



OFFICIAL PUBLIC NOTICE

MEETING OF THE PARK BOARD

MONDAY, JANUARY 08, 2024 AT 5:00 PM

COMMUNITY CENTER MEETING ROOM, 1050 N. ORANGE ST., 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: *Motion to waive the reading of the minutes of the last meeting(s) in lieu of printed copies and approve the same.*

1. Minutes from December 11th, 2023.

DISCUSSION AND ACTION ITEMS

2. Discussion and possible approval on the following Sanctioned Recreation Group:
A. Richland Center Youth Baseball and Softball
3. Discussion and possible approval of a fee discount/waiver for Ocooch Mountain Humane Society's events: Spring Plant Sale, Rummage Romp, and Paws Fur the Holidays.
4. Discussion and possible approval of a fee discount/waiver for G.R.A.C.E. events: Walk Around the World with G.R.A.C.E. kickoff potluck and the RACE for G.R.A.C.E. ¼ mile, 1 mile, 5k, 10k.
5. Consider approval of contract with Chrome Fireworks & Displays, LLC for City Fireworks for June 29, 2024.

APPROVAL OF BILLS: *Approval of payment of the monthly bills.*

6. Bills from Dec 2023-Jan 2024.

SENIOR COORDINATOR'S REPORT

DIRECTOR'S REPORT

PARK BOARD PRESIDENT REPORT

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

SET NEXT MEETING DATE: *Second Monday of the Month. February 12, 2024 at 5:00pm.*

ADJOURNMENT

Posted this 4th day of January, 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.

MINUTES

Meeting was called to order at 5:00 PM. by Board President Elliott.

Roll Call: Present: Park Board members, Pat Elliott, Kathryn Lewandowski, Allicia Woodhouse, Brad Wegner, Gary Manning, County Board, Parks & Rec Dir. Jodi Mieden.

Absent- Larry Hallett, Mark Chambers, City Council.

1. Motion to waive the reading of the minutes of the last meeting(s) in lieu of printed copies and approve the same.

Motion by Lewandowski to approve the minutes. Second by Manning. Motion carried unanimously.

2. Discussion and possible approval of updated rules for the Community Center for 2024.

Final draft of rules changes was presented that had been approved in the October meeting.

Motion by Wegner to approve the final draft of the rules. Second by Woodhouse. Motion carried unanimously.

3. Discussion and possible approval of updated rental pricing for the Community Center, Parks & Shelters for 2024.

Revenues for 2023 were presented and it was discussed and decided to continue into 2024 with the current pricing schedules, as they had been raised in 2022 and 2023. Motion by Woodhouse to approve the 2024 pricing schedule. Second by Manning. Motion carried unanimously.

4. Discussion and possible approval of an agreement between the City of Richland Center Park & Recreation Department and the Richland County Behavioral Health Services CST Interagency.

Mieden considered the agreement details and gave a recommendation to join into the contract with the County. She stated that the department is dealing with situations in Recreation programs and at the pool already, and this relationship would just provide us with more tools to deal with those situations as they arise. Motion by Wegner to approve the agreement. Second by Lewandowski. Motion carried unanimously.

5. Discussion and possible approval of design & naming of previously proposed trailhead signage.

Lewandowski was concerned that the specific names were not quite right on all the signage. Tepley was on hand to explain that by using the names in question, we would be keeping continuity with current branding guidelines that have been laid out for the City. She explained that having the park attraction pictures on the signs would boost tourism by showing new users what lies ahead, that they may not see from the road. A QR code would also be added to link to the trail map on our website. Each sign would cost \$70.00 and she is still searching for funding. The tourism board suggested the Parks Department

should cover the cost when approached for funding. Tepley stated that the County was given examples of the signage if they would like to follow suit. Motion by Lewandowski to approve the signage as presented. Second by Manning. Motion carried unanimously.

6. Discussion and possible approval for snowmobile crossing and trail on City property.

Kerry Severson was on hand to provide maps for the bike trail crossing and use as connection to the snowmobile trail and asked to have maintenance continue the current process for trail detail at said crossings and connections as they have been happy with the results. The board reported no issues in the past with the agreement. Motion by Wegner to approve the request. Second by Manning. Motion carried unanimously.

Approval of payment of monthly bills:

Motion by Manning to approve payment of the monthly bills. Second by Wegner. Motion carried unanimously.

Staff Reports:

A. Senior Coordinator: Heffner submitted written report. Sr. Center activities continue to be popular and bring in new people every month. Bingo and Euchre continue to be popular and tables are usually all filled and then some. The Richland Area Senior Citizen group is consistently growing and will have their annual Christmas party this month catered by Jen Carter and entertained by Monte Berger. They will make ornaments and snowglobes. Movies on the big screen have been lacking in attendance with all of the illnesses going around but will continue to offer them twice a month until the trips to Diamond Jo begin in April, then will show them once a month.

B. Parks and Recreation Director: Mieden reported that the pre-season holiday pool pass sale had been good so far with 15 total passes sold already, 12 family and 3 individual. Planning for the staff Christmas party was in full swing for the 14th. We received lots of Giving Tree donations already, \$100 to SRC, 15 Daily pool passes split between Passages, RC Youth and RSD. We replaced the worn/badly leaking dishwasher in the SRC with savings from the furniture recover and installed the new planned stove replacement in the kitchen.

Park Board President's report. Elliott reported that the Parks and Pool had a very successful year, numbers looked good. The community was served well this year.

Reports, requests, etc. n/a

Adjournment.

Motion by Manning to adjourn the meeting.

Second by Woodhouse.

Motion carried unanimously.

Respectfully submitted by Jodi Mieden.



Parks & Recreation Department
 1050 North Orange Street
 Richland Center, WI 53581
 (608) 647-8108

Application for Sanctioned Recreation Group

To be officially sanctioned by the City of Richland Center & authorized use of City grounds or facilities, or to be included in the City's Facility Use Agreement with the Richland School District, the following criteria must be met:

The organization must provide their own coaches.

Prior to the program starting, the organization must complete criminal background checks on their administration and coaches of minors. A copy of the background check shall be provided to the City. If requested, the City may agree to do a background check for an organization. A fee will be assessed for this service.

Organizations may conduct their own advertising and/or request the City do so on their behalf. A fee will be assessed to the organization if the City provides advertising services in the recreation guide.

The organization must collect all fees for their recreation programs.

All fees must be paid prior to service or use commencing.

The organization must pay the City of Richland Center for use of City grounds and facilities according to the Fee Schedule set by the City.

