



**OFFICIAL PUBLIC NOTICE**  
**MEETING OF THE PUBLIC SAFETY COMMITTEE**  
**MONDAY, SEPTEMBER 01, 2025 AT 5:30 PM**

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

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**AMENDED 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.](#) 8/4/2025 Public Safety Meeting Minutes

**APPROVAL OF OPERATOR LICENSES**

**DISCUSSION AND ACTION ITEMS**

- [2.](#) Street Closure request for Edward Jones Client Appreciation Event, Cook-out and Music. Date of 10/01/2025, 4PM - 7PM
- [3.](#) Street Closure request for St. Marys Parish Festival/Car Show on 09/20/2025 from 3PM - 9PM. Fifth Street between Main and Church Streets
- [4.](#) Street Closure request for Richland County Performing Arts Central Ave Fall Bash on 09/27/2025 between 11AM - 7PM. Central Ave from Mill Street to Court Street.
- [5.](#) Street Closure request for RCHS Athletic Booster Club to hold the annual Duck Race in the 100 Block of East Court Street between Central Ave and Church St. immediately following the Home Coming Parade
- [6.](#) Temporary Alcohol Beverage License for St. Marys Parish Festival at 160 W 4th St on 09/20/2025 from 4PM-10PM
- [7.](#) Temporary Alcohol Beverage License for the Greater Richland Area Chamber Suits & Sequins Wine Walk on 09/26/2025 from 5PM-8PM
- [8.](#) Temporary Alcohol Beverage License for Richland County Performing Arts Council Central Ave Fall Bash Block Party at 182 N Central Ave on 09/27/2025 from 2PM-6PM
- [9.](#) Parade Permit for 2025 RCHS Homecoming Parade on 10/3/2025 beginning at 3PM with setup starting at 1:30PM
- [10.](#) Parade Permit for 2025 Canyon of Lights Parade on 10/4/2025, 7PM-8:45PM
- [11.](#) Amendment to Ordinance 980.06 as presented in 980.06 Persons Authorized to Issue Citations
- [12.](#) Recommendation to amend section 300.10(4) of the Municipal Code of the city of Richland Center relating to forfeitures for public nuisance

**CHIEF OF POLICE REPORT**

- [13.](#) June and July PD Reports
- [14.](#) Police 2026 Budget/ Draft

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

**SET NEXT MEETING DATE** *First Monday of the Month*

**ADJOURNMENT**

Posted this 29th day of August, 2025 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, AUGUST 04, 2025 AT 5:30 PM

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

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### Minutes

**CALL TO ORDER:** All committee members, Doug Martyniuk, Steve Downs and Ron Fruit, were in attendance. It was noted the meeting had been properly noticed.

#### APPROVAL OF MINUTES

Motion by Downs to approve the PSC Minutes from 6-3-2025, seconded by Martyniuk. Motion carried 3-0

#### APPROVAL OF OPERATOR LICENSES

Motion by Martyniuk to approve the operators' licenses as presented seconded by Downs. Motion carried 3-0

#### DISCUSSION AND ACTION ITEMS

Motion by Martyniuk to approve all Municipal Licenses, seconded by Downs. Motion carried. 3-0

The committee discussed a request for a premise description amendment for the Phoenix Center, LLC dba Center Lanes, "Class B" license. On July 16, 2025, Greg Schoepp, owner of The Phoenix Center, submitted a written request to the City Clerk seeking to amend the premise description to include the adjacent parking lot for the purpose of permitting alcohol sales during outdoor summer concert events. Acknowledging the department recommendation to approve the amendment, the Public Safety Committee agreed to the request to amend and to recommend to the full City Council that the premise description for Center Lanes LLC's "Class B" Beer and Liquor License at 100 S Orange Street should read: "Steel building with 12 bowling lanes, bar, dining room, banquet hall, commercial kitchen, outdoor patio, and adjacent parking lot within parcel #276-2100-3010." Motion to recommend by Doug Martyniuk; second by Steve Downs. All members voted in favor.

**CHIEF OF POLICE REPORT-** Not present to report

**REPORTS, REQUESTS, CONCERNS:** No Concerns to report.

**SET NEXT MEETING DATE:** Sept. 1, 2025, at 530p

#### ADJOURNMENT

Motion for adjournment made by Steve Downs; second by Doug Martyniuk. All members voted in favor.

The meeting adjourned at 5:46 PM. Minutes recorded by Ron Fruit.

## STREET CLOSURE REQUEST

### Event Information

Event Date 10/01/2025

Event Name EDWARD JONES CLIENT APPRECIATION EVENT

Brief description of event CLIENT APPRECIATION EVENT, COOK-OUT, MUSIC

Event Sponsor EDWARD JONES

Street location to be closed 101 S CHURCH ST (EAST COURT STREET)

Hours of closure 4PM - 7PM

Principal Contact AMY GEISHERT

Phone 608-647-3466

Email [REDACTED]

Alternate Contact DONNA BODINET

Phone 608-647-3466

Email [REDACTED]

### List businesses affected by the closure

- EDWARD JONES
- BINDL TIRE & AUTO
- 
- 
- 
- 
- 
- 
- 
- 
- 

Have you contacted the above-listed businesses to inform of road closure? ☒ Yes ☐ No

Applicant's Signature: Amy Geishert

Date: 8/25/2025

### Internal Use Only

Public Works Review Determination **DENIED** **APPROVED**

Director of Public Works \_\_\_\_\_ Date \_\_\_\_\_

Police Department Review Determination **DENIED** **APPROVED**

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

If approved, date permit was ☐ emailed ☐ mailed \_\_\_\_\_

☐ Curtesy email to Fire Department

☐ Curtesy email to EMS

City Clerk/Treasurer/ Deputy Clerk \_\_\_\_\_





City of Richland Center  
450 S. Main Street  
Richland Center, WI 53581  
608-647-3466

Item 3.

## STREET CLOSURE REQUEST

### Event Information

Event Date 9/20/2025

Event Name St Marys Parish Festival

Brief description of event Parish Festival / Car Show

Event Sponsor St Mary's

Street location to be closed 5th Street from Main to Central

Church St

Hours of closure 3pm to 9pm

Principal Contact Fr Nate Kuhn / Pastor

Phone [REDACTED]

Email [REDACTED]

Alternate Contact Bryan Myers

Phone [REDACTED]

Email [REDACTED]

### List businesses affected by the closure

• N/A

Have you contacted the above-listed businesses to inform of road closure? ☐ Yes ☐ No

Applicant's Signature [Signature]

Date: 08/05/2025

### Internal Use Only

Public Works Review Determination **DENIED** **APPROVED**

Director of Public Works [Signature] - DPW

Date 8/21/25

Police Department Review Determination **DENIED** **APPROVED**

Chief of Police [Signature]

Date 8.27-2025

If approved, date permit was ☐ emailed ☐ mailed

☐ Curtesy email to Fire Department

☐ Curtesy email to EMS

City Clerk/Treasurer/ Deputy Clerk [Signature]



