

OFFICIAL PUBLIC NOTICE

MEETING OF THE PUBLIC SAFETY COMMITTEE

Monday, November 04, 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. 9-3-2024 PSC Minutes

APPROVAL OF OPERATOR LICENSES

DISCUSSION AND ACTION ITEMS

- 2. Temporary Alcohol Beverage License for Southwest Partners Inc. dba Richland Rejuvenates for Veterans Salute Concert on 11/09/2024, 6p to 10p at 182 N. Central Ave.
- 3. Temporary Alcohol Beverage License for Southwest Partners Inc. dba Richland Rejuvenates for Maggie Mae Country Christmas Show on 12/15/2024 1p to 5p at 182 N. Central Ave.
- 4. Municipal License Application for Taxi. Towne Taxi LLC
- 5. Chapter 101.26(7) Police Inspection of Taxicab.

CHIEF OF POLICE REPORT

September 2024 Report

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

SET NEXT MEETING DATE First Monday of the Month

ADJOURNMENT

Posted this 1st day of November, 2024 by 4:30 PM. Copy to the official newspaper the Richland Observer.

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.



MINUTES OF THE PUBLIC SAFETY COMMITTEE

MONDAY, SEPTEMBER 30, 2024 AT 5:30 PM

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

Minutes

Meeting called to order at 5:35 PM, Melby, Fruit, Downs all present.

Motion to approve the PSC minutes from 9-3-2024 by Fruit, seconded by Melby, motion carried. (3-0)

Motion by Melby to approve the OPERATOR LICENSES as presented, seconded by Fruit, motion carried. (3-0)

DISCUSSION AND ACTION ITEMS

None

CHIEF OF POLICE REPORT

August 2024 report, Officer training update.

REPORTS, REQUESTS, CONCERNS

Fruit stated the Radar Sign on Hwy 14 West was not working, and Downs stated he noticed the same thing.

SET NEXT MEETING DATE: November 4th, 2024, @ 5:30 PM

ADJOURNMENT

Motion to adjourn by Melby and seconded by Down. (3-0) @ 5:44 PM

Temporary Alcohol Beverage License

License(s) Requested					Fees	
			Licen	se Fees	\$	10.00
✓ Temporary "Class B" Wind	e	s "B" Beer	Backg	ground Check	\$	
		***************************************	Total	Fees	\$	10.00
						:
Part A: Organization Information						
1. Organization Name						
SWP Partners Inc dba R	ichland Rejuvnnates	8				
2. Organization Permanent Address						
PO BOX 651	·	-				
3. City			4.	ı	. Zip Code	
Richland Center				MI	53581	
Mailing Address (if different from perman	nent address)					
7. FEIN	8. Date of Organization/Inco	orporation	9. Stat	e of Organizat	ion/Incorpora	ation
	11/09/05		Wi	sconsin		
10. Phone	11. Email					
(608) 604-7022	swp.acctg@gmai	il.com			•	
12. Organization type (check one)						
Bona Fide Club	urch	on/Agricultural Sc	ocietv	☐ Veterar	n's Organiza	ation
	amber of Commerce or similar	_	•		-	
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13. Is this organization required to hold	a Wisconsin Seller's permit? .				🗆 🗅	∕es □ No
14. Wisconsin Seller's Permit Number (if ap	plicable)					
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Part B: Individual Information		ryk Karatia i				
List the name, title, and phone numbe (Form AB-100) for each person listed			ganization.	. Include an I	ndividual C	tuestionnaire
Corporations must also include Alcoho		· ·	01)			
	st Name	Title			Phone	
	chael	President	<u> </u>			
BEnder Da	le	Vice Pres	sident			
Perkins Li	Z	Secretary	Y			
Cosgrove Mi	chael	Treasure	r			
	and the state of t					