Approvals for Sanctioned Recreation Groups are valid from the date of approval to December 31st at midnight of the approval year. Organizations must seek renewal of approval on an annual basis.

By signing this application, the applicant/organization agrees to comply with the policies and procedures governing Sanctioned Recreation Groups. The applicant/organization understands that to falsify information or failure to comply with the policies and procedures governing sanctioned recreation groups is grounds for terminating approval.

Applicant Signature:

Jessica Laeseke

Date:

12-15-23

The Park Board reserves the right to decline to accept/approve any application for Sanctioned Recreation Group, and/or deny any proposed use and/or event of a Sanctioned Recreation Group, if the Park Board determines that a proposed group or use would not be in the best interest of the City of Richland Center.

ORGANIZATION NAME: *Richland Center Youth Baseball and Softball*

CONTACT NAME: *Jessica Laeseke*

EMAIL: *rcybaseballsoftball@gmail.com*

PHONE: *608-604-7634*

ADDRESS:

25089 Five Points Drive Blue River WI 53518

ESTIMATED # OF PARTICIPANTS: *350*

FACILITIES TO BE USED: *Gym & Baseball + Softball Fields*

Action by Park Board: ☐ Approved ☐ Denied

December 11, 2023

Park and Recreation Department
450 South Main Street
Richland Center, WI 53581

Park and Recreation Board:

Total \$810⁰⁰ for 3 events

On behalf of the Ocooch Mountain Humane Society (OMHS) I am asking that our organization be considered for fee waiver approval. OMHS is a non-profit shelter for cats and foster home provider for dogs. We hold three events each year at the Community Center: Paws Fur the Holidays, Rummage Romp and Spring Plant Sale. All events are staffed with OMHS members and other volunteers and bring in 200 – 400 people. We also use the Community Center's parking lot in the summer to host our Animal House Chicago Hot Dog stand.

During the pandemic, our public fundraising events stopped for around two years which left an impact on what we could do for the community. All of the Shelter income comes from donations, fundraising, and occasionally endowments and while things are returning to pre-pandemic, we still trying to catch up in generating revenue for the organization. If we are granted a fee waiver it will go a long way to increasing our fundraising outcomes where every dollar counts.

Thank you for developing the waiver policy for Richland Center Facility usage fees. We appreciate how the City has managed, improved and grown the Park and Recreation facilities, programming, and access to nature while focusing on accessibility for all.

Thank you for your consideration.

Sincerely,



Linda Symons, OMHS Board Secretary

Enclosures: Documentation of Exempt Status
Waiver Request for OMHS Rummage Romp
Waiver Request for OMHS Paws Fur the Holidays
Waiver Request for OMHS Plant Sale

CITY OF RICHLAND CENTER



APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE):

☒ Rental Fee Waiver ☐ Rental Fee Discount

Applications for fee waivers and/or discounts must be reviewed by the Park Board. The Park Board meets on the second Monday of each month. Request applications must be received by the Wednesday before a meeting to be considered. Submit questions and return your application **WITH A COVER LETTER** to Park & Recreation Department, 450 S. Main Street, Richland Center, WI 53581 or via email at jodi.mieden@richlandcenterwi.gov.

Name of Group:	Occochee Mountain Humane Society (OMHS)		
Address:	391 Clarson St RC 53581 P.O. Box 229		
Contact Name/Phone/Email:	Linda Symons 608-647-3108 critterpaw2013@gmail.com		
Circle Type of Group:	<input checked="" type="radio"/> 501(c)3	Government Agency	Other- Specify:
Circle one of these:	<input type="radio"/> Rental Fee Discount	<input checked="" type="radio"/> Rental Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Spring Plant Sale - plants, pots, assorted garden tools, yard decorations will be sold		
Desired date(s)/Times:	May 10 (setup @ noon) May 11 8am - 2pm		
Desired Facility:	Killian Meyer \$136.00 (1/2 day + full day + sign)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	Wide variety of plants - low cost plants, growing expertise shared, support local animal shelter		
NEED:			
Why is it necessary to hold this event at a City facility?	Central location with space to display plants + process sales.		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	OMHS relies on fundraisers to care for animals + find forever homes. All animals receive medical care as needed + are spayed/neutered.		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	Yes, Shelter tours for summer camper/program Shelter manager can do talks, Board member have other skills		
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:	J Symons		
Date of application:	12/11/23		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$136.00	Park Board Review date:	Approved date:

CITY OF RICHLAND CENTER

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Name of Group:	Ocooch Mountain Humane Society (OMHS)		
Address:	391 Clarson St RC 53581 PO Box 229		
Contact Name/Phone/Email:	Linda Symms 608 647 3108 critterpaws@gmail.com		
Circle Type of Group:	<input checked="" type="radio"/> 501(c)3	<input type="radio"/> Government Agency	<input type="radio"/> Other- Specify:
Circle one of these:	<input type="radio"/> Rental Fee Discount	<input checked="" type="radio"/> Rental Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Rummage Romp - Rummage Sale		
Desired date(s)/Times:	August 23 setup 4-8 August 24 7 ³⁰ -3 ³⁰ (event)		
Desired Facility:	Gym \$337 ⁰⁰ (3 weekend blocks + kitchen + sign)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	200-400 Access to high quality, low cost items opportunity to learn about OMHS + support mission. Remaining items go to Thrift Store, Goodwill, Homeless Shelter		
NEED:			
Why is it necessary to hold this event at a City facility?	Space is perfect for displaying large amount of items + still allow for fun shopping. People know the center, ample parking, easy to move items in + out for set up + take down		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	OMHS function only on donations + fundraising. Every saving in expenses goes a long way to caring for animals. Fee waiver will increase OMHS revenue.		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	Yes, shelter tours for summer program, Shelter Manager can do pet care talks, Board members have other talents		
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:	J Symms		
Date of application:	12/11/23		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$337 ⁰⁰	Park Board Review date:	Approved date:

CITY OF RICHLAND CENTER



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Contact Name/Phone/Email:	Linda Symons 608-647-3108 critterpaws2013@gmail.com		
Circle Type of Group:	<input checked="" type="radio"/> 501(c)3	<input type="radio"/> Government Agency	<input type="radio"/> Other- Specify:
Circle one of these:	<input type="radio"/> Rental Fee Discount	<input checked="" type="radio"/> Rental Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Paws Fur the Holidays - Silent Auction, Bucket Raffle, obstacle course, Bake Sale, Fishing, Pond games, Santa		
Desired date(s)/Times:	November 8 (after 4) setup November 9 8:00-3:00		
Desired Facility:	Gym / Kitchen \$337.00 (3 weekend blocks + kitchen + sign)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	200-400 Family Fun, Dog activities, low cost gifts, food, Holiday goodies, Pet info, support local animal shelter		
NEED:			
Why is it necessary to hold this event at a City facility?	Space is perfect, Kitchen is accessible, Parking is available, set up is extensive and the gym has the access needed to make this easier		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	OMHS relies on donations + fundraisers. Expenses for the event cut into operational funds. A fee waiver will help maximize funds raised		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?			
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:	J Symons		
Date of application:	12/11/23		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$337.00	Park Board Review date:	Approved date:

WISCONSIN SALES AND USE TAX
CERTIFICATE OF EXEMPT STATUS (CES)
(Governmental, Religious, Charitable, Scientific or Educational Organization)

Wisconsin Department of Revenue
PO Box 8902
Madison WI 53708-8902
PHONE (608) 266-2776
TDD (608) 267-1049

Item 3.

Sales to the below named organization are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid until revoked by the Wisconsin Department of Revenue.

OCOOCH MOUNTAIN HUMANE SOCIETY

PO BOX 229

RICHLAND CENTER WI 53581

S-204(R, 8-99)

CES NUMBER
045709
DATE ISSUED
7/19/2002

IMPORTANT:

Sales to your organization are taxable unless you furnish your supplier with the CES number shown above.
Sales by your organization may be subject to tax. If your organization makes taxable sales, it must obtain a seller's permit and remit sales tax to the Department of Revenue.

Questions: Contact the Department of Revenue by telephone at our above number, FAX (608) 267-1030, E-mail sales10@dor.state.wi.us, or at our Web site www.dor.state.wi.us

WISCONSIN SALES AND USE TAX
CERTIFICATE OF EXEMPT STATUS (CES)
(Governmental, Religious, Charitable, Scientific or Educational Organization)

Wisconsin Department of Revenue
PO Box 8902
Madison WI 53708-8902
PHONE (608) 266-2776
TDD (608) 267-1049

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RICHLAND CENTER WI 53581

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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 21 2006

Employer Identification Number:
30-0027124

DIN:

17053091907126

OCOOCH MOUNTAIN HUMANE SOCIETY INC
PO BOX 229
RICHLAND CENTER, WI 53581-0000

Contact Person:

JOHN JENNEWAIN

ID# 31307

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated March 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

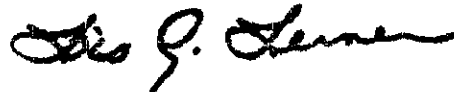
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



G.R.A.C.E. Inc.
Greater Richland
Area Cancer
Elimination



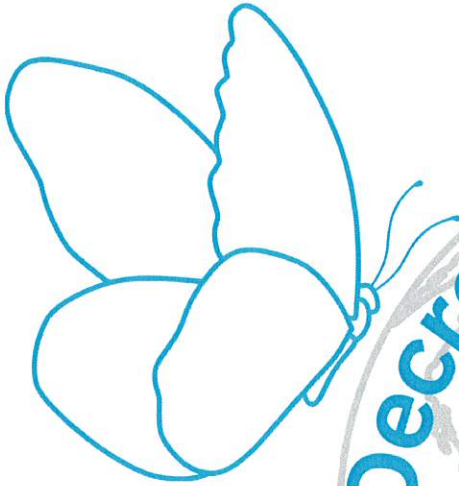
Symons 
RECREATION COMPLEX
608-647-8522 info@symonsrec.com
1250 Symons Circle Richland Center, WI 53581

Item 4.

Walk Around the World with G.R.A.C.E.

January 1 to July 31, 2024

Join any time!



Decrease Cancer Risk

Join with your community as we
walk, roll, cycle, run or dance at least
25,000 miles *around the world*

**No cost to join.
Receive a FREE
reflective vest!**

Moderate exercise at least 2.5 hours per week reduces
your risk of many types of cancer.

In 2023, 284 people Walked Around the World with G.R.A.C.E.
We walked over 68,000 miles to reduce cancer risk.
We can do it again!

Sign up at WalkWithGrace.com

CITY OF RICHLAND CENTER

APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE):


☒ Rental Fee Waiver ☒ Rental Fee Discount

Applications for fee waivers and/or discounts must be reviewed by the Park Board. The Park Board meets on the second Monday of each month. Request applications must be received by the Wednesday before a meeting to be considered. Submit questions and return your application **WITH A COVER LETTER** to Park & Recreation Department, 450 S. Main Street, Richland Center, WI 53581 or via email at jodi.mieden@richlandcenterwi.gov.

Name of Group:	Greater Richland Area Cancer Elimination - GRACE		
Address:			
Contact Name/Phone/Email:	Leif Carlson leifcarlsondb@gmail.com		
Circle Type of Group:	<input checked="" type="radio"/> 501(c)3	<input type="radio"/> Government Agency	<input type="radio"/> Other- Specify:
Circle one of these:	<input checked="" type="radio"/> Rental Fee Discount	<input type="radio"/> Rental Fee Waiver	
Description of event or purpose for which City of Richland Center facilities will be used:	Walk around the World with GRACE community prevention, Kickoff potluck for walkers		
Desired date(s)/Times:	1/26 12/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31		
Desired Facility:	Gym + Kitchen 2 blocks + kitchen (Regular block / Weekend block / Kitchen)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	All county residents can participate - last year we had 2500 active walkers and many more families		
NEED:			
Why is it necessary to hold this event at a City facility?	A community event needs to be in community and community center is well located and well known		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	We could pay but money for GRACE goes back to community members so fee waiver goes to community		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	Unsure, perhaps depending on service request		
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:	[Signature]		
Date of application:	12/8/23		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$21000	Park Board Review date:	Approved date:



Race for GRACE

The Greater Richland Area Cancer Elimination Inc. (GRACE) will have a new event in 2024. The event is called Race for GRACE and will be a focus on fundraising and prevention of cancer. The goal is to get people excited to get active and help in their own prevention of cancer, along with raising funds to help people currently battling cancer. There will be a ¼ mile kids run, a 1 mile fun run/walk, a 5k fun run/walk and a 10k run. We decided to go with all the different distances to try to have something for all abilities.

Our goal is to get at least 200 hundred people registered for the event. Our organization helps people battling cancer in our service area. Our service area includes all of Richland County and the surrounding townships. In 2024, 58% of the money raised will go directly to cancer patients, 25 % will go to cancer research, 10 % to the local medical community, 5% to our preventative fund and 2% to administration costs.