City of Richland Center Item 4.  
450 S. Main Street  
Richland Center, WI 53581  
608-647-3466

## STREET CLOSURE REQUEST

### Event Information

Event Date 09-27-2025

Event Name Central Ave Fall Bash Block Party

Brief description of event Outdoor stage in street on Central Ave with Music food and beverages from 2pm to 6pm

Event Sponsor Richland County Performing Arts Council Inc

Street location to be closed Central Ave from Mill to Court 1 block

Hours of closure 11am to 7pm to allow set up and tear down time before and after music groups 3 bands will play

Principal Contact Mick Cosgrove

Phone 608-604-7022

Email [REDACTED]

Alternate Contact Kent Adsit

Phone (608) 574-1762

Email [REDACTED]

### List businesses affected by the closure

- Deanne's Designs LLC 157 N Central Ave, Richland Center, WI 53581

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you contacted the above-listed businesses to inform of road closure? ☒ Yes ☐ No

Applicant's Signature: Mick Cosgrove

Date: 08-22-2025

### Internal Use Only

Public Works Review Determination **DENIED** **APPROVED**

Director of Public Works \_\_\_\_\_

Date \_\_\_\_\_

Police Department Review Determination **DENIED** **APPROVED**

Chief of Police \_\_\_\_\_

Date \_\_\_\_\_

If approved, date permit was ☐ emailed ☐ mailed \_\_\_\_\_

☐ Curtesy email to Fire Department

☐ Curtesy email to EMS

City Clerk/Treasurer/ Deputy Clerk \_\_\_\_\_



## STREET CLOSURE REQUEST

### Event Information

Event Date 10/03/2025

Event Name RCCHS Athletic Booster Club Duck Race

Brief description of event The Duck Race follows the homecoming parade on Court Street between Central and Church. The fire department releases water down a duck run to see which numbered ducks will win monetary prizes.

Event Sponsor RCCHS Athletic Booster Club

Street location to be closed Court St between Central and Church

Hours of closure 3:30 pm - 4:30 pm

Principal Contact Jane Bosworth

Phone [REDACTED]

Email [REDACTED]

Alternate Contact Tiffany Lemke

Phone [REDACTED]

Email [REDACTED]

### List businesses affected by the closure

- Jamie Postel - Royal Bank
- Theresa's Antiques - Little corner
- NY LIFE
- Carol L. Wanless - H & R Block
- Jessica Nates Denton
- Barley's Paint & Decorating
- Richland Observer
- Heather Miller the Creative Outlet
- K.L. Moerke, Public Accountant

Have you contacted the above-listed businesses to inform of road closure? ☒ Yes ☐ No

Was not able to contact:  
1. Area 51 Vintage Interiors  
2. Reindrops & Roses  
3. The Gymboree

Applicant's Signature: Jane Bosworth

Date: 7/14/2025

### Internal Use Only

Public Works Review Determination **DENIED** **APPROVED**

Director of Public Works \_\_\_\_\_

Date \_\_\_\_\_

Police Department Review Determination **DENIED** **APPROVED**

Chief of Police [Signature]

Date 8-7-2025

If approved, date permit was ☐ emailed ☐ mailed \_\_\_\_\_

☐ Courtesy email to Fire Department

☐ Courtesy email to EMS

City Clerk/Treasurer/ Deputy Clerk \_\_\_\_\_

## Temporary Alcohol Beverage License

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

Part A: Organization Information		
1. Organization Name Assumption of the Blessed Virgin Mary Parish		
2. Organization Permanent Address 160 W Fourth St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) 160 W Fourth St		
7. FEIN 39-0824014	8. Date of Organization/Incorporation 10/20/20	9. State of Organization/Incorporation WI
10. Phone [REDACTED]	11. Email [REDACTED]	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input checked="" type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Battersby	Gerard	Bishop	
Kuhn	Nathaniel	Pastor	[REDACTED]
Peckham	Julie	Trustee	
Delagrave	Thomas	Trustee	

Continued →

**Part C: Event Information**

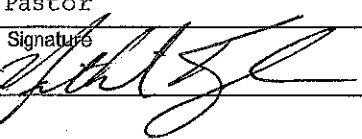
1. Name of Event (if applicable) St Marys Parish Festival			
2. Dates of Operation 09/20/2025		3. Hours of Operation 4:00 to 10:00pm	
4. Premises Address 160 W Fourth St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		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. Parking Lot			

**Part D: Attestation**

Who must sign this application?

- one officer or director of the nonprofit organization

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Kuhn		First Name Nathaniel	M.I. W
Title Pastor	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 08/05/2025	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



# SUITS + SEQUINS

## WINE WALK

**09** DOWNTOWN  
**26** RICHLAND CENTER  
5:30PM - 8:30PM

**FEATURING TRIVIA CONTEST WITH  
PRIZES & SAMPLINGS OF WINE, CIDER,  
& BEER THROUGHOUT THE WALK!**

The Greater  
*Richland*  
CHAMBER

Tickets & Information  
available at [rcchamber.org](http://rcchamber.org)

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

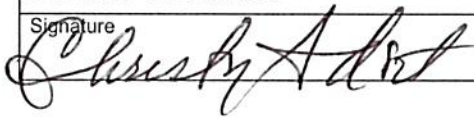
<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	██████████
Woodhouse	Craig	Vice President	██████████
Bedward	Katie	Secretary	██████████
Edgington	John	Treasurer	██████████

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Richland Center City Auditorium 182 N. Central Ave RC			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Adsit		First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 08/19/25	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

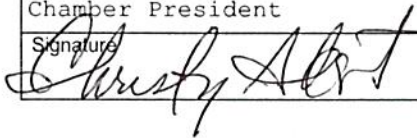
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Added Touch Floral - 339 N Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

**Part B: Individual Information**

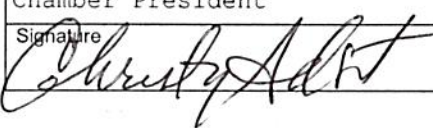
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Advanced Pump and Well Service - 278 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Front Room			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Adsit		First Name Christy	
Title Chamber President		Email [REDACTED]	M.I. [REDACTED]
Signature 		Phone [REDACTED]	
Date 08/19/25			

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

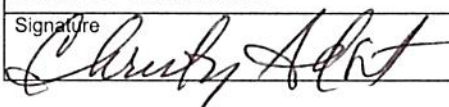
Part A: Organization Information			
1. Organization Name Greater Richland Area Chamber of Commerce			
2. Organization Permanent Address 397 West Seminary St			
3. City Richland Center		4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581			
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Christy's Sunnyside Bakery - 101 E Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

## Part A: Organization Information

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

## Part B: Individual Information

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

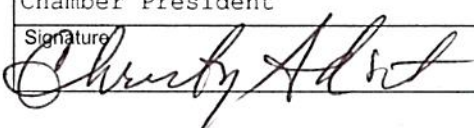
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Diplopia - 100 W Court St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