Part C: Event Information				(4.88° Q.,			
Name of Event (if applicable)					,		
Veterans Salute Concert							
2. Dates of Operation			3. Hours of Operation				
11/09/2024			6PM -	10PM	1		
4. Premises Address		And the state of t					
182 N Central Ave							
5. City			6. State	e	7. Zip Code		
Richland Center			W:	I	53581		
8. County 9. 0	Governing Munic	ipality 🗸 City 🗌 Town	☐ Village	10. A	Idermanic District		
Richland	of: Richlan	d Center					
11. Organizer of Event (If not the named applicant)		12. Email and/or Phone Num	ber for Orga	nizer of	Event		
	•	swp.acctg@gmai	1.com				
13. Organizer Website		14. Event Website					
www.swpartners.org							
stored, or consumed, and related records a alcohol beverage activities and storage of r or diagram and additional sheets if necessa All interior - only top 2 floo	ecords may o ry.	nbe all rooms within the bu ccur only on the premises (iiding, included in	aing iivi	oplication. Attach a map		
		·					
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Part D: Attestation Who must sign this application? • one officer or director of the nonprofit orgated READ CAREFULLY BEFORE SIGNING: Untruthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the rito another individual or entity. I agree to oper from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. Obe prosecuted for submitting false statements provides materially false information on this age.	der penalty or chalf of the ap ghts and resp ate according retand that lace refusal is a substant and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty o in connection with this appl	ot on behalf e license(s), ot limited to, of a licensed for revocati of state law. ication, and	of any if gran purcha premis on of th I furthe that an	other individual or entity ted, will not be assigned asing alcohol beverages ses during inspection will his license. I understand er understand that I may be person who knowingly		
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Last Name		First Name			M.I.		
Cosgrove		Michael					
Title	Email				Phone		
Treasurer	Micha	el.J.Cosgrove@ampf			(608) 647-8842		
Signature Much flegue			Date / 0/	25/	2024		
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk		License Number		<u> </u>			
Date License Granted	annual and annual a	Date License Issued					
Signature of Clerk/Deputy, Clerk LUCCHOON AC KILL	v						

Temporary Alcohol Beverage License

License(s) Requested	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Fees	
			License Fees	\$	10.00
√ Temporary "Class B" \	Vine ´☑ Te	mporary Class "B" Beer	Background Che	ck \$	
			Total Fees	\$	10.00
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Part A: Organization Informa	flon			i jaran ing kalangan jaran	
1. Organization Name		<u>Boytolde Aturbooks</u>		<u>garanta da serie</u>	
Southwest Partners I	nc dba Richl	and Rejuvenates			
2. Organization Permanent Address			·		
PO Box 651	•	at .			
3. City	-		4. State	5. Zip Code	
Richland Center			MI	53581	
6. Mailing Address (if different from per	manent address)				
7. FEIN	8. Date of C	organization/Incorporation	9, State of Organiz	ation/Incorpo	ration
	11/09/05 Wisconsin				•
10. Phone	11. Emall		· · · · · · · · · · · · · · · · · · ·		,
(608) 604-7022	swp.a	.cctg@gmail.com			
12. Organization type (check one)			,		
☐ Bona Fide Club ☐	Church	Fair Association/Agricultural S	Society	an's Organia	zation
Lodge/Society	Chamber of Comme	erce or similar Civic or Trade	Organization under ch	n. 181, Wis.	Stats.
13. Is this organization required to h	old a Wisconsin Sel	ler's permit?		🗆	Yes No
14. Wisconsin Seller's Permit Number (if applicable)				**************************************
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Part B: Individual Information	relendar berkerend			Alexandria (Contraction)	
List the name, title, and phone nur	nber for all officers,	directors, and agent of the or		ı Individual (Questionnaire
(Form AB-100) for each person list		·-			
Corporations must also include Alc	ohol Beverage Appo	ointment of Agent (Form AB-1	01).		
Last Name	First Name	Title		Phone	
Breininger	Michael	Presiden	t		
Bender	Dale	Vice Pre	Vice President		
Perkins	Liz	Secretar	Ä		
Cosgrove	Michael	Treasure	r	·	. 8
		**************************************	Without back to wise known with the same wit		