The GRACE organization does not have any paid staff and is a 100% volunteer organization. We appreciate your consideration of waiving all fees for this event to continue to allow us to be frugal with all funds raised in the battle against cancer.

Sincerely,

Allen Kaszubski

Director of Publicity, GRACE Inc.

allenk@walkwithgrace.com

CITY OF RICHLAND CENTER



APPLICATION FOR SPECIAL CONSIDERATION FOR (MARK ONE):

X Rental Fee Waiver _____ Rental Fee Discount

Applications for fee waivers and/or discounts must be reviewed by the Park Board. The Park Board meets on the second Monday of each month. Request applications must be received by the Wednesday before a meeting to be considered. Submit questions and return your application **WITH A COVER LETTER** to Park & Recreation Department, 450 S. Main Street, Richland Center, WI 53581 or via email at jodi.mieden@richlandcenterwi.gov.

Name of Group:	Greater Richland Area Cancer Elimination Inc.		
Address:	P.O. Box 213, RC		
Contact Name/Phone/Email:	Allen Kaszubski / 608-604-7114 / AllenK@walkwithgrace.com		
Circle Type of Group:	<u>501(c)3</u>	Government Agency	Other- Specify:
Circle one of these:	Rental Fee Discount	<u>Rental Fee Waiver</u>	
Description of event or purpose for which City of Richland Center facilities will be used:	Race for GRACE will have a 1/4 mile kids run, 1 mile walk/run, 5K walk/run and 10K run		
Desired date(s)/Times:	5/17 4:00 PM setup / 5/18 6:00 AM - 12:00 PM		
Desired Facility:	Dr. Meyer Building #136 (1/2 day / full day + sign)		
COMMUNITY BENEFITS			
How many Richland Center residents will benefit from your event? How will they benefit?	We have a goal of 200 registered runners. Unknown how many will be RC residents. Getting active to prevent cancer.		
NEED:			
Why is it necessary to hold this event at a City facility?	Central location in our service area. Park & Rec Department is a co-sponsor		
If request is for a Fee Waiver: Explain why paying the fee would be a hardship.	GRACE tries hard to be good stewards of all donations for fighting cancer. This waiver will allow us to directly assist cancer patients with funds we raise from the event.		
Are you willing to provide commensurate services in lieu of the rental fee? If so, what type?	No		
I declare under the penalties of perjury that this application for special consideration has been examined by me and to the best of my knowledge and belief is true, correct and complete.			
Signature:			
Date of application:	12/8/2023		
STAFF USE ONLY			
Est. total value of waiver (\$):	\$13600	Park Board Review date:	Approved date:

Wisconsin Temporary Event Operator and Seller Information

Item 4.

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

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PART A: Event Information: To be completed by the operator of the temporary event

1. Name of Temporary Event Race for GRACE
2. Date(s) of Temporary Event 5/17 - 5/18
3. Location of Temporary Event (e.g., Venue, City) Richland Center, Kilian Meyer Building

PART B: Operator Information: To be completed by the operator of the temporary event

1. Name and Address Greater Richland Area Cancer Elimination Inc.
P.O. Box 213, Richland Center, WI 53581
2. Daytime Telephone Number (608) 604-7114
3. Email Address AllenK@walkwithgrace.com
4. Wisconsin Tax Account Number _____
If blank, check appropriate box:
☐ No Taxable Sales ☐ Exempt under Occasional Sales Rule ☒ Exempt Nonprofit Organization
☐ Other - Explain: _____

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PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.

THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT - SEE INSTRUCTIONS

1. Legal Name _____
2. Business Name _____
3. Address (Street or Route) _____
4. City, State and Zip Code _____
5. Home Telephone Number (_____) _____
Business Telephone Number (_____) _____
6. Wisconsin Tax Account Number _____
7. Social Security Number X X X - X X - _____
8. Federal Identification Number (FEIN) X X - X X X _____
9. Check one box indicating the type of activity you intend to engage in at this event:
☐ Selling Taxable Merchandise or Service ☐ Display Only
☐ Selling Exempt Merchandise or Service ☐ Exempt under Occasional Sales Rule
☐ Direct Sellers, Company Name _____ ☐ Nonprofit Organization

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: Allen Kaszubski

Signature: Allen Kaszubski

Date: 12/18/2023

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

**** Do not email event reports to maintain confidentiality of seller information ****



P.O. Box 44186
Madison, WI 53744

Phone: (608) 732-4545
chrome fireworks@gmail.com
www.chromefireworks.com

PERMIT TO POSSESS AND DISPLAY FIREWORKS

To whom it may concern, Greetings!

The local authority having jurisdiction grants Chrome Fireworks and Displays, LLC right to exhibit display fireworks for the following event:

State: Wisconsin

County: Richland

Fireworks Event: Thunderfest

Event Sponsor: City of Richland Center

Date of Display: Saturday, June 29, 2024

Rain Date: Sunday, June 30, 2024

Fireworks Location: North Park

Approx. Display Start Time; Subject to Change with Weather: 10 pm

SHERIFF, FIRE DEPARTMENT CHIEF
OR TOWN CHAIRMAN:

Signature of Official Issuing Permit

Scott Gald. Fire Chief
Print Name and Title of Official Issuing Permit

(Email or send a copy of this permit to Chrome Fireworks at least one month prior to display)

(Keep a copy of this permit for Sponsor's records)



PO Box 44186 ☆ Madison, WI ☆ 53744
 608.732.4545 ☆ chromefireworks@gmail.com
 www.chromefireworks.com

Sponsor

*City of Richland Center
 450 S Main Street
 Richland Center, WI 53581*

2024 CONTRACT

This contract entered into this _____ day of _____ 2024, engages the services of Chrome Fireworks & Displays, LLC, hereinafter referred to as "Chrome", to produce and perform a pyrotechnic display on behalf of Sponsor under the following terms:

1. The date of the display will be Sat June 29, 2024. In case of inclement weather, the display will be rescheduled for Sun June 30. Chrome will have complete authority to cancel the display if, in the reasonable opinion of Chrome, the health, safety, and well-being of the pyrotechnicians, spectators or property would be jeopardized by proceeding with the display including inclement weather or imminent threat thereof.
2. The cost of the display will be \$ 17,000. Upon signing this Contract, Sponsor will pay an initial payment to Chrome in the amount of \$ 7,500 invoiced in January. The remaining balance will be paid within 10 days of the display. A late fee of 1.5% per month shall apply to any unpaid balance remaining beyond a 10-day period. Should a cancellation occur once crew is enroute or onsite, the cost of insurance, labor and any non-reusable items will be billed or deducted from the deposit, minimum 50% of budget amount. If Chrome and Sponsor agree to cancel and event, likely due to display date weather issues, and a nearby reschedule date cannot be obtained, the Sponsor agrees to reimburse Chrome for incurred expenses including insurance at 15% of the budget amount plus any permit fees and other costs incurred by Chrome for the Sponsor's display.
3. Sponsor will procure and furnish a suitable location for the fireworks display with adequate distances from audience, roof tops, flammable materials and other hazards in compliance with NFPA 1123 guidelines - including a minimum spectator set back of at least 500 feet at all points from the largest diameter mortars. Sponsor will secure all police, fire, local and state permits, and shall arrange for all security bonds if required by law for the location of the display. Sponsor will furnish all necessary police, fire and other appropriate protection necessary for proper crowd control and protection, automobile parking, and supervision in clearing of debris after the display. Sponsor will be solely responsible for keeping all unauthorized persons out of the display firing area and behind the safety zone lines.
4. Chrome reserves the right to make substitutions as to the amount, size and description of fireworks as is reasonably necessary to address site, weather, health, supply availability and safety concerns should they arise.
5. **Prior Cancellation:** Should the fireworks display(s) agreed upon in this Contract be cancelled by the Client prior to the fireworks display date, shall result in liquidated damages payable to Chrome Fireworks from the Sponsor for an amount equal to 40% of the Contract price plus any and all other related costs incurred by the Display Operator in resolving matters related to failure of Client to fulfill this Contract, including but not limited court costs, attorney fees, litigation expenses, witness fees/expenses, travel expenses and similar costs), prejudgment interest, post judgment interest, fees, and expenses incurred by the Display Operator.

6. **Bad weather and Shoot Trailers:** In event of worsening weather conditions at the planned showtime, Chrome will need flexibility on shoot times, earlier or later depending on weather conditions. Chrome often provides electronic & shoot trailer shows for utmost performance of the firework show. The downfall of these electronic setups is that they **CANNOT** be dismantled. The show will need to be fired or secured/ stored until the nearby rain date. It is very hazardous and potentially fatal to our crews to dismantle this type of display. Chrome needs flexibility of the Sponsor to shoot the show or adequately secure the setup until the rain date.

7. **Setup:** Chrome will provide qualified pyrotechnicians who will deliver, set-up, execute, dismantle and cleanup the pyrotechnic display. In some cases, the crew shall arrive the night prior to the event to begin setup.

8. **Clean Up & Searches:** The pyrotechnicians shall conduct an after-display search of the grounds in an effort to locate and dispose of any unexploded fireworks. The search shall be reasonably dictated by such elements including, but not limited to terrain, ground cover, weather conditions and time of completion of display. Chrome pyrotechnicians will provide reasonable cleanup for the site immediately following the display. All equipment, firework packaging, and larger debris will be removed to the best of the crew's ability before leaving the display area. **Sponsor shall provide a nearby dumpster or other adequate space for boxes, spent cakes and refuse after the display.**

After our cleanup pieces of paper, cardboard, multi-shot cake inserts and fuse casing will remain but should disappear with weather, time and/or lawn mowing. In concentrated areas of debris particles for example, Chrome often uses leaf rakes if the site and ground cover allows, without being required, our crews provide reasonable effort to clean up the large debris for the Sponsor.

9. Chrome will conduct a reasonable search of the display area before departure, in an attempt to locate any damages or unexploded shells. Sponsor acknowledges that an early morning search of the area is of utmost importance, or as soon as reasonably possible following the display. This search is to locate anything abnormal including site damage or unexploded fireworks that might not have been spotted by Chrome in the night. In the event that Sponsor discovers any unexploded fireworks, Sponsor will immediately contact Chrome and Chrome shall be responsible for removing said fireworks as soon as possible after receipt of such notice. **Please notify Jim Krueger via cell phone 608-732-4545. If you have a cell # for your crew lead they may be notified also.**

10. \$5,000,000 Insurance: Unless otherwise agreed, Chrome shall provide General Liability and Property Damage Insurance for the fireworks display in the amount of \$5,000,000 naming the Sponsor as an additional insured party. The current industry standard is \$1,000,000 of such coverage. A certificate evidencing liability insurance shall be provided to Sponsor before the display. Sponsor will notify Chrome of any additional insureds prior to issuing the insurance certificate.

The sponsor and landowner along with other entities and individuals listed on the certificate of insurance shall be deemed an additional insured per this contract. No additional written agreement is needed for endorsement.

Chrome is also covered with \$5,000,000 of MCS-90 Transportation insurance which is compliant with Dept. of Transportation interstate regulations.

The pyrotechnicians on site are covered with a \$500,000 Workers Comp insurance policy, proof of all insurances are readily available by request.

11. Chrome shall take all steps reasonably anticipated to safeguard spectators and Sponsor's property. Should any losses occur which Sponsor believes are the result of Chrome's firework display, Sponsor will immediately notify Chrome of the nature of the loss and the date on which the loss occurred. Said notice shall be in writing and provide

as much detail as possible regarding the extent of the loss (including clear pictures) as this process will be required by the insurance adjusters.

12. In the event of fire, accident, flood, act of God or other causes beyond the control of Chrome which prevents Chrome from performing under this contract, other than inclement weather, both parties agree to terminate this contract and all performance requirements and damages resulting therefrom.

13. The Sponsor will pay to Chrome pay all costs (including but not limited to court costs, attorney fees, litigation expenses, witness fees/expenses, travel expenses and similar costs), prejudgment interest, post judgment interest, fees, expenses, and all damages incurred by the Chrome through enforcing this contract.

14. The Sponsor agrees to indemnify, hold harmless and defend Display Operator and employees from any and all claims brought against the Display Operator for any and all accidents, incidents or allegations not directly related to the Display Operator's agreed upon contractual duties and obligations, aka: any other liabilities arising from sponsor's event.

Chrome will provide the General Liability insurance certificate to Sponsor for the purpose of insuring Chrome's risk in performing contracted duties involving the fireworks display. However, Chrome will be indemnified and held harmless for the remainder of the Sponsor's event or issues arising as result of the event. This includes but is not limited to the event's activities, other contractors, vendors, traffic issues, and members of general public, audience and/or any other matters beyond the direct control, scope, and duty of Chrome's contract.

