



OFFICIAL PUBLIC NOTICE
MEETING OF THE PUBLIC SAFETY COMMITTEE
MONDAY, AUGUST 05, 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. PSC minutes from 07/01/2024

APPROVAL OF OPERATOR LICENSES

DISCUSSION AND ACTION ITEMS

2. Street closing application for Edward Jones Client Appreciation Event on Aug. 22, 2024 between 4pm and 7pm. Requested closure would be on the 200 block of E. Court St. between N. Church and the municipal parking lot driveway.
3. Mobile Dessert/Food License Application for Ampawan Jiauphan for Thia Station Food Truck.
4. Street Closing Application for the National Night Out Event on August 6, 2024 from 3p to 9p.
5. Street Closing Application for St Marys Festival, requesting barricades for 5th Street between N. Main and N. Central Streets on Sept. 14th from 3p to 9pm.
6. Street Closing Application for RC Booster Club Duck Race on October 4th 2024 immediately after the HOCO Parade- Request barricades at Central and Court and Court and Church Streets.
7. Temporary Alcohol Beverage License for St. Marys Parish Festival on 9/14/2024 3p to 9p.
8. Parade Permit for Greater Richland Tourism, 2024 Canyon of Light Parade, October 5th 2024, 7 PM to 9 PM.

CHIEF OF POLICE REPORT

9. RCPD July 2024 Report

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

SET NEXT MEETING DATE: 09/02/2024 @ 5:30 PM

ADJOURNMENT

Posted this 2nd day of August, 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, JULY 01, 2024, AT 5:30 PM

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

Minutes

CALL TO ORDER @ 5:32p Present Melby, Fruit Downs. The meeting was properly noticed.

APPROVAL OF MINUTES

Motion by Fruit to approve the 6-3-2024 PSC Minutes, seconded by Downs. Motion carried. (3-0)

APPROVAL OF OPERATOR LICENSES

Motion by Downs to approve all operators licenses as presented, Steine is contingent on paying the fee. Seconded by Melby, motion carried. (3-0)

DISCUSSION AND ACTION ITEMS

Motion by Fruit to approve placing the PW approved lighted crosswalk sign on 8th Street at N. Main Street, seconded by Melby. Motion carried, (3-0)

CHIEF OF POLICE REPORT

May and June 2024 PD Report presented by Chief Jones.

REPORTS, REQUESTS, CONCERNS

None

SET NEXT MEETING DATE

August 5th @ 5:30pm

ADJOURNMENT

Motion to adjourn the meeting at 5:30p by Downs, seconded by Fruit. Motion carried. (3-0)

CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: July 23, 2024

Name of Event: Edward Jones Client Appreciation

Name of Contact: Amy Geisbert

Telephone Number 608-647-8889

Alternate Contact: Donna Bodinet

Telephone Number 608-647-8889

Name of Organization / Business requesting closure: Edward Jones

Address: 101 S Church Street

Date of Event August 22, 2024

Street Closure Request: E Court / Church Streets on
the side facing parking lot.

Street will be closed between the hours of: 4:00 - 7:00pm

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

Amy Geisbert
Signature of Applicant (s)