**Part B: Individual Information**

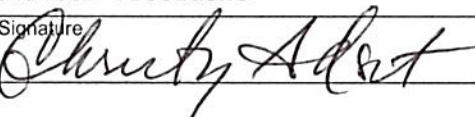
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Dreams Bridal - 100 S Main St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
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Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

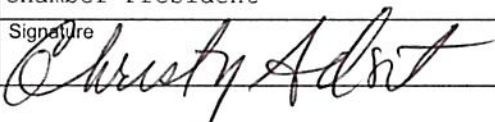
Continued →



**Part C: Event Information**

1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address The Gym-boree - 142 E Court St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization		
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Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

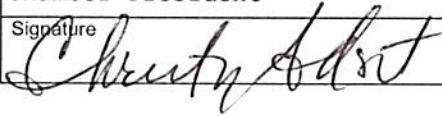
Part A: Organization Information				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Herb RX - 145 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

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Who must sign this application? • one officer or director of the nonprofit organization			
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Last Name Adsit		First Name Christy	
Title Chamber President		Email [REDACTED]	M.I. [REDACTED]
Signature 		Phone [REDACTED]	
Date 08/19/25			

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

<b>Part A: Organization Information</b>			
1. Organization Name Greater Richland Area Chamber of Commerce			
2. Organization Permanent Address 397 West Seminary St			
3. City Richland Center		4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581			
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address J. Jay Walsh Jewelers - 157 N Main St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
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Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature <i>Christy Adsit</i>		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

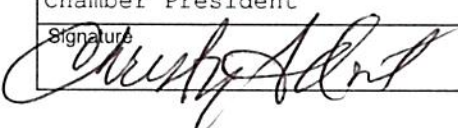
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Wallace Cooper & Elliott - 197 S Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Front Room			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Adsit		First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 08/19/25	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center


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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>



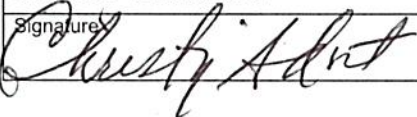
<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	(608) 649-3376
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Verizon- Team Wireless - 172 S Main St			
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 	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Adsit		First Name Christy	M.I.
Title Chamber President	Email 	Phone 	
Signature 		Date 08/19/25	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
		<b>Total Fees</b>	<b>\$ 10.00</b>

<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



**Part C: Event Information**

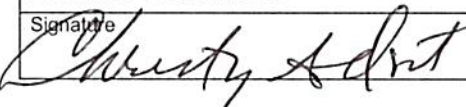
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address TKO BBQ - 165 W Court St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" 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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

**Part D: Attestation**

Who must sign this application?

- one officer or director of the nonprofit organization

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Adsit		First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 08/19/25	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one)				
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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.			
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Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

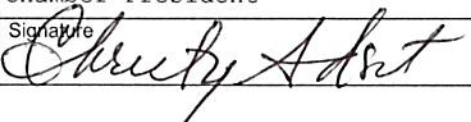
Continued →



**Part C: Event Information**

1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Richland Family Restaurant - 211 N Main St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization		
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Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

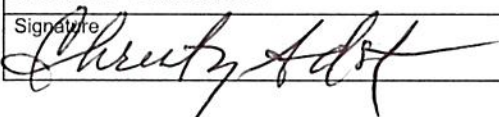
☒ Temporary "Class B" Wine      ☒ Temporary Class "B" Beer

<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	██████████
Woodhouse	Craig	Vice President	██████████
Bedward	Katie	Secretary	██████████
Edgington	John	Treasurer	██████████

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Richland Locker - 590 S Main St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

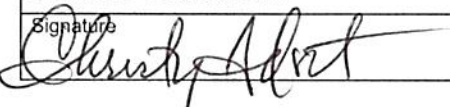
<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address The Phoenix Center - 100 S Orange St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Banquet Area			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Adsit		First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 08/19/25	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer

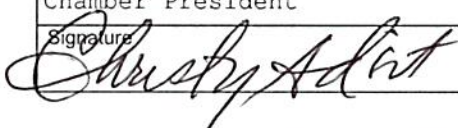
<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN	8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin	
10. Phone (608) 649-3376	11. Email info@chamber.org			
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Los Amigos 2 - 100 N Main St			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Bar Area			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer

## Part A: Organization Information

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

## Part B: Individual Information


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

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



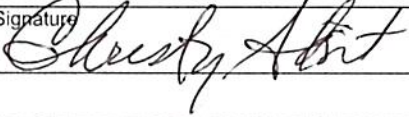
Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Kat Schmidt Realty - 125 S Church St			
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 	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization		
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Adsit	First Name Christy	M.I.
Title Chamber President	Email 	Phone 
Signature 		Date 08/19/25

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

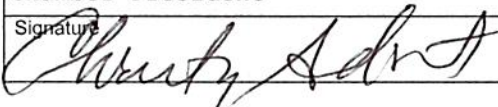
<b>Part A: Organization Information</b>				
1. Organization Name Greater Richland Area Chamber of Commerce				
2. Organization Permanent Address 397 West Seminary St				
3. City Richland Center			4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581				
7. FEIN		8. Date of Organization/Incorporation 08/10/17		9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376		11. Email info@chamber.org		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

<b>Part B: Individual Information</b>			
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
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address AD German Warehouse - 300 S Church St			
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 [REDACTED]	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Floor and Alleyway			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality  
Richland Center

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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name Greater Richland Area Chamber of Commerce		
2. Organization Permanent Address 397 West Seminary St		
3. City Richland Center	4. State WI	5. Zip Code 53581
6. Mailing Address (if different from permanent address) PO Box 473, Richland Center, WI 53581		
7. FEIN	8. Date of Organization/Incorporation 08/10/17	9. State of Organization/Incorporation Wisconsin
10. Phone (608) 649-3376	11. Email info@chamber.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

**Part B: Individual Information**

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

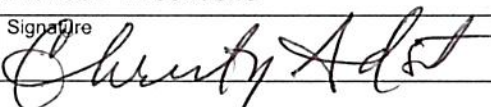
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Adsit	Christy	President	[REDACTED]
Woodhouse	Craig	Vice President	[REDACTED]
Bedward	Katie	Secretary	[REDACTED]
Edgington	John	Treasurer	[REDACTED]

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Suits & Sequins Fall Wine Walk			
2. Dates of Operation 09/26/2025		3. Hours of Operation 5:30PM - 8:30PM	
4. Premises Address Greater Richland Chamber/Depot - <del>397 W Seminary St</del> 590 S. Main St.			
5. City Richland Center		6. State WI	7. Zip Code 53581
8. County Richland	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Richland Center		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event christy.sunnyside@gmail.com	
13. Organizer Website rcchamber.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Storage Only			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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 Adsit	First Name Christy	M.I.
Title Chamber President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 08/19/25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 08/19/25	License Number
Date License Granted 09/02/25	Date License Issued 09/03/25
Signature of Clerk/Deputy Clerk	



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

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

FEE \$ \_\_\_\_\_

Application Date: 08/21/2025☐ Town ☐ Village ☒ City of Richland Center County of Richland

