



AGENDA FOR COMMON COUNCIL

A Common Council meeting will be held on **Monday, October 20, 2025 at 6:30 PM**
in the **Council Chambers at City Hall, 819 Superior Avenue, Tomah, WI.**

Join Zoom Meeting:

<https://zoom.us/j/7689466740?pwd=dEdLR2hXK0ZYMK1qNU5vNFlwMzdSZz09>

Meeting ID: 768 946 6740 Password: Tomah2020

Dial by your location +1 312 626 6799 US (Chicago)

CALL TO ORDER:

1. Pledge of Allegiance
2. Roll Call

ANYONE DESIRING TO APPEAR TO COUNCIL: *Those that desire to address the City Council must state their name, address, deliver their comments in accordance with the City of Tomah Rules of Order, and will be limited to three minutes.*

MAYOR:

3. Employee of the Month
4. Monthly Update

ACCEPTANCE OF REPORTS:

- [5.](#) City Administrator Monthly Report
- [6.](#) Zoning Department Monthly Report
- [7.](#) Public Safety Monthly Report
- [8.](#) Tomah Public Library Monthly Report
- [9.](#) Senior & Disabled Services Department Monthly Report

CONSENT AGENDA: *(Items on the Consent Agenda are routine in nature and require one motion to approve all items listed. Prior to voting on the Consent Agenda, the Mayor or any Council member can request item(s) be removed from the Consent Agenda and addressed on the regular agenda).*

- [10.](#) Approval of Minutes from September 16, 2025
- [11.](#) Approval: Special Beer Permit Application by Bluff and Ridge Equine Assisted Therapies for 2nd Annual Cowboy Christmas Fundraiser on November 15, 2025
- [12.](#) Approval: Application of Class "A" Beer Fermented Malt Beverage License and "Class A" Liquor License for Hansen's IGA Inc.

COMMITTEE OF THE WHOLE:

Common Council – October 20, 2025

13. Approval: Budget Amendment Recreation Park Repair and Maintenance from Insurance Recoverable

14. Approval: Resolution for the Payment of Monthly Bills

APPOINTMENTS:

15. Appointment to Parks and Recreation Commission.

ADJOURN:

16. Adjourn to closed session pursuant to Wis. Stat. 19.85:

(1) Any meeting of a governmental body, upon motion duly made and carried, may be convened in closed session under one or more of the exemptions provided in this section. The motion shall be carried by a majority vote in such manner that the vote of each member is ascertained and recorded in the minutes. No motion to convene in closed session may be adopted unless the chief presiding officer announces to those present at the meeting at which such motion is made, the nature of the business to be considered at such closed session, and the specific exemption or exemptions under this subsection by which such closed session is claimed to be authorized. Such announcement shall become part of the record of the meeting. No business may be taken up at any closed session except that which relates to matters contained in the chief presiding officer's announcement of the closed session. A closed session may be held for any of the following purposes:

(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session.

-Deliberation: Police Union collective bargaining agreement.

-Approval: Negotiation of the purchase of Property A.

-Approval: Negotiation of the purchase of Property B.

17. Readjourn to open session pursuant to Wis. Stat. 19.85:

(3) Nothing in this subchapter shall be construed to authorize a governmental body to consider at a meeting in closed session the final ratification or approval of a collective bargaining agreement under subch. I, IV, or V of ch. 111 which has been negotiated by such body or on its behalf.

-Approval: Police Union collective bargaining agreement.

NOTICE: It is possible that a quorum of members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, 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 Nicole Jacobs, City Clerk, at 819 Superior Avenue, Tomah, WI 54660.

City Administrator

Item 5.

