



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

- [6.](#) 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

Municipality
Richland Center

Item 2.

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

Part A: Organization Information

1. Organization Name
SWP Partners Inc dba Richland Rejuvnnates

2. Organization Permanent Address
PO BOX 651

3. City
Richland Center

4. State
WI

5. Zip Code
53581

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation
11/09/05

9. State of Organization/Incorporation
Wisconsin

10. Phone
(608) 604-7022

11. Email
swp.acctg@gmail.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

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

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

Part B: Individual Information

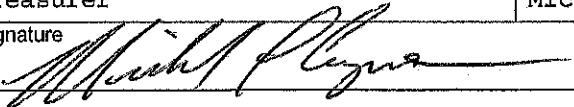
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.


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

| Last Name | First Name | Title | Phone |
|------------|------------|----------------|-------|
| Breininger | Michael | President | |
| BENDER | Dale | Vice President | |
| Perkins | Liz | Secretary | |
| Cosgrove | Michael | Treasurer | |
| | | | |

Continued →

| Part C: Event Information | | | |
|--|---|---|-------------------------|
| 1. Name of Event (if applicable) Veterans Salute Concert | | | |
| 2. Dates of Operation 11/09/2024 | | 3. Hours of Operation 6PM - 10PM | |
| 4. Premises Address 182 N Central Ave | | | |
| 5. City Richland Center | | 6. State WI | 7. Zip Code 53581 |
| 8. County Richland | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u> | | 10. Aldermanic District |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event swp.acctg@gmail.com | |
| 13. Organizer Website www.swpartners.org | | 14. Event Website | |
| 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. All interior - only top 2 floors. | | | |

| Part D: Attestation | | | |
|---|--------------------------------------|-----------------------|-------------------------|
| Who must sign this application? • one officer or director of the nonprofit organization | | | |
| <p>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.</p> | | | |
| Last Name Cosgrove | | First Name Michael | M.I. |
| Title Treasurer | Email Michael.J.Cosgrove@ampf.com | | Phone (608) 647-8842 |
| Signature  | | Date 10/25/2024 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 10/25/2024 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk  | |

Temporary Alcohol Beverage License

Municipality
Richland Center

Item 2.

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

Part A: Organization Information

1. Organization Name
Southwest Partners Inc dba Richland Rejuvenates

2. Organization Permanent Address
PO Box 651

3. City
Richland Center

4. State
WI

5. Zip Code
53581

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation
11/09/05

9. State of Organization/Incorporation
Wisconsin

10. Phone
(608) 604-7022

11. Email
swp.acctg@gmail.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

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

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

Part B: Individual Information

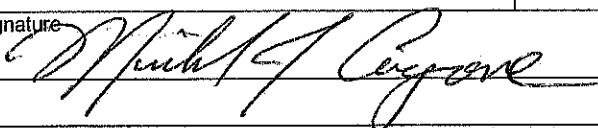
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.


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

| Last Name | First Name | Title | Phone |
|------------|------------|----------------|-------|
| Breininger | Michael | President | |
| Bender | Dale | Vice President | |
| Perkins | Liz | Secretary | |
| Cosgrove | Michael | Treasurer | |
| | | | |

Continued →

| | | | |
|--|--|--|----------------------|
| Part C: Event Information | | | |
| 1. Name of Event (if applicable) Maggie Mae "Country Christmas" Show | | | |
| 2. Dates of Operation 12/15/2024 | | 3. Hours of Operation 1PM - 5PM | |
| 4. Premises Address 182 N Central Ave | | | |
| 5. City Richland Center | | 6. State WI | 7. Zip Code 53581 |
| 8. County Richland | | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center | |
| 10. Aldermanic District | | 11. Organizer of Event (if not the named applicant) | |
| 12. Email and/or Phone Number for Organizer of Event swp.acctg@gmail.com | | 13. Organizer Website www.swpartners.org | |
| 14. Event Website | | | |
| 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. All interior - only top 2 floors. | | | |

| | | | |
|--|--------------------------------------|-------------------------|--|
| 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 Cosgrove | | First Name Michael | |
| M.I. | | | |
| Title Treasurer | Email Michael.J.Cosgrove@ampf.com | Phone (608) 647-8842 | |
| Signature  | | Date 10/25/2024 | |

| | | | |
|--|--|---------------------|--|
| Part E: For Clerk Use Only | | | |
| Date Application Was Filed With Clerk 10/28/2024 | | License Number | |
| Date License Granted | | Date License Issued | |
| Signature of Clerk/Deputy Clerk  | | | |

Temporary Alcohol Beverage License

Municipality
Richland Center

Item 3.