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

☐ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.at the premises described below during a special event beginning 09/27/2025 and ending 09/27/2025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.1. ORGANIZATION (check appropriate box) ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association(a) Name Richland County Performing Arts Council(b) Address 182 N Central Ave Richland Center WI 53581  
(Street)☐ Town ☐ Village ☒ City(c) Date organized 11/09/2005(d) If corporation, give date of incorporation 11/15/2005(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☒

(f) Names and addresses of all officers:

President Duane WelteVice President Kent AdsitSecretary Robin CosgroveTreasurer Michael Cosgrove(g) Name and address of manager or person in charge of affair: Michael Cosgrove

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

(a) Street number 182 N Central Avenue

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

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

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

## 3. NAME OF EVENT

(a) List name of the event Central Ave Fall Bash - Block Party(b) Dates of event Sept 27, 2025

## DECLARATION

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

Richland Cty Performing Arts Council

(Name of Organization)

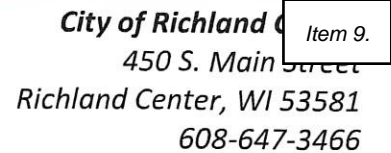
Officer \_\_\_\_\_  
(Signature/date)Officer Cheryl Lynn Truss  
(Signature/date)Officer \_\_\_\_\_  
(Signature/date)Officer \_\_\_\_\_  
(Signature/date)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_



## Municipal Code Chapter 243

Parade Date 10/3/25 Start Time 3:00 End Time 4:00 Estimated number of units 50  
 Parade Name 2005 Homecoming Parade Parade Sponsor RCHS Student Council  
 Will there be any animal units? ☒ Yes ☐ No (if yes, owners are responsible for removal and disposal of waste)  
 Location of Parade Assembly 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> St., Central Ave. and Church St.  
 Location of Parade Disassembly 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> St., Central Ave and Church St.  
 Parade Route Central Ave., Church St., and Court St.  
(parts of 5<sup>th</sup>, 6<sup>th</sup>, and 7<sup>th</sup> st. will be used for set up)  
 Special parking or street closures required No parking on route or streets used for set-up  
 Insurance Carrier [REDACTED] Policy Number [REDACTED]  
 Surety Bond Amount \$                     

Principal Contact Advisor: Tanner Behling  
Phone [REDACTED] Email [REDACTED]  
Alternate Contact Student: Madilyn Crotzenberg  
Phone [REDACTED] Email [REDACTED]

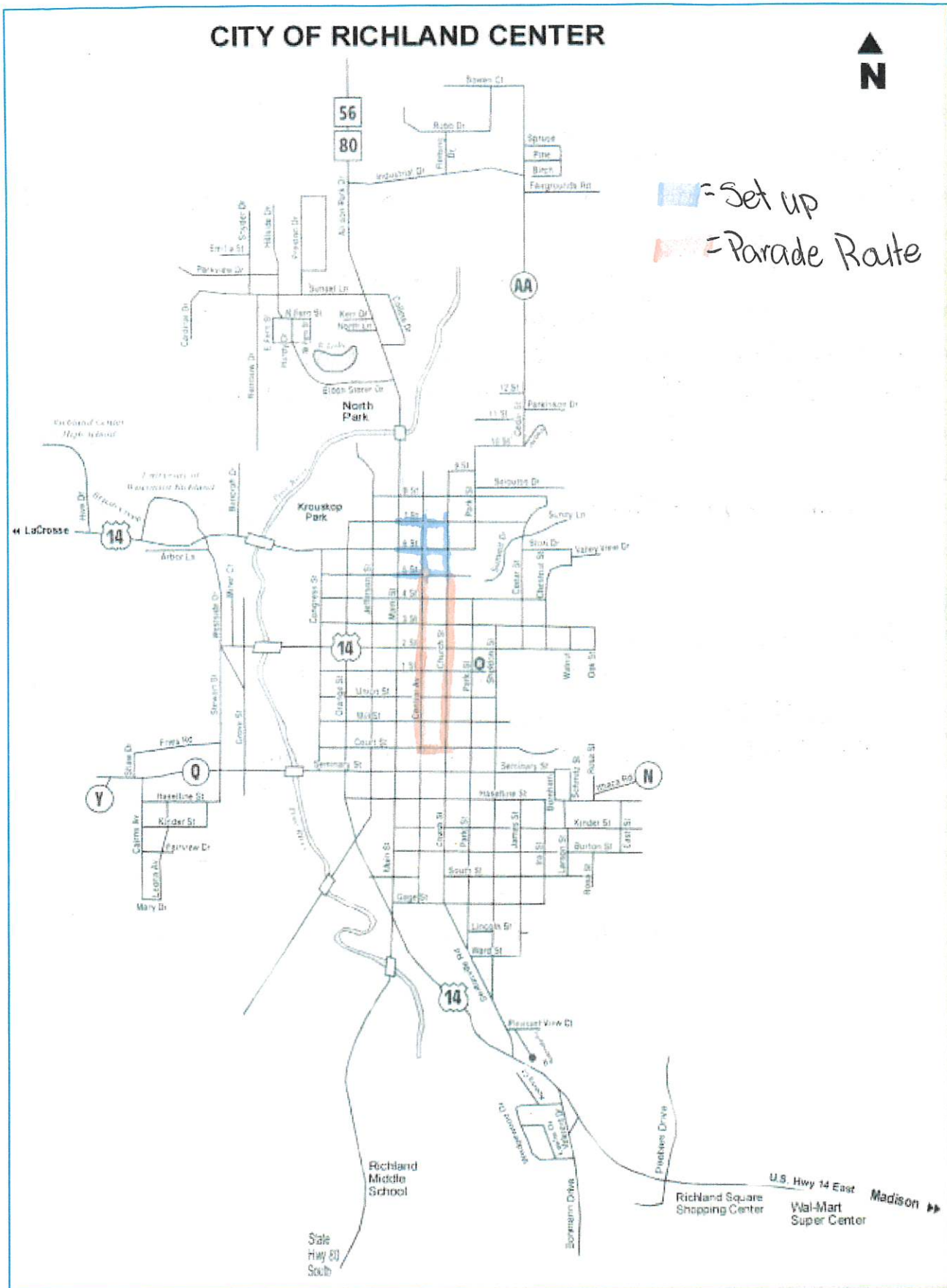
By applying for this parade permit, the above named organization, and its agents and officers, hereby agree to hold the City of Richland Center harmless, and indemnify the City of Richland Center, for any and all claims, damages, losses, or injuries, of any nature whatsoever, occurring during, before, 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 person who are or might be liable, from any and all claims occurring as a result of the issuance of this parade permit. /

Authorized Agent of the Organization: Elizabeth Kich Date: 8-12-25

## City Clerk/Treasurer/ Deputy Clerk



Please highlight parade route on the map







**City of Richland Center**  
 450 S. Main Street  
 Richland Center, WI 53581  
 608-647-3466

## PARADE PERMIT APPLICATION

Municipal Code Chapter 243

### Parade Information

Parade Date 10/04/25 Start Time 7:00PM End Time 8:45PM Estimated number of units 65

Parade Name Canyon of Lights Parade Parade Sponsor City of Richland Center/Greater Richland Tourism

Will there be any animal units? ☒ Yes ☐ No (if yes, owners are responsible for removal and disposal of waste)

Location of Parade Assembly Richland Hospital & Clinics Employee Parking lot and 6th Street adjacent.