City Budget and Finances:

- 2026 Budget Planning Plan-To-Plan
 - 24 Oct Submission to Paper
 - 27 Oct Class 1 Notice
 - 15 Nov Budget Workshop
 - 17 Nov Public Hearing/Approval
 - 24 Nov Emergency Meeting
 - 1 Dec Levy Set
 - Mid-Dec Tax Bills

City Administration:

- Social Media Policy
- Develop Annual Training Plan (elected officials, dept heads, all employees)
- Job Description Review and Amendments
- Organizational Chart Review
- Employee Morale Events Planning

City Operations (1-31 July):

- 1-30 Sept Dept Head Budget Reviews
- 4 Sept Police Union Negotiation #1
- 4 Sept Ambulance Union Neg #1
- 10 Sept Community Engagement #1
- 12 Sept Passenger Rail Caucus
- 15 Sept Ambulance Union Neg #2
- 18 Sept Police Union Negotiation #2
- 21 Sept Operation Phoenix Survey Ends
- 22 Sept Ambulance Union Neg #3
- 22 Sep Monroe County Herald Intervw
- 30 Sept Levy Limit Workshop



								Item 6.
Permit Number	Municipality	Date	Property Owner	Property Address	Parcel #	Est Cost	Census Code	
25-0108-41-286	Tomah (city)	09/24/25	Oakwood Village Mhc	800 Sime Ave. (807 Cedar)	286026085000	\$65,000.00	101 - Single Family Houses Exclude Mobile Homes	
25-0107-41-286	Tomah (city)	09/24/25	Oakvillage Mhp	800 Sime (806) Dogwood	286026085000	\$65,000.00	101 - Single Family Houses Exclude Mobile Homes	
25-0106-41-286	Tomah (city)	09/23/25	Gail Johnson	1410 Stoughton Ave	286-01783-0000	\$16,005.00	434 - Residential Additions Alterations	
25-0105-41-286	Tomah (city)	09/23/25	Lucas Gordon	222 Alyssa St.	286026738049	\$1,700.00	131 - Electrical Only	
25-0104-41-286	Tomah (city)	09/23/25	Dick Riddle	313 W. Benton St.	286010700000	\$3,500.00	131 - Electrical Only	
25-0103-41-286	Tomah (city)	09/16/25	Matt Smith	1502 Stoughton Avenue	286-01749-0000	\$7,000.00	131 - Electrical Only	
25-0102-41-286	Tomah (city)	09/10/25	Raquel Ramsell	414 E Lacrosse St	286021460000	\$4,570.00	131 - Electrical Only	
25-0101-41-286	Tomah (city)	09/08/25	Jesus Gonzalez	701 E. Clifton St.	286003520000	\$10,000.00	131 - Electrical Only	
25-0100-41-286	Tomah (city)	09/08/25	Tomah Public Housing Authority	720 Williams St	286016870000	\$6,623.70	437 - Nonresidential And N Housekeeping Additions Ar	
25-0099-41-286	Tomah (city)	09/08/25	David Tripp	411 Martin Ave	286-02599-0000	\$15,000.00	131 - Electrical Only	
25-0098-41-286	Tomah (city)	09/08/25	Greg Passini	1422 Mclean Ave	286017970000	\$13,436.00	131 - Electrical Only	
25-0097-41-286	Tomah (city)	09/08/25	Roger Pipkin	415 W. Council St.	286-00327-0000	\$10,422.00	434 - Residential Additions Alterations	
25-0096-41-286	Tomah (city)	09/08/25	Rush Hour Towing	1512 Eaton Ave	286026517800	\$3,000.00	131 - Electrical Only	
25-0095-41-286	Tomah (city)	09/01/25	Chris Pedersen	803 Alden Rd	286-02451-3900	\$70,000.00	434 - Residential Additions Alterations	
25-0094-41-286	Tomah (city)	09/01/25	Christina Lewis	1314 Lakeview Dr	286026260000	\$1,959.00	434 - Residential Additions Alterations	
25-0093-41-286	Tomah (city)	09/01/25	Sean Rezin	1602 Rezin Rd,	286-02586-0000	\$350,000.00	437 - Nonresidential And N Housekeeping Additions Ar	
25-0091-41-286	Tomah (city)	09/01/25	St Marys	2409 Superior Ave	286-02648-0000	\$4,631.00	131 - Electrical Only	
25-0088-41-286	Tomah (city)	09/01/25	Pam Melby	502 Glendale Ave	286-02252-0000	\$4,300.00	131 - Electrical Only	
25-0087-41-286	Tomah (city)	09/01/25	Monroe County Housing Authority	711 Wisconsin Ave	286013060000	\$2,900.00	131 - Electrical Only	
25-0081-41-286	Tomah (city)	09/01/25	Chris Cos	423 W Juneau St	286-00311-0000	\$10,538.00	434 - Residential Additions Alterations	
25-0075-41-286	Tomah (city)	09/01/25	David Tripp	411 Martin Ave	286-02599-0000	\$75,000.00	437 - Nonresidential And N Housekeeping Additions Ar	
25-0072-41-286	Tomah (city)	09/01/25	Patrick Larson	212 Hollister Ave	286011000000	\$15,000.00	120 - Decks And Porches	