15. This Contract will be construed by laws of the state of Wisconsin. If any provision of this agreement is deemed unenforceable by any court of competent jurisdiction, the remaining provisions hereof shall remain in full force and effect.

16. This Contract constitutes the entire agreement between the parties hereto and supersedes all prior and contemporaneous agreements, understanding, negotiations and discussions, either oral or executed in writing by the parties to be bound thereby. Chrome reserves the right to transfer the contract at which time the duties and liability would also be transferred in entirety, indemnifying and holding harmless Chrome. The waiver of any provisions of this Contract will not constitute a waiver of any other provision of this contract.

17. The party signing this document on behalf of Sponsor warrants and represents that (s)he is solely authorized to enter into this agreement on behalf of the Sponsor.

ADDITIONAL PROVISIONS:

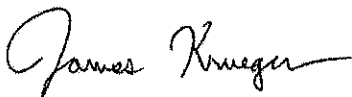
X _____

Sponsor – signature

x Todd Coppemoll - Mayor of Richland Center

Print name and title

CHROME FIREWORKS AND DISPLAYS, LLC:



James Krueger - owner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/)
11/20/2023

Item 5.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Ryder Rosacker McCue & Huston (MGD by Hull & Company)
509 W Koenig St
Grand Island NE 68801

CONTACT NAME: Kristy Wolfe
PHONE (A/C, No, Ext): 308-382-2330 **FAX (A/C, No):** 308-382-7109
E-MAIL ADDRESS: kwolfe@ryderinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SCOTTSDALE INS CO	41297

INSURED
James M Krueger II & Kate P Krueger Revocable Trust Dated October 22, 22 & Any Amendments Thereto;
Chrome Fireworks and Displays LLC dba Chrome Fireworks
PO Box 44186
Madison WI 53744

INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 757623063

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS4054512	10/25/2023	10/25/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			FWS400006	10/25/2023	10/25/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.
Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.
Regarding the General Liability coverage, Primary and Non-Contributory coverage applies to the entities listed below per attached form CG 20 01 when required by written agreement.

Additional Insured: City of Richland Center
See Attached...

CERTIFICATE HOLDER

CANCELLATION

City of Richland Center
450 South Main Street
Richland Center WI 53581

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Ryder Rosacker McCue & Huston (MGD by Hull & Company)		NAMED INSURED James M Krueger II & Kate P Krueger Revocable Trust Dated October 22, 22 & Any Amendments Thereto; Chrome Fireworks and Displays LLC dba Chrome Fireworks PO Box 44186 Madison WI 53744	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Date: Sat June 29, 2024, Rain Date: Sun June 30, 2024
North Park, Hwy 80/56, Richland Center, WI 53581
Richland Center Independence Day Celebration

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE****Name Of Person Or Organization:**

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.

Additional Premium is Included

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**COMMERCIAL GENERAL LIABILITY
CG 20 01 12 19**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item 2. **Exclusions of SECTION I—COVERAGES:**

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

AUTHORIZED REPRESENTATIVE

DATE

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2024 ACCOUNT PAYABLE LISTING

Item 6.

PARK BOARD

Meeting Date: 01/08/24

VENDOR NAME (Alphabetical)	ACCT #	DESCRIPTION	AMOUNT
----------------------------	--------	-------------	--------

Monthly Bills: 2023 Budget

Badger Sporting Goods	55200-435	Champro Bases single/double 1st, Gared	\$ 673.65
	55200-520	Volleyball winch	\$ 71.35
Jason's Custom Signs & Graphix	55200-520	Vehicle graphics	\$ 108.00
Lifeline Audio Video Technologies	55200-435		\$ 174.55
	61000-960	Projector for gymnasium	\$ 1,438.09
	55200-430		\$ 76.94
	55200-390		\$ 349.42
Walmart	51900-990	Christmas Party Supplies	\$ 184.50
WIL-KIL Pest Control	55200-560	Pest Contract	\$ 76.55

Monthly Bills: 2024 Budget

WPRA	55200-370	Yearly memberships- Jodi/Jena	\$ 150.00
			\$ 150.00

TOTAL BILLS TO BE PAID FROM THIS MEETING	\$ 3,453.05
---	--------------------

Bills Paid Between Meetings:

TOTAL BILLS PAID ALREADY	\$ -
---------------------------------	-------------

By signing below, I certify I have reviewed the bills listed above and approve them for payment:

Jodi Mieden

Park/Rec Director

Pat Elliott

Park Board President



**BADGER
SPORTING
GOODS**

YOUR TEAM SPORTS SPECIALISTS
P.O. BOX 259068 MADISON, WI 53725-9068 608.274.1353

Sales Invo Item 6.

Reference AAV005102-AV07

Remit To BADGER SPORTING GOODS
PO BOX 259068
MADISON, WI 53725-9068

Invoice Date	12/18/2023	Entered By	TF	Phone	
Customer	R40	Sales Prsn	TF	Terms	NET 30 DAYS
PO Number	EQUIPMENT	Ship Via		Cancel	08/11/2026
		Required	11/16/2023		

Bill To	RICHLAND CTR PARKS DEPT	Ship To	RICHLAND CTR PARKS DEPT
	450 S MAIN STREET		C/O JODI MIEDEN
	RICHLAND CENTE WI 53581		450 S MAIN STREET
			RICHLAND CENTE WI 53581

BASES, VOLLEYBALL WINCH AND VOLLEYBALL NET ORDERED BY JODI MIEDEN

D	QTY	STYLE BARCODE	VENDOR COLOR DESCRIPTION	SIZE	ATTRIBUTE	UNIT	PRICE	EXT
	1	B001X 03355391940	CHAMPR MOLDED PRO STYLE BASE			SET	\$205.00	\$205.00
	1	B004 09997471927	CHAMPR PRO STYLE DOUBLE 1ST BASE			EA	\$180.00	\$180.00
	1	604506673 04184732112	GARED WORM GEAR WINCH			EA	\$360.00	\$360.00

Total \$745.00

ACCOUNTS RECEIVABLE R40 AAV005102-AV0 \$745.00

YOUR INVOICE IS DUE ON 1/17/2024 IN THE AMOUNT OF \$745.00.

* 2023 Budget

\$673.65 10-55200-435 Rec Equipment ^{cc}

\$71.35 10-55200-520 cc Supplies

\$745.00 total

Jodi Mieden
1/4/24





Inv Item 6.