Date filed with Clerk 7/23/2024

Referred to Public Safety on _____

Action of Public Safety _____

City of
Richland
Center

Mobile Dessert/Food License Application

Clerk/
Treasurer
Office

License Period Ending June 30, 2025

Office Use Only	License #	Issue Date
CHECK ONE:	<input type="checkbox"/> Mobile Dessert Establishment \$50 Fee	<input checked="" type="checkbox"/> Mobile Food Establishment \$50 Fee
Filling out your application		
<p>A municipal license is a privilege, not a right. Any false answers or omissions may result in the denial of your application.</p> <ul style="list-style-type: none"> This application must be filled out accurately and completely. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. Your application will not be processed until you pay the application fee(s). You can obtain information regarding arrest and conviction records from the Wisconsin Circuit Court Access website at: www.wcca.wicourts.gov/index.xsl (Note: CCAP may not provide a comprehensive list of ALL arrests and convictions). 		
Attachment(s)		
<ul style="list-style-type: none"> Copy of current driver's license. Copy of current insurance identification card. Copy of license issued by the State of Wisconsin. 		
Review of your application		
<ul style="list-style-type: none"> The Richland Center Police Department will perform a background check to verify the information you have provided. The city may require additional information, appropriate to the specific type of license, be submitted with this application or as a supplement to this application prior to consideration of license issuance. If you are asked to appear before a committee but choose not to do so, your application may be denied. 		
First Name <u>Ampawan</u>	MI	Last Name <u>Jianphan</u>
Residence (Street Address) <u>1620 Berry Hill CT</u>	City <u>Baraboo</u>	State <u>WI</u> Zip <u>53913</u>
Phone <u>417-559-5280</u>	Email Address <u>som_11_som@hotmail.com</u>	Date of Birth <u>06/03/84</u> Sex <u>F</u>
Height <u>5-1"</u>	Weight <u>155</u>	Other Identifying Data, if applicable [maiden name, aliases, etc.]
Driver's License Number (attach copy) <u>J515-0008-4703-00</u>	Insurance Policy # (attach copy)	State License # (attach copy)
Vehicle Make <u>Ford</u>	Vehicle Model <u>ECO</u>	Vehicle Year <u>2011</u> Vehicle Color <u>White</u>
Sales Tax # <u>\$7-1705908</u>	Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt # Goods to be sold:
Business Name For License <u>Thai Station Food Truck</u>		

LOCAL PROPERTY OWNER REFERENCES:

1. <i>Serving Thai Food</i>	2.
--------------------------------	----

Do you have any felony or misdemeanor charges presently pending against you? (List below)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
List Any PENDING Citations, Tickets or Criminal Charges			
Year	Court Location	Charge	

Have you ever been convicted of any felony or misdemeanor? (List below)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
List Any Citations, Tickets, Municipal/Ordinance Violations and Criminal CONVICTIONS (Excluding parking tickets)			
Year	Court Location	Charge	

The undersigned, by signing this application, hereby authorize and consent to such inquiry and/or investigation as the City of Richland Center deems necessary to determine whether this applicant and/or the application meets all requirements of the ordinances of the City for the issuance of said license.

I further certify I understand that any material falsification in the application may be basis for denial of the application or the revocation of any license issued by the city pursuant to this application.

Applicant's Signature	Date <i>07/01/24</i>
-----------------------	-------------------------

OFFICE USE ONLY:
 Subscribed and sworn to before me this _____ day of _____, _____
 _____ \$_____ fee paid on _____
 City Clerk/Treasurer or Deputy

To be filled out by the Richland Center Police Department	
<input checked="" type="checkbox"/> Individual has no criminal arrest record with either the Wisconsin State Crime Bureau or the RCPD.	
<input type="checkbox"/> See attached for criminal arrest records.	
Authorized Signature - Richland Center Police Department 	Date <i>7-23-2024</i>

**DRIVER LICENSE
REGULAR**

**USA
WISCONSIN**



4d **J515-0008-4703-00**

1 **JIANPHAN**
2 **AMPAWAN**

8 **1126 11TH ST # 1
BARABOO, WI 53913**



15 SEX **F** 16 HGT **5'-01"**
17 WGT **150 lb** 18 EYES **BRO**
19 HAIR **BLK**
3 DOB **06/03/1984**
9a END **NONE**

4a ISS **02/14/2018**
4b EXP **06/03/2026**

JUN 84

5-00 **QTCCR2018021407434545**



SAUK COUNTY HEALTH DEPARTMENT

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY Retail Food - Serving Meals, Mobile Base - No Food Prep		EXPIRATION DATE 30-Jun-2025	I.D. NUMBER ADIZ-CH4L2X
LICENSEE MAILING ADDRESS THAI STATION LLC 1620 BERRY HILL CT BARABOO WI 53913	NOT TRANSFERABLE	BUSINESS/ESTABLISHMENT ADDRESS THAI STATION MOBILE BASE 603 8TH AVE BARABOO WI 53913	

All permits expire on June 30, 2025. It is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1, 2024

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

SAUK COUNTY HEALTH DEPARTMENT
505 BROADWAY STE 372
BARABOO, WI 53913
(608)355-3290

* Include the name of your facility and the ID number.