Permit Number	Municipality	Date	Property Owner	Property Address	Parcel #	Est Cost	Census Code
25-0059-41-286	Tomah (city)	09/01/25	Scott & Deboralynn Westfahl	209 W Benton St	286-01056-0000	\$35,000.00	128 - Sheds
25-0057-41-286	Tomah (city)	09/01/25	Patrick Larson	212 Hollister Ave	286-01100-0000	\$2,050.00	131 - Electrical Only
25-0054-41-286	Tomah (city)	09/01/25	Colin Meltesen	1011 Wisconsin Ave	286-00982-5500	\$10,332.00	131 - Electrical Only
25-0051-41-286	Tomah (city)	09/01/25	Bob Sistrunk	205 Nicholas St	2 Of 15csm149	\$1,000.00	434 - Residential Additions Alterations
25-0049-41-286	Tomah (city)	09/01/25	Andres Valencia	1509 Bow St	286026882200	\$15,000.00	649 - Demolition And Razir Other Buildings & Structure
25-0048-41-286	Tomah (city)	09/01/25	Ashley & Brennon Path	1813 Goodland Ave	286-02221-0000	\$1.00	131 - Electrical Only

Permit Report

Permit #	Permit Date	Permit Type
7030	9/3/2025	Accessory building >150 sq. ft.
7032	9/5/2025	Alteration/Addition to Accessory Structure
7031	9/5/2025	Fence
7033	9/8/2025	Fence
7034	9/10/2025	Sign Permit
7035	9/11/2025	Shed Permit<150 square feet
7036	9/11/2025	Fence
7037	9/16/2025	Sign Permit
7038	9/18/2025	Building- New Commercial
7039	9/19/2025	Sign Permit
7040	9/22/2025	Fence
7041	9/29/2025	Shed Permit<150 square feet

Main Status
Withdrawn
Withdrawn
Approved
Pending more information from applicant
Approved
Withdrawn
Approved
Approved
Pending more information from applicant
Approved
Submitted
Submitted

Applicant
Dale Losinski
Lori Norquay
Hiede A Petroselli
Joseph Giertych
3 Rivers Sign - Shayla Bell
Fortis Perimeter
Fortis Perimeter
Derek Miller - La Crosse Sign Group
Apex Fence
Bailey Voigt - Bushman Electric Crane and Sign Inc.
Apex Fence
Bob and Connie Sistrunk

Project Description
Storage garage 15x26x8
Put up a metal carport from Menards
Fence
New Business Owner - Tammy's Plate & Catering (former Baker Table)
Chain Link Fence
Chain Link Fence and Gates
(1) new pylon sign cabinet on existing pole
Security Fence
Provide/Install 6x20 sq ft wall sign at 1715 N Superior Ave
Security fence for north, east, and south side of property. no work along west side
Plastic Molded 5'x6' Shed