Location of Parade Disassembly North Park and 3rd Streets

Parade Route Start at 3rd & Church Streets, down 3rd to N Central Ave, follow N Central Ave to Court St, turn on Court St-proceed to Park St.

Proceed on Park St to 3rd street and dissassemble.

Special parking or street closures required Block N Park Street at 2nd St. Block 2nd Street at Church. Block 3rd Street at Church up to Cedar,

Block 4th Street at Church and Cedar and 4th Street.

Insurance Carrier City of Richland Center Carrier Policy Number \_\_\_\_\_

Surety Bond Amount \$ \_\_\_\_\_

### Applicant Information

Principal Contact Marty Richards

Phone [REDACTED] Email [REDACTED]

Alternate Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

By applying for this parade permit, the above names 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 person who are or might be liable, from any and all claims occurring as a result of the issuance of this parade permit.

Authorized Agent of the Organization: [Signature] Date: 07/30/25

### Internal Use Only

Public Works Review Determination **DENIED** **APPROVED**

Director of Public Works [Signature]

Date 8/1/2025

Police Department Review Determination **DENIED** **APPROVED**

Chief of Police [Signature]

Date 8-14-25

Date \_\_\_\_\_

If approved, date approval was ☐ emailed ☒ mailed \_\_\_\_\_

☐ Courtesy email to Fire Department

☐ Courtesy email to EMS

City Clerk/Treasurer/ Deputy Clerk \_\_\_\_\_

# CITY OF RICHLAND CENTER - AGENDA ITEM DATA SHEET

Item 11.

**Agenda Item:** An Ordinance Amending Section 980.06 Relating to Persons Authorized to Issue Citations and Consolidating Citation Authority

**Committee Review:** Public Safety on 9/1/2025

**Council Review:** 9/2/2025

**Requested by:** Administrator Oliphant

**Purpose:** The purpose of the amendment is to consolidate and clarify which city officials are authorized to issue citations by creating a single, comprehensive list in the municipal code.

**Background:** The ordinance amendment repeals the existing Section 980.06 and replaces it with a new one that explicitly lists the Police Chief and Police Officers, Zoning Administrator, Director of Public Works, City Attorney, and City Administrator (or their designee) as authorized to issue citations. Additionally, it repeals and replaces any clauses in other parts of the municipal code that previously granted citation authority, directing all such authority to the newly amended Section 980.06. This change is intended to streamline the enforcement process and create a single, clear source for citation authority.

**Recommended Action:** To adopt the ordinance amendment as presented.

**Financial Impact:** N/A

**Funding Source:** N/A

**Requested Action:**

**PUBLIC SAFETY:** Motion to recommend to the Common Council the approval of Ordinance No. 2025-\_\_\_\_, 'An Ordinance Amending Section 980.06 of the Municipal Code of the City of Richland Center Relating to Persons Authorized to Issue Citations and Consolidating Citation Authority,' finding that it will improve clarity, efficiency, and effective enforcement of municipal ordinances.

**COUNCIL:** Motion to adopt Ordinance No. 2025-06, 'An Ordinance Amending Section 980.06 of the Municipal Code of the City of Richland Center Relating to Persons Authorized to Issue Citations and Consolidating Citation Authority.'

**Attachment(s):** Ordinance No. 2025-06

**ORDINANCE NO. 2025-06**

**AN ORDINANCE AMENDING SECTION 980.06 OF THE MUNICIPAL CODE OF THE CITY OF  
RICHLAND CENTER RELATING TO PERSONS AUTHORIZED TO ISSUE CITATIONS AND  
CONSOLIDATING CITATION AUTHORITY**

**WHEREAS**, the City of Richland Center has adopted an ordinance establishing the use of citations to enforce municipal ordinances pursuant to Wis. Stat. § 66.0113; and

**WHEREAS**, the current list of officials with authority to issue such citations is limited and does not fully reflect the roles and responsibilities of City officials who are actively involved in ordinance enforcement; and

**WHEREAS**, certain officials currently have citation authority granted in scattered provisions of the municipal code, which creates inconsistency and makes administration more difficult; and

**WHEREAS**, the Common Council finds it to be in the public interest to consolidate citation authority in one section of the code for clarity, efficiency, and effective enforcement; and

**NOW THEREFORE BE IT ORDAINED**, by the Common Council of the City of Richland Center, Richland County, Wisconsin, as follows:

**SECTION 1.**

Section 980.06 of the Richland Center Municipal Code is repealed and recreated to read as follows:

**980.06 PERSONS AUTHORIZED TO ISSUE CITATIONS**

The following officials of the City of Richland Center are authorized to issue citations for violations of the ordinances of the City:

1. Police Chief and Police Officers of the City of Richland Center
2. Zoning Administrator
3. Director of Public Works
4. City Attorney
5. City Administrator or their designee

(a) Citation authority granted under this section shall apply to all violations within the scope of the official's respective duties and responsibilities.

(b) Any additional officials granted citation authority by the Common Council in the future shall be added to this list by ordinance amendment.



**SECTION 2.**

Wherever in the Richland Center Municipal Code an individual chapter or section grants citation authority to a City official listed in §980.06, that clause is hereby repealed and replaced with:

“Citation authority for enforcement of this chapter is provided in §980.06 of this Code.”

**SECTION 3.**

This ordinance shall take effect upon passage and publication as provided by law.

**ADOPTED** by the Common Council of the City of Richland Center on this 2<sup>nd</sup> day of September, 2025 by the following votes: AYES \_\_\_\_\_, NOS \_\_\_\_\_.

---

Todd Coppernoll, Mayor

Attest:

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Amanda Keller, Clerk

# CITY OF RICHLAND CENTER - AGENDA ITEM DATA SHEET

Item 12.

**Agenda Item:** An Ordinance Amending Section 300.10(4) Relating to Forfeitures for Public Nuisances

**Committee Review:** Public Safety on 9/1/2025

**Council Review:** 9/2/2025

**Requested by:** Administrator Oliphant

**Purpose:** The purpose of this amendment is to specify clear minimum and maximum forfeiture amounts for public nuisance violations.

**Background:** The amendment specifically addresses forfeitures for public nuisance violations. It clarifies and specifies minimum (\$100.00) and maximum (\$500.00) forfeiture amounts for each offense, in addition to court costs, surcharges, and assessments. This change ensures compliance with Wisconsin statutory requirements for municipal forfeiture amounts and allows for more consistent and effective enforcement of public nuisance regulations. The ordinance also reiterates that each day a violation continues constitutes a separate offense.