Great American Alliance Insurance Company
301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE CERTIFICATE HOLDER: Thai Station Food Truck ADDRESS: 1620 Berry Hill Court, Baraboo, Wisconsin 53913 POLICY PERIOD: 04/30/2024 to 04/30/2025 12:01 A.M. Standard Time at the Address of The Certificate Holder	POLICY NUMBER: PLF046122 CERTIFICATE NUMBER: F245367
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LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
General Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented to You Limit	\$	300,000	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim
Liability Deductible			None

FORM OF BUSINESS: LLC

PREMIUM:	\$169.00
BHTA FEE:	\$130.00
TOTAL POLICY COST: (The cost is 100% earned/non refundable)	\$299.00

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Food Truck

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO CLAIMS@VOPINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548
info@fliprogram.com

ADMINISTRATOR'S SIGNATURE: *[Handwritten Signature]*

Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY HUB INTERNATIONAL MIDWEST LIMITED
23-0904-00 MKT TERR 098 (920) 457-7781

ITEM ONE
NAMED INSURED THAI STATION

ADDRESS 1620 BERRY HILL CT
BARABOO WI 53913-1397

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Endorsement Effective 05-15-2024

POLICY NUMBER 53-511-701-00
Company Use 61-04-WI-2108

Company Bill	POLICY TERM	
	12:01 a.m. 08-30-2023	12:01 a.m. to 08-30-2024

Entity: Limited Liability Company

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Combined Liability		7, 19	\$1 Million each accident	\$723.27
Uninsured/Underinsured Motorist Coverage		6	Uninsured Motorist - \$1 Million each person/\$1 Million each accident	\$49.68
		6	Underinsured Motorist - \$1 Million each person/\$1 Million each accident	\$83.49
Medical Payments		7	\$5,000 each person	\$9.63
Physical Damage	Comprehensive	7	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$822.53
	Collision	7	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$713.18
	Road Trouble Service			No Coverage
	Additional Expense			No Coverage
Premium for Endorsements and Terrorism Coverage				\$12.01
ESTIMATED TOTAL PREMIUM*				\$2,413.79

* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

AGENCY HUB INTERNATIONAL MIDWEST LIMITED
23-0904-00 MKT TERR 098

Company
Bill

POLICY NUMBER
Company Use

53-511-701-00
61-04-WI-2108

NAMED INSURED THAI STATION

Term 08-30-2023 to 08-30-2024

ITEM TWO (Continued)

Endorsements That Apply To All Items: 58000 (01-15) 58001 (01-15) 58009 (01-15) 58089 (01-21) 58200 (01-15) 58524 (01-15)
58557 (03-16) 58710 (03-16) 58817 (03-16)

QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS

Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.

- 1 = Any Auto
- 2 = Owned Autos Only
- 3 = Owned Private Passenger Autos Only
- 4 = Owned Autos Other Than Private Passenger Autos Only
- 5 = Owned Autos Subject to No-fault
- 6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law
- 7 = Scheduled Autos Only
- 8 = Hired Autos Only
- 9 = Non-owned Autos Only
- 19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only

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Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999
AGENCY HUB INTERNATIONAL MIDWEST LIMITED
23-0904-00 MKT TERR 098 (920) 457-7781

COMMERCIAL AUTO POLICY DECLARATIONS STANDARD PROGRAM

Endorsement Effective 05-15-2024

POLICY NUMBER 53-511-701-00
Company Use 61-04-WI-2108

NAMED INSURED THAI STATION

ADDRESS 1620 BERRY HILL CT
BARABOO WI 53913-1397

Company Bill	POLICY TERM	
	12:01 a.m. to 08-30-2023	12:01 a.m. to 08-30-2024

This policy is amended in consideration of the additional or return premium shown below. This Declarations voids and replaces all previously issued Declarations bearing the same policy number and premium term.

ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS

	TERRITORY	CLASS
1. 2011 FORD E350 VIN: 1FC2E3KL1BDB17925 Item Changed	069 Sauk County, WI	

COVERAGES	LIMITS	PREMIUM	CHANGE
Combined Liability	\$1Million each accident	\$723.27	\$211.19
Uninsured Motorist	\$1Million each person/\$1Million each accident	49.68	14.51
Underinsured Motorist	\$1Million each person/\$1Million each accident	83.49	24.38
Medical Payments	\$ 5,000 each person	9.63	2.81
Comprehensive	ACV not to exceed \$ 40,000 (SA) \$1,000 deductible Full Glass	822.53	
Collision	ACV not to exceed \$ 40,000 (SA) \$1,000 deductible	713.18	208.25
Terrorism Coverage		12.01	2.31
TOTAL		\$2,413.79	\$463.45 Additional

Interested Parties: None

Additional Endorsements For This Item: 58220 (01-15) 58325 (03-16) 58326 (03-16) 58410 (03-16)

ITEM DETAILS: Cab Chassis Truck 6,001 - 10,000 GVW operated within a 100 mile radius.
CLASS (01715): Mobile Food Operations.
Vehicle Count Factor Applies.
Stated Amount (SA) - See Notice to Policyholder Stated Amount 58177 (01-15).
Rate Effective Date 10-22-2022

130 0030000

	TERM	ALL ITEMS
ESTIMATED TOTAL PREMIUM	\$2,413.79	\$463.45
PAID IN FULL DISCOUNT APPLIES		
(THIS IS NOT A BILL)		Additional

Policy Rate Code 0000
Paid In Full Discount Applies.

Agency Code 23-0904-00

Policy Number 53-511-701-00

Auto-Owners Insurance Company
Company Number: 18988

Lansing, MI

Auto-Owners Insurance Company
Company Number: 18988

Lansing, MI

**WISCONSIN AUTOMOBILE
INSURANCE IDENTIFICATION CARD**

**WISCONSIN AUTOMOBILE
INSURANCE IDENTIFICATION CARD**

Named Insured **THAI STATION**

Named Insured **THAI STATION**

Policy Number **53-511-701-00**
Effective Date **08-30-2023** Expiration Date **08-30-2024**
Year/Make **2011 FORD E350**
VIN **1FC2E3KL1BDB17925**
Agency **HUB INTERNATIONAL MIDWEST LIMITED**
Phone **(920) 457-7781** Agency Code **23-0904-00**

Policy Number **53-511-701-00**
Effective Date **08-30-2023** Expiration Date **08-30-2024**
Year/Make **2011 FORD E350**
VIN **1FC2E3KL1BDB17925**
Agency **HUB INTERNATIONAL MIDWEST LIMITED**
Phone **(920) 457-7781** Agency Code **23-0904-00**

1. This policy meets the minimum liability limits as prescribed by Wisconsin law. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.
2. You may be required to provide this card as your proof of insurance if you are driving in another state.
3. This card should be carried in your vehicle at all times.

1. This policy meets the minimum liability limits as prescribed by Wisconsin law. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.
2. You may be required to provide this card as your proof of insurance if you are driving in another state.
3. This card should be carried in your vehicle at all times.

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

89413 (2-12)

89413 (2-12)

CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: 7-26-24

Name of Event: National Night Out

Name of Contact: Billy Jones

Telephone Number 608-475-1061

Alternate Contact: _____

Telephone Number _____

Name of Organization / Business requesting closure: National Night Out. RCPD

Address: 470 S. Main St.

Date of Event Aug-6th 2024

Street Closure Request: N. Jefferson St. From 8th to the North.

Street will be closed between the hours of: 3pm to 9pm

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

across Jefferson St @ 8th St

Billy Jones Signature of Applicant (s) Date filed with Clerk 7-26-24

Referred to Public Safety on 8-5-24

Action of Public Safety _____

CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: 7-17-2024

Name of Event: St. Mary of the Assumption Festival

Name of Contact: Monsignor Roger J. Scheckel

Telephone Number 608-647-2621

Alternate Contact: Bryan Myers
Telephone Number 608-604-5395

Name of Organization / Business requesting closure: St. Mary's Parish.

Address: 160 W Fourth St. / 155 West 5th St.

Date of Event September 14, 2024

Street Closure Request: 5th Street from Main to Central

Street will be closed between the hours of: 3pm - 9pm

Explain how the street closure will be marked such as cones or barricades: Prohibited by the City. barricades with volunteer at each end


Signature of Applicant (s)

Date filed with Clerk 7/30/2024

Referred to Public Safety on _____

Action of Public Safety _____

CITY OF RICHLAND CENTER STREET CLOSING APPLICATION FOR EVENTS

Date: July 31, 2024

Name of Event: RC Booster Club Duck Race

Name of Contact: Jane Bosworth
Telephone Number: 608-485-3060

Alternate Contact: Tiffany Lemke
Telephone Number: 951-795-3498

Name of Organization / Business requesting closure: RC Athletic Booster Club

Address: P.O. Box 11 RC, WI 53581

Date of Event: Oct. 4, 2024

Street Closure Request: Court St. between Church St. and Central Ave.