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Part C: Event Information	Single State	74-179-23-179-166-1	- 165 KA 155	
1. Name of Event (if applicable)	<u> </u>			
Maggie Mae "Country Christm	nadii Show			
	iab bilow		3. Hours of Opera	ation
2. Dates of Operation 12/15/2024		•	1PM - 5PN	1
<u> </u>			TEM - SER	
4. Premises Address				
182 N Central Ave			6. State	7. Zip Code
5. City			WI	53581
Richland Center	Governing Munici	pality 🗸 City 🔲 Town		. Aldermanic District
	of: Richland		□ Village 10	, ridemano biotriot
11. Organizer of Event (if not the named applicant)	OI. KICIIIAII	12. Email and/or Phone Nun	her for Organizer o	of Event
11. Organizer of Event (if not the named applicant)		swp.acctg@gmai	- -	
13. Organizer Website		14. Event Website	II.COM	
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www.swpartners.org 15. Premises Description - Describe the building			ro alaahal hayara	and records are sold
stored, or consumed, and related records a alcohol beverage activities and storage of re or diagram and additional sheets if necessa	re kept. Descri ecords may oc ry.	ibe all rooms within the bu	iilding, including l	iving quarters. Authorized 📗
All interior - only top 2 floo	rs.			
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Part D: Attestation				
Who must sign this application?				,
 one officer or director of the nonprofit orga 	nization	•		*
READ CAREFULLY BEFORE SIGNING: Unit truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the rito another individual or entity. I agree to open from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. Obe prosecuted for submitting false statements provides materially false information on this age.	chalf of the appoints and respondence according stand that lack refusal is a multiple stand affidavits is and affidavits affidavits and affidavits and affidavits and affidavits affidavits and affidavits affidavits and affidav	plicant organization and no onsibilities conferred by the to the law, including but no of access to any portion on hisdemeanor and grounds hall be void under penalty in connection with this appli	ot on behalf of an e license(s), if gra ot limited to, purc of a licensed prem for revocation of of state law. I furt lication, and that	y other individual or entity anted, will not be assigned chasing alcohol beverages hises during inspection will this license. I understand ther understand that I may any person who knowingly
Last Name		First Name		M,í.
Cosgrove	· ·	Michael		
Title	Email			Phone
Treasurer	Micha	el.J.Cosgrove@ampf	.com	(608) 647-8842
Signature			Date 1	
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	-			,
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk	<u> 6 .54835</u>	License Number		
10/28/2024				
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk REMANDER ALL	lu			

License(s) Requested

Temporary Alcohol Beverage License

Fees

				Lice	ense Fees		\$	10.00
▼ Temporary "Class B" \ 1 1 1 1 1 1 1 1 1 1 1 1 1	Wine	✓ Temporary Class	✓ Temporary Class "B" Beer		kground Ch	neck	\$	
				Total Fees			\$	10.00
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Part A: Organization Informa	tion							
1. Organization Name		. 3 3 - m - /						
SWP Partners Inc dba 2. Organization Permanent Address	a Rich	itano kejuvnnates						
PO BOX 651								
3. City		·			4. State	15.7	ip Code	·
Richland Center				-	WI	- 1	3581	
6. Mailing Address (if different from pe	rmanent a	address)			.,			
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7. FEIN		8. Date of Organization/Inco	rporation	9. S	tate of Organ	nization	/Incorpora	ation
		11/09/05		W	Jisconsi	ln		
10. Phone	•	11. Email						
(608) 604-7022		swp.acctg@gmai	.l.com					
12. Organization type (check one)								
☐ Bona Flde Club ☐	Church	☐ Fair Associatio	n/Agricultural S	ociety	☐ Vete	eran's	Organiza	ation
☐ Lodge/Society ☐	Chamb	er of Commerce or similar	Civic or Trade	Organiza	ation under	ch. 18	1, Wis. S	tats.
13. Is this organization required to I							🔲 \	∕es □ No
Part B: Individual Information	n							
List the name, title, and phone nu (Form AB-100) for each person lis	ted belov	w. Attach additional sheets	if necessary.		on. Include	an Ind	ividual Q	uestionnaire
Corporations must also include Ale	cohol Be	verage Appointment of Ag	ent (Form AB-1)	01).				
Last Name	First Na	ame	Title			Pho	one	
Breininger	Micha	ael	Presiden	t				
BEnder	Dale	ale Vice Pre		siden	t			
Perkins	Liz		Secretar	У				
Cosgrove	Micha	ıel	Treasure	r	-			

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Part C: Event Information				(4.88° Q.,			
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www.swpartners.org							
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Cosgrove		Michael					
Title	Email				Phone		
Treasurer	Micha	el.J.Cosgrove@ampf			(608) 647-8842		
Signature Much flegue			Date / 0/	25/	2024		
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk		License Number		<u> </u>			
Date License Granted	annual and annual a	Date License Issued					
Signature of Clerk/Deputy, Clerk LUCCHOON AC KILL	v						