DATE	INVOICE#
12/17/2023	100640

BILL TO
Richland Center Parks Department 1050 N. Orange Street Richland Center, WI 53581

www.jasons-signs.com



and for all your computer needs...

www.rccomputerdrs.com

P.O. NO.	DUE DATE	TERMS	PROJECT
	12/17/2023		

QUANTITY	DESCRIPTION	RATE	AMOUNT
3	Sets of Richland Center Public Works truck lettering - Black (vinyl only, taped and applied by staff)	20.00	60.00
1	Set of Richland Center Public Works truck lettering - Silver (vinyl only, taped and applied by staff)	24.00	24.00
1	Set of Richland Center Parks & Rec truck lettering - Silver (vinyl only, taped and applied by staff)	24.00	24.00
	Sales Tax	5.50%	0.00
<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p>* 2023 Budget</p> <p>\$108.00 10-55200-520 CC Supplies</p> <p>John Miedem 1/14/24</p> </div>			
Also available... Magnetics, Billboards, Vehicle and Window Lettering		Total	\$108.00



Lifeline Audio Video Technologies
41 Means Drive Suite A
Platteville, WI 53818

Invoice

Phone # (800) 236-4327 **Fax #** (608) 348-7918

Bill To
City of Richland Center 450 S Main St. Richland Center, WI 53581

Ship To

Invoice Date: 12/26/2023 P.O. Number: Rep SW Invoice #: 66396

Qty	Item	Description
1	PowerLite L520W	Epson, PowerLite L520W, 5200 Lumens laser projector
<p>* 2023 Budget</p> <p>\$1438.00 10-61000-960 CC Outlay</p> <p>\$ 76.94 10-55200-430 CC Equipment</p> <p>\$ 349.42 10-55200-390 CC Misc Expense</p> <p><i>Jodi Menden</i> 1/4/24</p> <p>\$2039.00 total</p>		

Terms: Net 10 Days

Past Due Accounts Are Subject To A 1.5%
Service Charge Per Month (18% annual).

Payments made via credit card will be
assessed a 4% processing fee for payments
over \$1,000.

Subtotal \$2,039.00

Sales Tax (5.0%) \$0.00

Payments/Credits \$0.00

Amount Due \$2,039.00



Item 6.

600-647-7141 Hqr: DONALD
2401 US HWY 14 E
RICHLAND CENTER WI 53581
STN 01007 OPH 000960 TEN 05 TRN 05412
ITEMS SOLD 54
TCN 1384 4319 9570 6500 7719 0



IN 15.9-35PK	0083046000399 F	6.98 0
STRAWBERRIES	0671704000001 F	7.99 0
BLUEBERRIES	001303501000 F	6.04 0
RASPBERRIES	001303501006 F	5.64 0
BLACKBERRY	001303501129 F	5.14 0
CELRY STICKS	005288714950 F	2.98 0
SNAP PEAS	060113100391 F	5.98 0
MINI SUT PEP	059005001213 F	3.24 0
ASPARAGUS	000000004080 F	3.57 0
TON CHERUB	005703602269 F	4.40 0
QU TEFNOU NS	019434609721 F	0.70 0
MUSHROOMS	060113100463 F	3.74 0
BABY CARROTS	003303006504 F	1.40 0
BROC FLORET	079663116136 F	5.30 0
CAUL FLORETS	060113122174 F	2.57 0
CAUL FLORETS	060113122174 F	2.57 0
TON CHERUB	005703602269 F	4.40 0
RED GRAPE	000000004023 F	
1.31 lb	1 lb / 2.28	3.25 0
GREEN GRAPE	000000004022 F	
2.05 lb	1 lb / 2.28	4.62 0
WINDOW TIN	007007023703	3.98 0
SPK TUR PNCN	070630921553	2.28 0
OVAL	019650410057	2.98 0
OVAL	019650410057	2.98 0
7CT VALUE PK	007162370357	4.98 0
OVAL	019650410057	2.98 0
OVAL	019650410057	2.98 0
TABLE COVER	003993898925	2.98 0
TABLE COVER	003993898925	2.98 0
QU STRW SQZ	007874201230 F	2.97 0
S F APRICOT	005150004002 F	3.97 0
QU SQZ SAP	007874201230 F	2.67 0
CNTREE SPRNK	007874202765 F	3.43 0
AL CIAC	003800008635 F	1.20 0
WHPD CRM CHS	001600007420 F	1.02 0
WHPD CRM CHS	001600007420 F	1.02 0
CNTREE SPRNK	007874202765 F	3.43 0
COOL WHIP	004500000093 F	1.90 0
QU GEL PINK	007874216246 F	1.56 0
GELATIN LIN	007874224107 F	1.10 0
GELATIN LIN	007874224107 F	1.10 0
RANCH DIP	002670012910 F	2.34 0
PF EGANO8 PL	007273027251 F	6.98 0
RITZ	004400003117 F	3.88 0
TRSET HYD GR	004400007166 F	4.98 0
12.5Z TRISC	0044000005169 F	4.98 0
PF EGANO8 PL	007273027251 F	6.98 0
PF EGANO8 PL	007273027251 F	6.98 0
TISSUE ASHT	076879596959	1.40 0
TISSUE ASHT	076879596956	1.40 0
TABS TWINE	076009940074	2.47 0
HT 1 PK OM	084052503119	0.96 0
HT 1 PK OM	084052503119	0.96 0
HT 1 PK OM	084052503119	0.96 0
HT 1 PK OM	084052503119	0.96 0

SUBTOTAL 184.50
TOTAL 184.50
WALMART CREDIT TEND 184.50

WALMART CREDIT *** 0739 1 1
APPROVAL # 816267
REF # 1042000314
TRANS ID - 093346751816267
VALIDATION -
PAYMENT SERVICE -
OID 000000017001001
TC 4FD599433027706F
TERMINAL # SC011449
*NO SIGNATURE REQUIRED

12/12/23 14:59:06
CHANGE DUE 0.00
Low Prices You Can Trust. Every Day.
12/12/23 14:53:17
CUSTOMER COPY

Walmart
Become a member
Scan for free 30-day trial





Capital One
PO BOX 60506
CITY OF INDUSTRY, CA 91716-0506



Credit Account #
Statement Date
Statement #

621034
12/19/23
1652809519

CREDITS & ADJUSTMENTS	CURRENT	PAST DUE			ACCOUNT BALANCE
		1-59 DAYS	60-89 DAYS	90+ DAYS	
\$0.00	\$403.69	\$0.00	\$0.00	\$0.00	\$403.69