Street will be closed between the hours of: ~1 hour after the conclusion of the Homecoming Parade

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

Barricades should remain in place after the parade at the intersections of Court and Church and Court and Central.

Jane Bosworth Date filed with Clerk _____
Signature of Applicant (s)

Referred to Public Safety on _____

Action of Public Safety _____

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of Richland

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
Assumption of the Blessed Virgin Mary Parish

2. Organization Permanent Address
160 W 4th Street

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
10/20/06

9. State of Organization/Incorporation
Wisconsin

10. Phone
(608) 647-2621

11. Email
roger.scheckel@stmarysrc.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

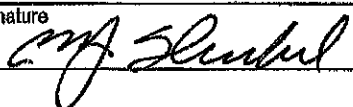
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Battersby	Gerard	Bishop	(608) 647-2621
Schekel	Roger	Monsignor	(608) 647-2621
Peckham	Julie	Secretary	
Delagrave	Tom	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (If applicable) St. Mary of the Assumption Festival			
2. Dates of Operation 09/14/2024		3. Hours of Operation	
4. Premises Address 610 W 4th Street			
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 roger.scheckel@stmarysrc.com	
13. Organizer Website https://stmarysrc.com		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.			

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 Scheckel		First Name Roger	M.I. J.
Title Monsignor	Email roger.scheckel@stmarysrc.com		Phone (608) 647-2621
Signature 		Date 7/30/2024	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 07/30/24	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

CITY OF RICHLAND CENTER PARADE PERMIT

Name of organization: Greater Richland Tourism
Contact Person (Permittee): Marty Richards
Address: 397 Seminary
LOT Richland Center, WI, 53581
Tel #: 647-3466 Cell #: 608-630-2452

Date of Parade: 10/05/24 Start time: 7:00 pm End time: 9:00 pm

Estimated number of units involved: 60

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

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

Indicate what streets will be used during the parade: See attached map -
3rd Street, Central Ave, Court St, Park St,


_____. In addition, please highlight route on the attached city map.

Where will the parade assemble? 909 in Hospital Employee Parking Lot
Where will the parade disassemble? 3rd St and Park

Special parking or street closures required? (please describe):
See map for barricades & route.