Parcel Address	Parcel #
1601 BOW STREET	2.86027E+11
429 FRANKLIN STREET	2.86022E+11
120 ALYSSA STREET	2.86027E+11
1801 STOUGHTON AVENUE	2.86009E+11
233 N Superior Ave.	2.86024E+11
400 HOLLAND STREET	2.86027E+11
400 HOLLAND STREET	2.86027E+11
205 WITTIG ROAD	2.86027E+11
200 SIME AVENUE	2.86026E+11
200 SIME AVENUE	2.86026E+11

CITY OF TOMAH PUBLIC SAFETY

MONTHLY REPORT September 2025



Public Safety Director / Fire Chief Tim Adler

TOMAH FIRE DEPARTMENT MONTHLY STATISTICS

MONTH/ YEAR September 2025

FIRE CALLS:

1. **STRUCTURE:** 0
2. **VEHICLE FIRES:**0
3. **GRASS:** 1
4. **FALSE ALARMS:**2
5. **INJURIES:** 0
6. **GOOD INTENT CALLS:** 5
7. **HAZMAT:** 2
8. **OTHER:** 1
9. **MOTOR VEHICLE CRASH/RESCUE:** 14
10. **CALLS FOR SERVICE:** 5

FIRE INSPECTION HOURS: 66

FIRE SAFETY EDUCATION HOURS: 6



City of Tomah Council Meeting – October 20th , 2025

Public Safety Director/Fire Chief report for: **September**

1. **STAFFING**

Full-Time

- Fire Chief
- Deputy Fire Chief

POC (paid on call)

- Assistant Chiefs x 2
- Captains x 2
- Fire Fighters x 33

2. **VEHICLES:** All apparatus are in service and are functioning in good working order.

3. **GENERAL:** The department responded to 30 calls in September. The fire inspectors have been working on the second round of inspections which are required by the Department of Safety and Professional Services, everything is going well. It's that time of the year again, we are spending time in the school's performing inspections and observing all the required drills. We are also making plans and getting ready for the upcoming Fire Prevention Week. We have been busy working on the 2026 budget with the City Administrator and City Treasurer.

4. **OTHER:** We performed the final inspection of the 100' Pierce Platform in Beaver Dam on the September 9th and brought it back to the city. We are in the process of getting equipment set up on the truck along with the proper training. At this point I am hopeful to have it in service sometime in November. We are also in the process of building the brush truck and the pumper/tender. We recently completed a (SCBA) Self-contained breathing apparatus self-confidence course that is now part of our Emergency Services Campus, this was completely funded by grants and fundraising efforts by the Tomah Fire Fighters Association.

Yours in Safety
Public Safety Director / Fire Chief
Tim Adler



Tomah Fire Department Staff

Fire Chief

*Tim Adler (36 Years)

Deputy Chief

*Jeremy Likely (20 Years)



Assistant Fire Chiefs

*Joe Kube (31 Years)
Joe Amberg (35 Years)

Safety Officer

Dave Baggot (27 Years)

Captains

*Rob Larkin (28 Years)
Charles Muller (23 Years)

Lieutenants

Rescue Technicians

Kerwin Greeno (29 Years)

*=Rescue Techs

Fire Fighters

Tim Larkin (50 Years)
Jody Pierce (31 Years)
*Bob Walker (25 Years)
*Brad Retzlaff (23 Years)
*Steve Walheim (23 Years)
*Cory Lenz (21 Years)
Ron Schneider (20 Years)
Tim Cram (19 Years)
*Chris Semann (14 Years)
*Chad Gunder (11 Years)
*Steve Miller (8 Years)
Megan Mickelson (7 Years)
*Phil Gigous (7 Years)
Joe Lenz (7 Years)
Chris Neal (5 Years)
Mitchell Larkin (4 Years)
Brandon Sibert (4 Year)
*Justin Dettinger (2 Year)
Michael Linehan (2 Year)
*Chris Johnson (2 Year)
*Jeff Vierck (1 Year)
*Jared Vanderloop (1 Year)
*Ryan Fisk (1 Year)
*Daniel Amberg (1 Year)
Michael Forlines (1 Year)
*Nick Amberg (1 Year)
Andy Wallace (New)
Diana Johnson (New)
Morgan Scharlau (New)
Steven Beining (New)
Tyler Stertman (New)