OPEN ITEMS

PO #	Job Code	Invoice #	Purchase Location	Trans Date	Due Date	Trans Total	Balance Due
			WM SUPERCENTER #1007 1007 RICHLAND CENTER WI	12/06/23	01/13/24	\$167.43	\$167.43
			WM SUPERCENTER #1007 1007 RICHLAND CENTER WI	12/08/23	01/13/24	\$51.76	\$51.76
			WM SUPERCENTER #1007 1007 RICHLAND CENTER WI	12/12/23	01/13/24	\$184.50	\$184.50
						Account Balance	\$403.69

* 2023 Staff Christmas Party Supplies 10-51900-990

PURCHASES

PO #	Job Code	Invoice #	Purchase Location	Trans Date	Due Date	Trans Total	Balance Due
			WM SUPERCENTER #1007 1007 RICHLAND CENTER WI	12/06/23	01/13/24	\$167.43	\$167.43
			WM SUPERCENTER #1007 1007 RICHLAND CENTER WI	12/08/23	01/13/24	\$51.76	\$51.76
			WM SUPERCENTER #1007 1007 RICHLAND CENTER WI	12/12/23	01/13/24	\$184.50	\$184.50
						Total Purchases	\$403.69

OTHER CHARGES AND CREDITS

Description	Trans Date	Due Date	Trans Total	Balance Due
No other charges and credits in current period.				

PAYMENTS

Date	Payment Number	Amount
11/20/23	Check # 103255	-\$276.80
		Total Payments
		-\$276.80



01018008 434 06 019126 02 NNNNNY

Accounts Payable
RC PARKS & RECREATION DEPT
A/P
450 S MAIN ST
RICHLAND CENTER, WI 53581-2545



Previous Account Balance	\$276.80
New Purchases	\$403.69
Other Charges/Credits	\$0.00
Payments	-\$276.80

Account Balance	\$403.69
-----------------	----------

Credit Limit	\$1,700.00	Payment Due Date(s)	
Account Balance	\$403.69	01/13/24	\$403.69
Available Credit	\$1,296.31		

Don't forget you can make quick and easy payments online! Log into your secure account today!

For questions, or to report an unauthorized use claim, call Walmart Community Card Customer Service at 877-294-7548.

For online or phone payments, your account will be credited as of the business day we receive it, as long as it is made by 5 PM ET. Mail payments will be credited the same business day, as long as it is received by 5 PM ET at the correct address, noted below, with remit coupon. Payments received by us at any other location or in any other form may not be credited as of the day we receive them. Allow at least 7 business days for mail delivery.

Please detach and return stub with payment to address below.

Accounts Payable
RC PARKS & RECREATION DEPT
A/P
450 S MAIN ST
RICHLAND CENTER, WI 53581-2545

Credit Account #	621034
Statement Date	12/19/23
Statement #	1652809519

Account Balance	\$403.69
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Address Change:

Amount Enclosed \$

Capital One
PO BOX 60506
CITY OF INDUSTRY, CA 91716-0506

[illegible]



INVOICE

Customer: 210363

Invoice Due Date: 1/10/2024

[illegible]

Service Location:

RICHLAND CENTER COMMUNITY
1050 N ORANGE ST
RICHLAND CENTER, WI 53581

The environmental and safety surcharge covers ongoing costs required for maintaining environmental and safety initiatives for our employees and customers. This includes but is not limited to transportation improvements, safety training, and service safety protocols as they may pertain to each industry we service. Limitations apply.

NEW INVOICES

Invoice#	Invoice Date	Description	PO#	Service Amt.	Tax	Late Fee	Inv. total	Inv. Balance
4796662	12/11/23	COMMERCIAL CONTRACT		76.55	0.00	0.00	76.55	76.55

\$ 2023 Budget
10-55200-560
CC Contracted Work

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	LATE PAYMENT FEE	TOTAL AMOUNT DUE
\$ 76.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 76.55


PLEASE RETURN THIS PORTION WITH PAYMENT TO INSURE PROPER CREDIT. THANK YOU.

CURRENT	OVER 30 DAYS	OVER 60DAYS	OVER 90 DAYS	LATE PAYMENT FEE	TOTAL AMOUNT DUE	\$ 76.55
\$ 76.55	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		



800 • 236 • 8735

AMOUNT PAID \$ _____ . ____ CHK NO. _____

	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Credit Card #	Exp. mo/yr

SIGNATURE: _____

PLEASE PRINT NAME AS SHOWN ON CARD:

Remit To:

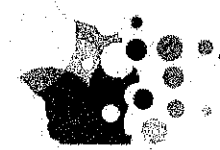
RICHLAND CENTER COMMUNITY CENTER
450 S MAIN ST
RICHLAND CENTER WI 53581-2545

WIL-KIL
P.O. BOX 600730
Jacksonville, FL 32260-0730

[illegible]

WPRA
6737 W. Washington St.
Suite 4210
Milwaukee, WI 53214
United States
414-423-1210

INVOICE 6262



WPRA
Wisconsin Parks & Recreation Association

SO EVERYONE CAN PLAY

Richland Center Parks, Recreation & Grounds
Department
Jodi Mieden
1050 N. Orange Street
Richland Center, WI 53581
United States

Invoice # 6262
Invoice Date 10/21/2023
Invoice Due 12/31/2023

Amount Due \$ 150.00

Transactions

Description	Amount
Membership Renewal - Individual Professional (through December 31, 2024)	\$ 150.00

10-55200-370 CC Membership Fees

Jena Cabral

2024 Budget

Total Amount	\$ 150.00
Amount Paid	-\$ 0.00
Amount Due	\$ 150.00

2% of membership dues are not deductible due to political lobbying.

Jodi Mieden
1/4/24

WPRA
6737 W. Washington St.
Suite 4210
Milwaukee, WI 53214
United States
414-423-1210

INVOICE 6413



WPRA
WISCONSIN PARKS & RECREATION ASSOCIATION
SO EVERYONE CAN PLAY

Richland Center Parks, Recreation, and Grounds
Department
Jena Cabral
1050 N Orange St
Richland Center, WI 53581
United States

Invoice # 6413
Invoice Date 10/21/2023
Invoice Due 12/31/2023

Amount Due	\$ 150.00
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Transactions

Description	Amount
Membership Renewal - Individual Professional (through December 31, 2024)	\$ 150.00

10-SS200-370 CC Membership Fees
Jodi Mieden

2024 Budget

Total Amount	\$ 150.00
Amount Paid	-\$ 0.00
Amount Due	\$ 150.00

2% of membership dues are not deductible due to political lobbying.

Jodi Mieden
1/4/24