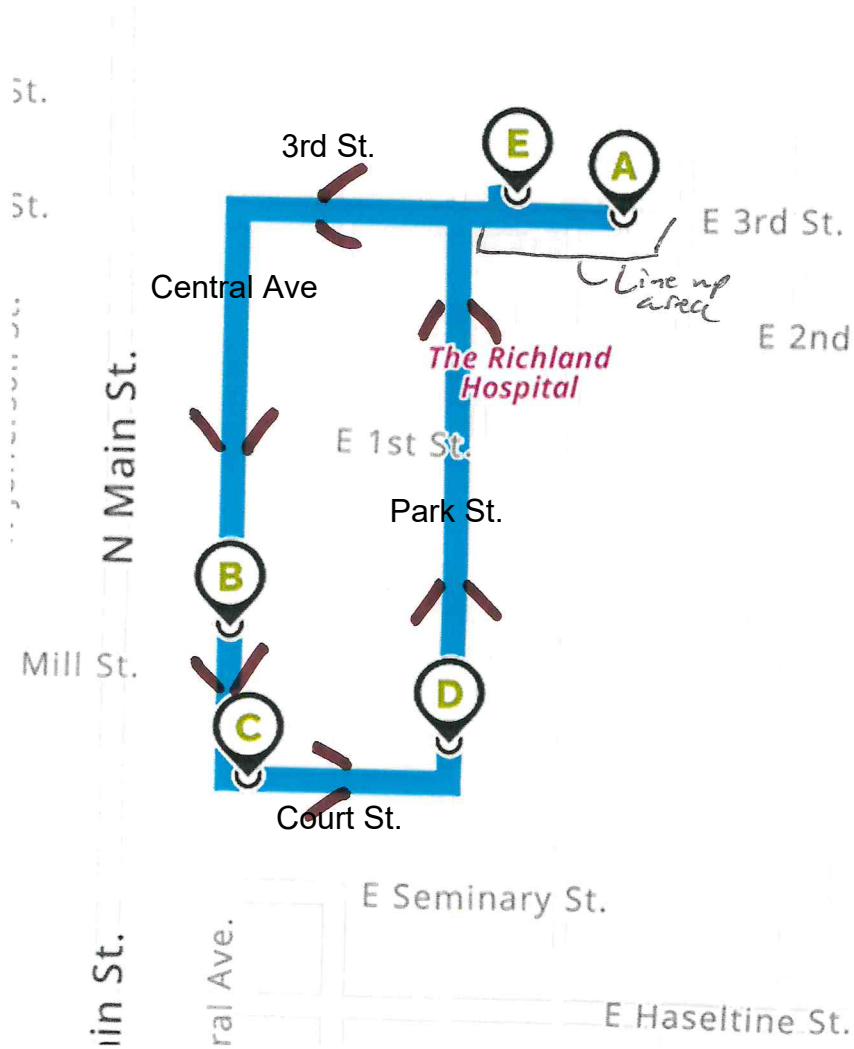
By applying for this Parade Permit, the above named Organization, and its agents and officers, hereby agree to hold the City of Richland Center harmless, and indemnify the City of Richland Center, for any and all claims, damages, losses, or injuries, of any nature whatsoever, occurring during, before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

Dated this 1st day of August, 2024.



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

2024 Canyon of Lights Parade Route



NOTE: This route is shorter than in the past, going straight down 3rd St to Central, down Central to Court, Court to Park St, then Park St and parade disperse at 3rd.

The lineup will be in the Hospital Parking Lot and on 3rd St above Church.

Barricades at:

1. Church and 3rd St.
2. Short one at Church and 4th St.
3. Church and 2nd St.
4. Park and 1st St
5. Cedar and 3rd St.

Notes:

Shorter parade route by request of the Military Color guard. I will ask RCFD to bring an engine to park at Church and 3rd blocking that street again as that worked well last year to protect 3rd St and where the bands line up.

RICHLAND CENTER POLICE DEPARTMENT

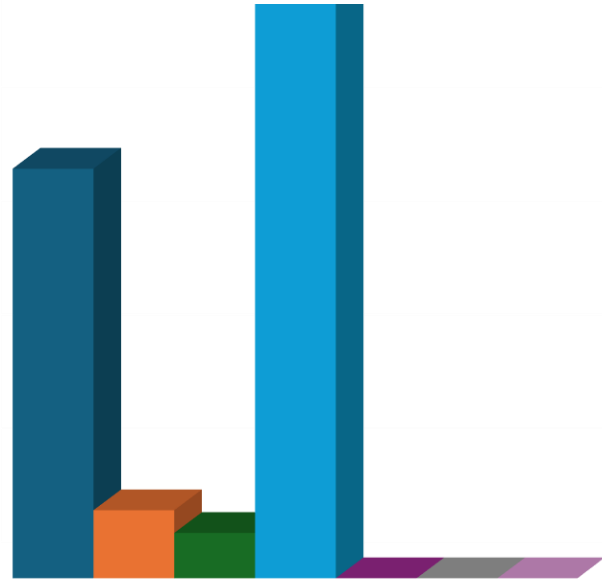
Monthly Report - July 2024

Case Examples:

- Criminal Arrests 18
- Municipal Ordinance Arrests 3
- Juvenile Referrals 2
- Traffic Citations 30
- State Non-Traffic 0
- Emergency Detentions 0
- Warrant Arrests 0

30
25
20
15
10
5
0

Total Calls for Service- 172 Citizen Contact Reports- 116



Revenue from Parking Violations	\$ 1,323.00
Revenue from Miscellaneous	\$ 76 .00
Court Ordered Payments	<u>\$ 1,260.63</u>

**Total Revenue Collected and Deposited
with the City Treasurer from RCPD** **\$ 2,659.63**

Respectfully submitted,

Chief of Police
City of Richland Center