Tomah Area Ambulance Service Number of Calls by Municipality Monthly Report

September 2025

City of Tomah Total: 222

Town of Adrian Total: 1

Town of Byron Total: 9

Town of Clifton Total: 1

Town of Glendale Total: 1

Town of Grant Total: 2

Town of La Grange Total: 11

Town of Lincoln Total: 7

Town of Oakdale Total: 5

Town of Tomah Total: 3

Town of Wilton Total: 1

Village of Oakdale Total: 7

Village of Warrens Total: 26

Village of Wyeville Total: 2

Total: 7

Total Records: 305



City of Tomah Council Meeting – October 20th , 2025

Public Safety director's Report for: **September**

1. STAFFING:

Admin

- Public Safety Director
- Deputy EMS Chief
- Public Safety Administrative Assistant
- Billing Clerk

Full-Time

- Critical Care Paramedics - 9
- Paramedics – 6
- AEMTs – 2

Part-Time

- Critical Care Paramedics – 0
- Paramedics – 6
- AEMTs – 1
- EMT-Basic – 8

2. **VEHICLES:** All apparatuses are in service and are functioning in good working order. Unit 267 had its final inspection on September 16th and was brought back to the city. The state inspection was then performed on September 22nd, it will be placed into service once the registration has been returned from the state. The next remount on unit 266 which was scheduled to start this fall has been pushed back to sometime in January or February. I will keep you updated as things get closer. To be transparent with you the Ambulance vehicle repair budget has gone over the budget amount for FY25, this is mainly due to repairs that need to be done to keep our staff and patients in a safely operating apparatus. Please let me know if you have any questions
3. **GENERAL:** The department responded to 305 calls for service in September keeping the crews busy. We have been busy working on the 2026 budget along with the City Administrator and the City Treasurer.
4. **OTHER:** Deputy Chief Robarge and Administrative Assistant Anderson have worked hard on the voluntary, supplemental Medicaid reimbursement cost report for publicly owned EMS providers. Our service can apply for reimbursement funding back from years 2023 and 2024 along with the years moving forward. We were notified that the Ambulance Service will be getting reimbursed \$9981.53 for 2023, and we are now in the process of the 2024 reimbursement.

Yours in Safety
Public Safety Director / Fire Chief
Tim Adler

Transfer Statistics break down

September 2025 Statistics

Year to Date Calls for Service – 2,775

- Calls with multiple ambulances – 64

Year to Date Reports Written – 2,770

Calls for Service in September – 305

- Calls with multiple ambulances – 8

Reports Written in September – 300

Salaried Employee Stipends in September – 0

Year to Date Salaried Employee Stipends – 0

Year to Date – All Transfers – 909 Requested. Accepted 761, Declined 148 – 83.72%

- Tomah Health ER– Requested 718, Accepted 619. **86.21% Accepted.**
 - Reasons for Turn Down
 - On Transfer/911 Calls / Would Not Wait – 49
 - Multiple Transfers at the Same Time – 15
 - Medical Necessity – 14
 - Staffing – 8
 - Crew Safety – 7
 - No Call/Not Logged – 3
 - Weather – 2
 - Pending Critical Care Transfer – 1
- Tomah Health OB & Acute Care – Requested 70, Accepted 62. **88.57% Accepted.**
 - Reasons for Turn Down
 - On Transfer/911 Calls / Would Not Wait – 5
 - Canceled by Tomah Health – 1
 - Medical Necessity – 1
 - Weather – 1
- Tomah VA – Requested 65, Accepted 57. **87.69% Accepted.**
 - Reasons for Turn Down
 - On Transfer/911 Calls / Would Not Wait – 4
 - Multiple Transfers at the Same Time – 2
 - Medical Necessity – 1
 - Staffing – 1 (Round Trip)
- Critical Care Transfers – Requested 29, Accepted 25. **86.21% Accepted.**
 - January – Tomah Health – La Crosse – On 911 Call, Would Not Wait
 - March – Tomah Health – La Crosse – On Transfer, Would Not Wait
 - March – Tomah Health – La Crosse – On 911 Call, Would Not Wait
 - August – Mauston – Madison - Staffing