**Recommended Action:** To adopt the ordinance amendment as presented.

**Financial Impact:** N/A

**Funding Source:** N/A

**Requested Action:**

**PUBLIC SAFETY:** Motion to recommend to the Common Council the approval of Ordinance No. 2025-07, "An Ordinance Amending Section 300.10(4) of the Municipal Code of the City of Richland Center Relating to Forfeitures for Public Nuisances," finding that this amendment establishes clear forfeiture amounts.

**COUNCIL:** Motion to adopt Ordinance No. 2025-07, "An Ordinance Amending Section 300.10(4) of the Municipal Code of the City of Richland Center Relating to Forfeitures for Public Nuisances.

**Attachment(s):** Ordinance No. 2025-07

**ORDINANCE NO. 2025-07****AN ORDINANCE AMENDING SECTION 300.10(4) OF THE MUNICIPAL CODE OF THE CITY OF RICHLAND CENTER RELATING TO FORFEITURES FOR PUBLIC NUISANCES**

**WHEREAS**, Chapter 300 of the Richland Center Municipal Code regulates public nuisances and provides for enforcement of such provisions; and

**WHEREAS**, §300.10(4) currently references forfeitures without specifying the minimum and maximum amounts, which may cause uncertainty in enforcement and does not fully align with Wisconsin statutory requirements; and

**WHEREAS**, Wis. Stat. §66.0113 and related provisions require municipal forfeiture amounts to be specified by ordinance; and

**WHEREAS**, the Common Council finds it necessary to amend §300.10(4) to set clear minimum and maximum forfeiture amounts, while preserving the City's ability to recover costs and charges associated with nuisance abatement;

**NOW THEREFORE BE IT ORDAINED** by the Common Council of the City of Richland Center, Richland County, Wisconsin as follows:

**SECTION 1.**

Section 300.10(4) of the Richland Center Municipal Code is amended to read as follows:

**(4) FORFEITURE.** Any person who violates any provision of this Chapter or Chapter 823, Wis Stats., shall upon conviction, forfeit not less than \$100.00 nor more than \$500.00 for each separate offense, in addition to all applicable court costs, surcharges, and assessments as provided by law. Each day a violation continues to exist shall constitute a separate offense.

**SECTION 2.**

This ordinance shall take effect upon passage and publication as provided by law.

**ADOPTED** by the Common Council of the City of Richland Center on this 2<sup>nd</sup> day of September, 2025 by the following votes: AYES \_\_\_\_\_, NOS \_\_\_\_\_.

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Todd Coppernoll, Mayor

Attest:

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Amanda Keller, Clerk



# RICHLAND CENTER POLICE DEPARTMENT

## Monthly Report- JULY 2025

### Total Calls for Service- 188

- Criminal Arrests 34
- Municipal Ordinance Arrests 11
- Juvenile Referrals/Citations 2
- Traffic Citations 23
- Emergency Detentions 0
- P&P Pick-Up Orders/Warrant Arrests 4



Revenue from Parking Violations & Miscellaneous Charges  
(records requests, bike licenses, restitution, donations, printing/copying, etc.) \$ 1,128.59

Court Ordered Payments \$ 1,959.04

**Total Revenue** **\$ 3,087.63**

Respectfully submitted,

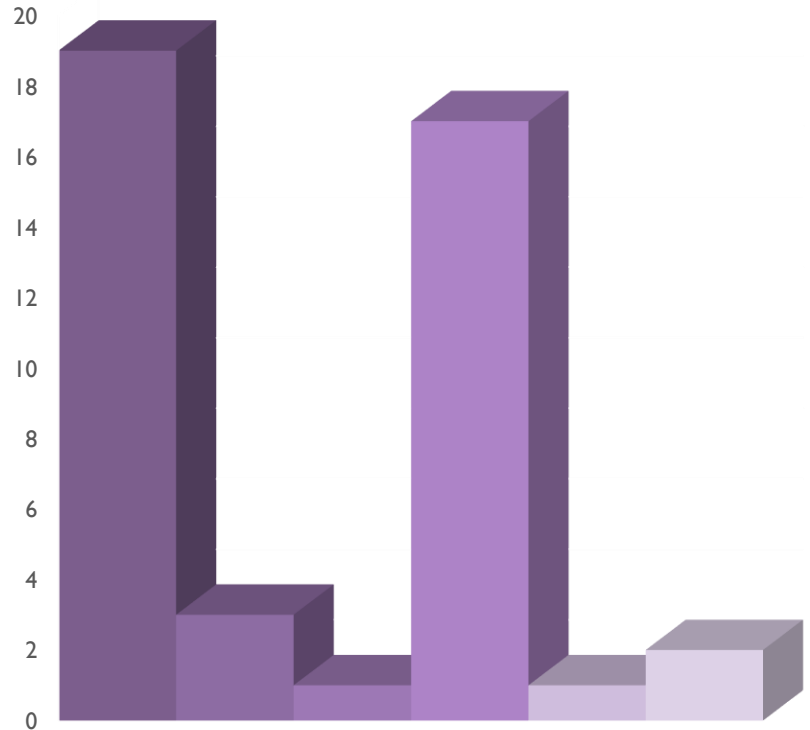
Chief of Police  
Richland Center Police Department

# RICHLAND CENTER POLICE DEPARTMENT

## Monthly Report- JUNE 2025

### Total Calls for Service- 203

- Criminal Arrests 19
- Municipal Ordinance Arrests 3
- Juvenile Referrals/Citations 1
- Traffic Citations 17
- Emergency Detentions 1
- P&P Pick-Up Orders/Warrant Arrests 2



Revenue from Parking Violations & Miscellaneous Charges (records requests, bike licenses, restitution, donations, printing/copying, etc.)	\$ 1,031.83
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Court Ordered Payments	<u>\$ 1,979.94</u>
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<b>Total Revenue</b>	<b>\$ 3,011.77</b>
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Respectfully submitted,