Temporary Alcohol Beverage License

License(s) Requested	:				Fees	The state of the s
				License Fees	\$	10.00
✓ Temporary "Class B" \ 1	Wine		"B" Beer	Background Che	eck \$	
•				Total Fees	\$	10.00
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Part A: Organization Informa	itlon				r Special	<u> </u>
1. Organization Name				<u> </u>		
Southwest Partners :	Inc db	a Richland Rejuve	enates			
2. Organization Permanent Address				·		
PO Box 651						
3. City			······································	4. State	5. Zip Code	
Richland Center				MI	53581	
6. Mailing Address (if different from pe	rmanent a	ddress)				
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10. Phone		11. Emall				
(608) 604-7022		swp.acctg@gmail	l.com			
12. Organization type (check one)		<u> </u>				
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural So	ciety 🔲 Veter	ran's Organia	zation
Lodge/Society	Chambe	er of Commerce or similar (Civic or Trade O	rganization under cl	h. 181, Wis.	Stats.
13. Is this organization required to I	hold a Wi	sconsin Seller's permit?			🏻	Yes No
14. Wisconsin Seller's Permit Number ((if applicab	le)		· · · · · · · · · · · · · · · · · · ·		
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Part B: Individual Information	n อได้สมัยล		Gasto Albandar		A section of	
List the name, title, and phone nu	Carrier Sa R.	all officers, directors, and a	agent of the orga	anization. Include a	n Individual	Questionnaire
(Form AB-100) for each person lis						
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-10	1).		
Last Name	First Na	me	Title		Phone	W
Breininger	Micha	el	President		<u> </u>	
Bender	Dale	e Vice Presid		ident		
Perkins	Liz		Secretary			
Cosgrove	Micha	el	Treasurer			
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Part C: Event Information							
Name of Event (if applicable)							
Maggie Mae "Country Chri	stmas" Show						
2. Dates of Operation			3. Hours of Operation				
12/15/2024			1PN	M - 5PM	4		
4. Premises Address							
182 N Central Ave			1.		T		
5. City			6.	. State	7. Zip Code		
Richland Center			P	WI	53581		
8. County	9. Governing Munic		∐ VIII	age 10	. Aldermanic District		
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11. Organizer of Event (if not the named applical	111.7	1			or Every		
13. Organizer Website		swp.acctg@gmai 14. Event Website		111			
www.swpartners.org		1-1. EVOIT VIOLOTO					
15. Premises Description - Describe the bui	lalina en buildinas	and any cutoide areas who	ro alaal	hal havarr	non and records are sold		
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	ds are kept. Descr of records may o	ibe all rooms within the bu	uilding, i	including l	living quarters. Authorized		
All interior - only top 2 fl	loors.						
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Part D: Attestation			i najky.	er A			
Who must sign this application?			<u> </u>		en traditional exercitation and the second		
one officer or director of the nonprofit of the nonp	arganization						
READ CAREFULLY BEFORE SIGNING:	-	Stand than a successful and			augustiana completely and		
truthfully. I agree that I am acting solely o seeking the license. Further, I agree that it to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I us be deemed a refusal to allow inspection. It that any license issued contrary to Wis. Stop prosecuted for submitting false statement provides materially false information on the	n behalf of the ap he rights and responerate according nderstand that lac Such refusal is a reat. Chapter 125 sients and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds hall be void under penalty in connection with this appli	ot on be le licens of limite of a lice of state lication	ehalf of an se(s), if gra ed to, purc nsed pren rocation of a law. 1 fur , and that	ny other individual or entity anted, will not be assigned chasing alcohol beverages hises during inspection will fithis license. I understand ther understand that I may any person who knowingly of convicted.		
Last Name		First Name			M,í.		
Cosgrove		Michael					
Title	Email				Phone		
Treasurer	Micha	el.J.Cosgrove@ampf	f.com		(608) 647-8842		
Signature / Luch / Cer	prove		I -	10/25	5/2024		
Part E: For Clerk Use Only				7.1			
Date Application Was Filed With Clerk		License Number	. estud ji t				
10/28/2024							
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk	lle			The state of the s			

101.26 LICENSING AND REGULATION OF TAXICABS AND

TAXICAB DRIVERS.

(1) LICENSE REQUIRED. No person shall operate or cause to be operated a taxicab within

the limits of the City of Richland Center without having first secured a Taxicab Business License as

herein provided.

(2) DEFINITIONS. As used in this Section:

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101-3611-30-12

(a) "Taxicab" means a motor vehicle having a seating capacity of less than 8 persons, regularly

engaged in the business of carrying passengers for hire, not operated on a fixed route and equipped with a

taxi meter or similar device by which the fair is mechanically calculated on the basis of distance traveled

or waiting time.

- (b) "Taxicab Driver" means a person who operates a taxicab as defined in par. (a).
- (3) EXCEPTIONS. No license shall be required of an owner or driver for operating or driving

a taxicab licensed by another municipality for the purpose of delivering passengers to a point within the

City nor to persons operating vehicles over regular routes or between fixed terminals, funeral cars,

ambulances, vehicles licensed by permit of the Wisconsin Public Service Commission, or rental cars.