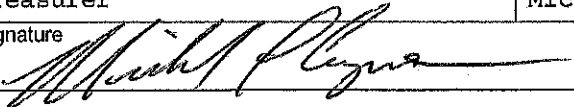
| License(s) Requested | Fees | |
|----------------------|---|-----------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer | License Fees |
| Background Check | | \$ |
| Total Fees | | \$ 10.00 |


| Part A: Organization Information | | |
|---|---|---|
| 1. Organization Name SWP Partners Inc dba Richland Rejuvnnates | | |
| 2. Organization Permanent Address PO BOX 651 | | |
| 3. City Richland Center | 4. State WI | 5. Zip Code 53581 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN | 8. Date of Organization/Incorporation 11/09/05 | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone (608) 604-7022 | 11. Email swp.acctg@gmail.com | |
| 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 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 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 |
| Breininger | Michael | President | |
| BENDER | Dale | Vice President | |
| Perkins | Liz | Secretary | |
| Cosgrove | Michael | Treasurer | |
| | | | |

Continued →

| Part C: Event Information | | | |
|--|---|---|-------------------------|
| 1. Name of Event (if applicable) Veterans Salute Concert | | | |
| 2. Dates of Operation 11/09/2024 | | 3. Hours of Operation 6PM - 10PM | |
| 4. Premises Address 182 N Central Ave | | | |
| 5. City Richland Center | | 6. State WI | 7. Zip Code 53581 |
| 8. County Richland | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u> | | 10. Aldermanic District |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event swp.acctg@gmail.com | |
| 13. Organizer Website www.swpartners.org | | 14. Event Website | |
| 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. All interior - only top 2 floors. | | | |

| 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 Cosgrove | | First Name Michael | M.I. |
| Title Treasurer | Email Michael.J.Cosgrove@ampf.com | | Phone (608) 647-8842 |
| Signature  | | Date 10/25/2024 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 10/25/2024 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk  | |

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 | \$ 10.00 |
| | Background Check | \$ |
| | Total Fees | \$ 10.00 |

Part A: Organization Information

1. Organization Name
Southwest Partners Inc dba Richland Rejuvenates

2. Organization Permanent Address
PO Box 651

3. City
Richland Center

4. State
WI

5. Zip Code
53581

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation
11/09/05

9. State of Organization/Incorporation
Wisconsin

10. Phone
(608) 604-7022

11. Email
swp.acctg@gmail.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

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

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

Part B: Individual Information

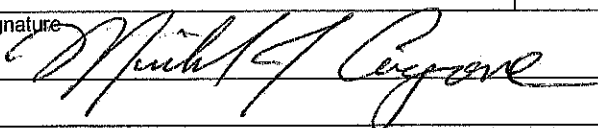
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.


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

| Last Name | First Name | Title | Phone |
|------------|------------|----------------|-------|
| Breininger | Michael | President | |
| Bender | Dale | Vice President | |
| Perkins | Liz | Secretary | |
| Cosgrove | Michael | Treasurer | |
| | | | |

Continued →

| | | | |
|--|--|---|----------------------|
| Part C: Event Information | | | |
| 1. Name of Event (if applicable) Maggie Mae "Country Christmas" Show | | | |
| 2. Dates of Operation 12/15/2024 | | 3. Hours of Operation 1PM - 5PM | |
| 4. Premises Address 182 N Central Ave | | | |
| 5. City Richland Center | | 6. State WI | 7. Zip Code 53581 |
| 8. County Richland | | 9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Richland Center</u> | |
| 10. Aldermanic District | | 11. Organizer of Event (if not the named applicant) | |
| 12. Email and/or Phone Number for Organizer of Event swp.acctg@gmail.com | | 13. Organizer Website www.swpartners.org | |
| 14. Event Website | | | |
| 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. All interior - only top 2 floors. | | | |

| | | | |
|--|--------------------------------------|-------------------------|--|
| 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 Cosgrove | | First Name Michael | |
| M.I. | | | |
| Title Treasurer | Email Michael.J.Cosgrove@ampf.com | Phone (608) 647-8842 | |
| Signature  | | Date 10/25/2024 | |

| | | | |
|--|--|---------------------|--|
| Part E: For Clerk Use Only | | | |
| Date Application Was Filed With Clerk 10/28/2024 | | License Number | |
| Date License Granted | | Date License Issued | |
| Signature of Clerk/Deputy Clerk  | | | |

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:

.

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 fare 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 - _____

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.