Chief of Police  
Richland Center Police Department

Account Number	Account Title	2024 Actual YTD 12/31/2024	2024 Budget Prev Year 12/31/2024	2024 Budget Less Actual	%	2025 Actual YTD 8/31/2025	2025 Budget (Current Year) 12/31/2025	2025 Budget Less Actual	% S/B	2026 Budget 12/31/2026	2025 to 2026 Budget Change
<b>Police REVENUE</b>											
10-43350-000	STATE AID-POLICE TRAINING	2,400.00	2,400.00	0.00	100.00%	-	1,600.00	1,600.00	0.00%	2,400.00	50.00%
10-43210-000	FIRE INSURANCE TAX FROM STATE	17,836.43	-	(17,836.43)	#DIV/0!	-	18,000.00	18,000.00	0.00%	17,800.00	-1.11%
10-46100-000	FIRE CALLS	25,998.00	22,000.00	(3,998.00)	118.17%	12,882.00	25,000.00	12,118.00	51.53%	25,000.00	0.00%
10-44150-000	BIKE LICENSES	24.00	28.00	4.00	85.71%	24.04	24.00	(0.04)	100.17%	24.00	0.00%
10-44400-000	COURT PENALTIES/FORFEITURES	17,988.85	25,000.00	7,011.15	71.96%	13,718.84	20,000.00	6,281.16	68.59%	18,000.00	-10.00%
10-44410-000	PARKING TICKETS	21,397.00	16,000.00	(5,397.00)	133.73%	15,155.31	20,000.00	4,844.69	75.78%	20,000.00	0.00%
10-46820-000	POLICE CRO REVENUE	75,188.98	71,100.00	(4,088.98)	105.75%	38,675.39	77,917.00	39,241.61	49.64%	91,478.00	17.40%
10-46810-000	POLICE DEPT PRINTING/COPYING	1,108.03	50.00	(1,058.03)	2216.06%	1,434.22	500.00	(934.22)	286.84%	1,000.00	100.00%
10-48300-000	DONATIONS-POLICE	10,611.00	1,000.00	(9,611.00)	1061.10%	5,534.49	1,000.00	(4,534.49)	553.45%	-	0.00%
10-49210-000	SALE OF SQUAD CARS	-	-	0.00	0.00%	-	-	0.00	0.00%	5,000.00	#DIV/0!
Total MISCELLANEOUS REVENUES:		172,552.29	137,578.00	(34,974.29)	125.42%	87,424.29	164,041.00	76,616.71	53.29%	180,702.00	10.16%
											0



## PUBLIC SAFETY

Police											
10-52100-000	POLICE/REGULAR SALARY	629,706.19	735,256.00	105,549.81	85.64%	485,957.31	780,000.00	294,042.69	62.30%	841,500.00	7.88%
10-52100-010	POLICE/OVERTIME	96,982.26	61,371.00	(35,611.26)	158.03%	50,945.86	62,000.00	11,054.14	82.17%	76,000.00	22.58%
10-52100-020	POLICE/PART-TIME SALARY	13,763.97	20,000.00	6,236.03	68.82%	7,428.83	20,100.00	12,671.17	36.96%	9,000.00	-55.22%
10-52100-045	POLICE/FTO PREMIUM	-	250.00	250.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52100-050	POLICE/NIGHT DIFFERENTIAL	4,865.07	7,000.00	2,134.93	69.50%	56.82	-	(56.82)	#DIV/0!	-	0.00%
10-52100-055	POLICE/SGT PAY	3,168.89	2,250.00	(918.89)	140.84%	1,390.61	3,000.00	1,609.39	46.35%	2,500.00	-16.67%
10-52100-060	POLICE/VACATION	64,217.10	-	(64,217.10)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52100-070	POLICE/SICK LEAVE	9,242.46	-	(9,242.46)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52100-080	POLICE/HOLIDAY PAY	34,841.50	-	(34,841.50)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52100-090	POLICE/FUNERAL LEAVE	328.27	-	(328.27)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52100-095	POLICE/COMP TIME	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52100-100	POLICE/BENEFITS	357,056.48	409,400.00	52,343.52	87.21%	251,730.51	370,000.00	118,269.49	68.04%	528,000.00	42.70%
10-52100-110	POLICE/UNIFORM ALLOWANCE	10,411.78	10,600.00	188.22	98.22%	10,500.00	11,050.00	550.00	95.02%	11,050.00	0.00%
10-52100-120	POLICE/LONGEVITY	3,975.00	-	(3,975.00)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52100-300	POLICE/TELEPHONE	11,256.26	11,893.00	636.74	94.65%	5,480.21	11,500.00	6,019.79	47.65%	11,500.00	0.00%
10-52100-330	POLICE/POSTAGE	43.40	800.00	756.60	5.43%	333.47	800.00	466.53	41.68%	800.00	0.00%
10-52100-340	POLICE/OFFICE SUPPLIES	1,207.14	2,500.00	1,292.86	48.29%	1,027.06	2,500.00	1,472.94	41.08%	2,500.00	0.00%
10-52100-350	POLICE/PHOTOGRAPHY	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52100-390	POLICE/MISC EXPENSE	(1,014.02)	250.00	1,264.02	-405.61%	-	250.00	250.00	0.00%	-	0.00%
10-52100-410	POLICE/TRAINING	5,435.42	9,000.00	3,564.58	60.39%	5,932.51	7,000.00	1,067.49	84.75%	7,000.00	0.00%
10-52100-425	POLICE/CAR OPERATING EXP	13,084.26	8,000.00	(5,084.26)	163.55%	9,274.93	9,000.00	(274.93)	103.05%	9,450.00	5.00%
10-52100-430	POLICE/PRIORITY EQUIPMENT	21,357.55	17,500.00	(3,857.55)	122.04%	9,628.91	17,500.00	7,871.09	55.02%	17,500.00	0.00%
10-52100-470	POLICE/MAINT/REPAIRS	591.99	500.00	(91.99)	118.40%	-	500.00	500.00	0.00%	-	0.00%
10-52100-480	POLICE/MAINT AGRMTS	29,390.26	26,000.00	(3,390.26)	113.04%	18,173.77	26,000.00	7,826.23	69.90%	27,567.00	6.03%
10-52100-500	POLICE/GASOLINE	29,420.58	32,000.00	2,579.42	91.94%	14,941.16	30,000.00	15,058.84	49.80%	30,000.00	0.00%
10-52100-530	POLICE/JANITORIAL	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52100-535	POLICE/AMMUNITION	4,739.34	5,000.00	260.66	94.79%	4,069.07	5,000.00	930.93	81.38%	5,000.00	0.00%
10-52100-550	POLICE/RADIO	10,040.25	5,000.00	(5,040.25)	200.81%	-	5,000.00	5,000.00	0.00%	5,000.00	0.00%
10-52100-555	POLICE/RADAR	205.00	250.00	45.00	82.00%	-	250.00	250.00	0.00%	250.00	0.00%
10-52100-590	POLICE/INTERNET	-	1,000.00	1,000.00	0.00%	-	1,000.00	1,000.00	0.00%	-	0.00%
10-52100-810	POLICE/ENFORCEMENT/INV	4,163.98	4,000.00	(163.98)	104.10%	2,508.98	4,000.00	1,491.02	62.72%	4,200.00	5.00%
10-52100-820	POLICE/COMPUTER EXPENSE	1,115.00	2,000.00	885.00	55.75%	1,235.00	2,000.00	765.00	61.75%	5,000.00	150.00%
10-52100-830	POLICE/MOBILE COMPUTERS	1,775.00	4,500.00	2,725.00	39.44%	-	4,000.00	4,000.00	0.00%	-	0.00%
10-52100-840	POLICE/RESPONSE TEAM	1,528.86	2,000.00	471.14	76.44%	-	2,000.00	2,000.00	0.00%	2,000.00	0.00%
10-52100-850	POLICE/SAFETY PROGRAM	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52100-860	POLICE/ADMINISTRATION	2,615.38	3,500.00	884.62	74.73%	2,517.19	3,500.00	982.81	71.92%	3,000.00	-14.29%
10-52110-000	PD SEC/REGULAR SALARY	45,983.83	51,110.00	5,126.17	89.97%	33,004.24	52,640.00	19,635.76	62.70%	54,000.00	2.58%
10-52110-060	PD SEC/VACATION	2,948.40	-	(2,948.40)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52110-070	PD SEC/SICK LEAVE	1,910.32	-	(1,910.32)	#DIV/0!	-	-	0.00	0.00%	-	0.00%