- (4) TAXI-CAB BUSINESS LICENSE.
- (a) Application. Application for a taxicab license to operate one or more taxicabs or an application to operate additional taxicabs under an existing license shall be made in writing to the City

Clerk upon forms furnished, giving the address from which the business is conducted, and signed by the

owner of the business or his duly authorized agent. The application must also state for each vehicle to be

operated the make, model and year of manufacture, the engine number, serial number, capacity for

passengers, and the Wisconsin State Certificate of Title number and license number.

(b) Public Hearing. The application shall be submitted by the Clerk to the Common Council

which shall set a date for a public hearing before the Common Council to examine the public

convenience and necessity of granting such a license. The Clerk shall notify the applicant of the time and

place set for the hearing, which may be held at a regular or special meeting of the Common Council. The

name of the applicant shall be included in the agenda for such meeting or hearing.

(5) LICENSE FEES; LICENSE YEAR. The taxicab business license fee shall be \$100.00 per

year or any fractional part thereof, except that if a new application is made and at the time of issuance of

the license less than one-half of a license year remains, such fee shall be \$50.00. All license years shall

end December 31. A full license year shall commence January 1 and end December 31 of the same year.

(6) INSURANCE. No taxicab license shall be issued until the applicant deposits with the Clerk

a policy of liability insurance covering all vehicles to be included under the license. Such policy shall

describe each vehicle by make, model and serial number, number of passengers capable of being

accommodated therein at one time and the number of State Motor Vehicle license. Such insurance policy

shall be issued by a company licensed to do business in Wisconsin and shall insure against loss from

liability in such amounts as the Common council shall from time to time designate.

The policy of insurance shall be approved by the City Attorney as to legal form before it is filed.

and shall contain a provision that the same may not be cancelled before the expiration of its term except

upon ten days written notice to the City. The cancellation or other termination of any insurance policy

issued in compliance with this section shall automatically revoke and terminate all licenses issued for the

vehicle covered by such insurance policy, unless another policy shall have been filed and approved

pursuant to this Section, and shall be in effect at the time of such cancellation or termination.

(7) POLICE INSPECTION. The Police Department shall inspect the mechanical condition of

each vehicle for which an application for a license is made and shall make periodic inspections of all

licensed vehicles. No vehicle shall be operated, whether licensed or not, as a taxicab if the Police

101-3711-30-12

Department shall find that the mechanical condition thereof makes it unsafe for the carrying of

passengers.

ORDINANCE	NO. 2024	1 -
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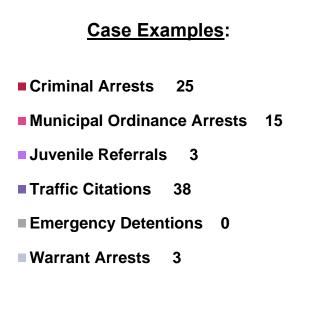
AN ORDINANCE REPEALING A PROVISION OF SECTION 101.26 OF THE CODE OF ORDINANCES OF THE CITY OF RICHLAND CENTER REGARDING POLICE INSPECTION OF TAXICABS

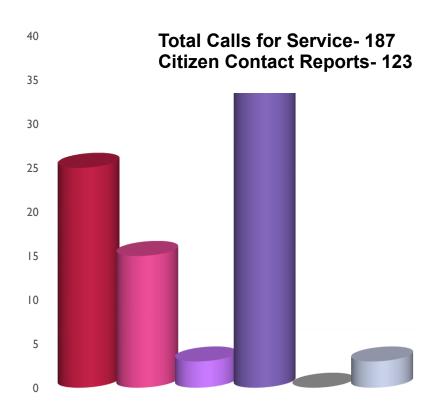
IT IS HEREBY ORDAINED by the Common Council of the City of Richland Center that **Section 101.26(7)** of the Code of Ordinances of the City of Richland Center is repealed in its entirety.

Effective Date. This ordinance shall be in full force and effect from and after its passage and publication.

RICHLAND CENTER POLICE DEPARTMENT

Monthly Report – SEPTEMBER 2024





Total Revenue Collected and Deposited with the City Treasurer from RCPD	\$ [^]	1,537.76
Revenue from Miscellaneous Court Ordered Payments	\$ <u>\$</u>	156.22 679.54
Revenue from Parking Violations	\$	702.00

Respectfully submitted,

Chief of Police

City of Richland Center