 E. Court St.	1st floor	X	
The Island Drink Shop	54 N. Church St.	Lower level drink shop area	X	
Christy's Sunnyside	101 W. Court St.	Lower level	X	
Dreams Boutique	100 S. Main St.		X	
K.W. Realty	125 S. Church St.	Main floor	X	
New York Life	179 E. Court St.	Front lower level	X	
Royal Bank	101 E. Court St.	Main level, lobby area	X	
Verison-Team Wireless	172 S. Main St. Unit B	Front Space	X	

CITY OF RICHLAND CENTER PARADE PERMIT

Name of organization: Greater Richland Tourism
Contact Person (Permittee): Marty Richards
Address: 397 W Seminary St.
Richland Center, WI 53581
Tel #: 608-630-2452 Cell #: 630-2452

Date of Parade: 06/15/24 Start time: 10:30 End time: 12:00pm

Estimated number of units involved: 65

Will there be any animal units (circle one) YES* NO

*If yes, owner of animal/s is responsible for removing and disposing of waste.

Indicate what streets will be used during the parade: County A - Horse traffic.
Park St - Horse traffic - down 6th street. Parade start at 6th
+ Central - down Central to Court St. Court St. to Church -
Church to 6th St. In addition, please highlight route
on the attached city map.

Where will the parade assemble? Area of Central Ave - 6th - 8th St.
Where will the parade disassemble? Area of Church & 6th St.

Special parking or street closures required? (please describe):
Please see Map.

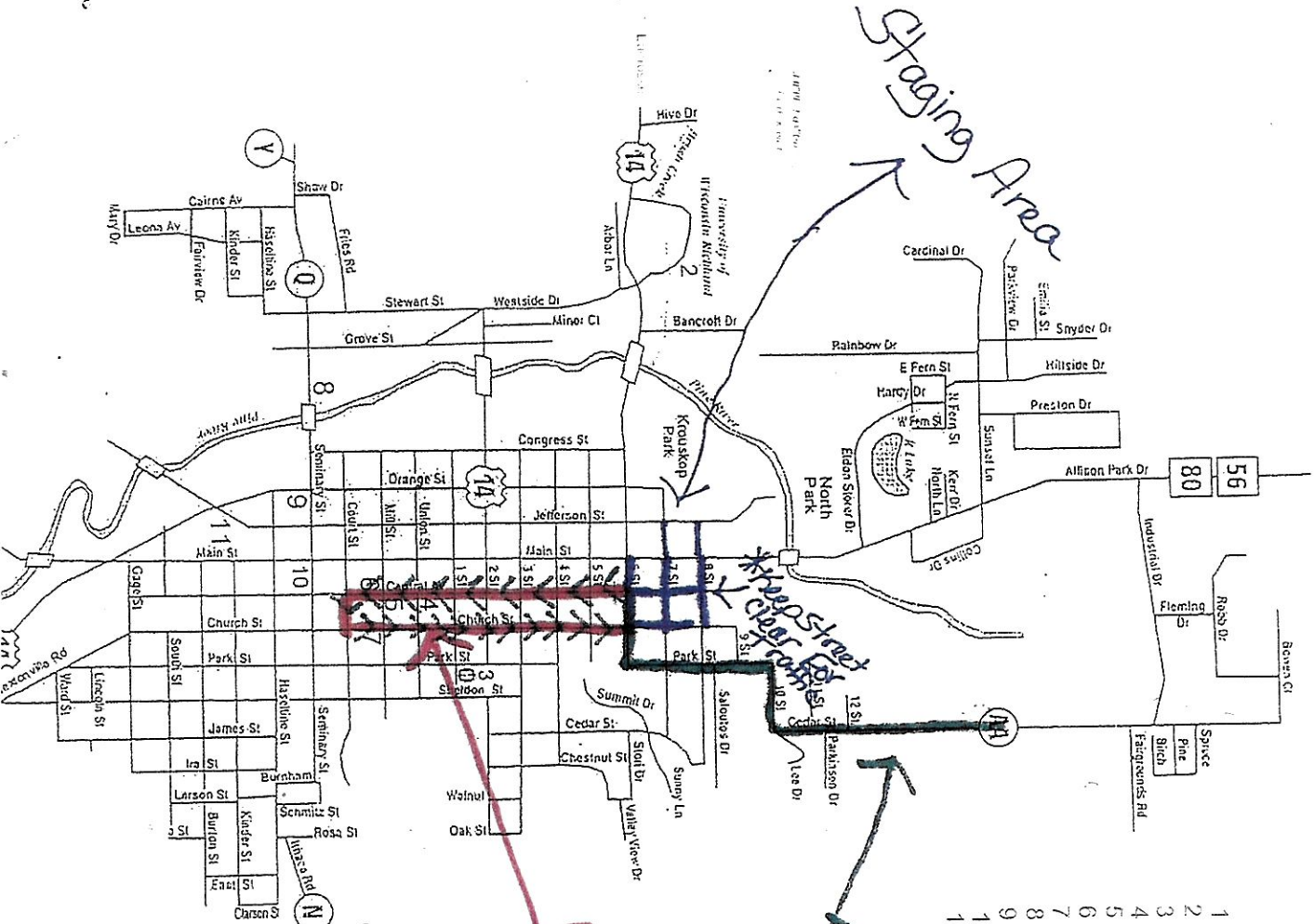
By applying for this Parade Permit, the above named Organization, and its agents and officers, hereby agree to hold the City of Richland Center harmless, and indemnify the City of Richland Center, for any and all claims, damages, losses, or injuries, of any nature whatsoever, occurring during, before or after the parade, and USER agrees to forever release and discharge the City of Richland Center, and its heirs, successors, and assigns, as well as its agents and employees, and all other persons who are or might be liable, from any and all claims occurring as a result of the issuance of this Parade Permit.

Dated this 3 day of May, 2024

Marty Richards
Name of person authorized to sign on behalf of organization and its officers

CITY OF RICHLAND CENTER

A
N



- 1 High School
- 2 University of W1 Richland
- 3 Hospital
- 4 Library
- 5 Post Office
- 6 City Auditorium
- 7 Fire Station
- 8 Community Center
- 9 Chamber - Main St.
- 10 Sheriff - County Govt
- 11 Municipal Bldg - Police

Route for Police

Police From Fairgrounds

Staging Area