10-52110-080	PD SEC/HOLIDAY PAY	2,733.60	-	(2,733.60)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52110-090	PD SEC/FUNERAL LEAVE	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52110-100	PD SEC/BENEFITS	33,616.40	33,550.00	(66.40)	100.20%	22,986.58	36,815.00	13,828.42	62.44%	41,000.00	11.37%
10-52110-120	PD SEC/LONGEVITY	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52130-000	CR OFFICER/REGULAR SALARY	55,847.34	64,160.00	8,312.66	87.04%	43,544.60	68,000.00	24,455.40	64.04%	72,000.00	5.88%
10-52130-010	CR OFFICER/OVERTIME	8,275.31	6,900.00	(1,375.31)	119.93%	5,425.17	7,500.00	2,074.83	72.34%	9,000.00	20.00%
10-52130-050	CR OFFICER/SHIFT DIFF	114.15	-	(114.15)	#DIV/0!	1.00	-	(1.00)	#DIV/0!	-	0.00%
10-52130-060	CR OFFICER/VACATION	7,230.95	-	(7,230.95)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52130-070	CR OFFICER/SICK LEAVE	914.63	-	(914.63)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52130-080	CR OFFICER/HOLIDAY PAY	2,835.97	-	(2,835.97)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52130-090	CR OFFICER/FUNERAL LEAVE	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52130-100	CR OFFICER/BENEFITS	42,239.26	40,550.00	(1,689.26)	104.17%	28,970.56	43,909.00	14,938.44	65.98%	52,250.00	19.00%
10-52130-390	CR OFFICER/MISCELLANEOUS	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52130-410	CR OFFICER/TRAINING	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52130-430	CR OFFICER/EQUIPMENT	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52130-520	CR OFFICER/SUPPLIES	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52130-830	CR OFFICER/MOBILE COMPUTER	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52150-000	PKG ENF/REGULAR SALARY	34,360.50	41,200.00	6,839.50	83.40%	27,666.57	42,350.00	14,683.43	65.33%	43,400.00	2.48%
10-52150-010	PKG ENF/OVERTIME	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52150-060	PKG ENF/VACATION	4,352.47	-	(4,352.47)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52150-070	PKG ENF/SICK LEAVE	1,788.28	-	(1,788.28)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52150-080	PKG ENF/HOLIDAY PAY	2,198.48	-	(2,198.48)	#DIV/0!	-	-	0.00	0.00%	-	0.00%
10-52150-090	PKG ENF/FUNERAL LEAVE	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52150-100	PKG ENF/BENEFITS	32,413.18	32,800.00	386.82	98.82%	22,226.85	35,515.00	13,288.15	62.58%	39,350.00	10.80%
10-52150-390	PKG ENF/MISC EXPENSE	-	-	0.00	0.00%	-	-	0.00	0.00%	-	0.00%
10-52150-345	PKG ENF/PARKING TICKETS	156.00	1,104.00	948.00	14.13%	693.23	500.00	(193.23)	138.65%	-	0.00%
Total Police Department:		1,645,433.69	1,653,194.00	7,760.31	99.53%	1,067,651.00	1,665,179.00	597,528.00	64.12%	1,909,817.00	14.69%

<b>Fire / EMS / Sirens</b>											
10-52300-560	FIRE DIST/CONTRACTED SERVICES	162,359.57	160,000.00	(2,359.57)	101.47%	167,278.30	148,860.00	(18,418.30)	112.37%	153,325.00	3.00%
10-52300-905	FIRE DIST/CITY FIRE CALLS	30,088.00	25,000.00	(5,088.00)	120.35%	11,182.00	20,000.00	8,818.00	55.91%	-	0.00%
10-52500-440	SIREN/EQUIPMENT REPAIR	138.50	-	(138.50)	#DIV/0!	-	500.00	500.00	0.00%	-	0.00%
10-52500-480	SIREN/MAINT AGRMTS	3,100.47	2,600.00	(500.47)	119.25%	-	3,325.00	3,325.00	0.00%	3,325.00	0.00%
10-52600-560	AMBULANCE/CONTRACTED SERVICES	115,090.00	116,000.00	910.00	99.22%	67,130.00	116,000.00	48,870.00	57.87%	116,000.00	0.00%
<b>Total Fire / EMS / Sirens:</b>		<b>310,776.54</b>	<b>303,600.00</b>	<b>(7,176.54)</b>	<b>102.36%</b>	<b>245,590.30</b>	<b>288,685.00</b>	<b>43,094.70</b>	<b>85.07%</b>	<b>272,650.00</b>	<b>-5.55%</b>
<b>HEALTH &amp; HUMAN SERVICES</b>											
10-53200-390	DRUG-ALCL/MISC EXPENSE	(232.37)	-	232.37	#DIV/0!	95.29	1,500.00	1,404.71	6.35%	2,000.00	33.33%
10-53300-390	DOG/MISC EXPENSE	4,260.93	-	(4,260.93)	#DIV/0!	4,372.80	-	(4,372.80)	#DIV/0!	-	0.00%
10-53300-560	DOG/CONTRACTED WORK	420.00	600.00	180.00	70.00%	(120.00)	500.00	620.00	-24.00%	600.00	20.00%
<b>Total HEALTH &amp; HUMAN SERVICES:</b>		<b>4,448.56</b>	<b>600.00</b>	<b>(3,848.56)</b>	<b>741.43%</b>	<b>4,348.09</b>	<b>2,000.00</b>	<b>(2,348.09)</b>	<b>217.40%</b>	<b>2,600.00</b>	<b>30.00%</b>
<b>Public Safety Revenue Total:</b>											
		<b>172,552.29</b>	<b>137,578.00</b>	<b>(34,974.29)</b>	<b>125.42%</b>	<b>87,424.29</b>	<b>164,041.00</b>	<b>76,616.71</b>	<b>53.29%</b>	<b>180,702.00</b>	<b>10.16%</b>
<b>Public Safety Expenditure Total:</b>											
		<b>1,960,658.79</b>	<b>1,957,394.00</b>	<b>(3,264.79)</b>	<b>100.17%</b>	<b>1,317,589.39</b>	<b>1,955,864.00</b>	<b>638,274.61</b>	<b>67.37%</b>	<b>2,185,067.00</b>	<b>11.72%</b>
<b>Net Total CITY GENERAL FUND:</b>											
		<b>(1,788,106.50)</b>	<b>(1,819,816.00)</b>	<b>(31,709.50)</b>	<b>98.26%</b>	<b>(1,230,165.10)</b>	<b>(1,791,823.00)</b>	<b>(561,657.90)</b>	<b>68.65%</b>	<b>(2,004,365.00)</b>	<b>11.86%</b>