September Transfers – 90 Requested. Accepted 80, Declined 10

- Critical Care Transfers – 0
- Reasons for Turn Down in September
 - On Transfers or 911s/Would Not Wait – 3 (Tomah Health-3, Outlying-0)
 - Staffing – 3 (Outlying-3)
 - Medical Necessity – 2 (Tomah Health-2)
 - Multiple Transfers at the Same Time – 1 (Tomah Health-1)
 - Cranfest – 1 (Outlying-1)

Mutual Aid

- Assisted – 1
 - Wilton Ambulance – 1
 - Intercept – Cardiac Arrest – Patient Deceased
- Requested – 4
 - Fort McCoy – 4
 - Change of Quarters – Three Ambulances on duty, two on transfers, one on a 911 call.
 - Change of Quarters – Two Ambulances on duty, both on 911 calls.
 - Change of Quarters – Two Ambulances on duty, both on a Motor Vehicle Accident.
 - Change of Quarters – Two Ambulances on duty, both on 911 calls (one a four hour stand-by for law enforcement).

Legal Blood Draws

- September – 2 (Year to Date – 23)

TAAS Monthly Statistical Report September 2025

Calls For Service	Cancelled/No Transport	Facility Transfers	Denied Transfers	Salary Stipend
300	90	80	10	\$0.00
1 Year Ago: 315	1 Year Ago: 71	1 Year Ago: 102	1 Year Ago: 21	Yr to Date:
Total Miles Driven	Mutual Aid Requests	Incoming Payments	Billed To Patients	Total Bad Debt Collected In 2025
4284.2	1Asst / 4 Req / 2 Blood Draw	\$205,175.47	\$416,432.00	\$111,139.72
1 Year Ago: 4225.3	1 Year Ago: 17	Yr to Date: \$2,406,419	Yr to Date: \$4,273,116	
Billed Medicare	Collected Medicare	Uncollectable-Medicare (30% Retrivable)		
\$98,174.80	\$34,990.64	\$75,317.32/JUST NGS		
Yr to Date: \$1,132,666	Yr to Date: \$472,343.42	Yr to Date: \$970,435.37		
Billed Medicaid	Collected Medicaid	Medicaid Write-Off		
\$89,268.60	\$14075.12/JUST EDS	\$33,391.81		
Yr to Date: \$762,779.70	Yr to Date: \$155,761	Yr to Date: \$454,192		
Billed Insurance	Collected Insurance	Write-Off Per Insurance	Collections	Collected Patient
\$123259.60/also other ngs&eds	\$34,036.60	\$18,615.44	\$33,011.86	\$30,858.21
Yr to Date: \$888,393	Yr to Date: \$330,397.0	Yr to Date: \$160,025.37	Yr to Date: \$307,541.0	Yr to Date: \$602,900
Billed V.A.	Collected V.A.	Outstanding V.A.		
\$105,729.00	\$91,214.90	2025 As of 10/08/25		
Yr to Date: \$952,507	Yr to Date: \$845,016.16	\$170,810.70		

NOTES:

CURRENT ROSTER EMPLOYEE ROSTER

Number / Job Status	Licensure	Name	Status		Number/ Job Status	Licensure	Name	Status
Full-Time Staff					Part-Time Staff			
1	FT Director	Chief Tim Adler			23	PT	Paramedic/CC	
2	FT Admin. Asst.	Christi Anderson			24	PT	Paramedic/CC	
3	FT Bookkeeping	Candi Maas			25	PT	Paramedic	Allen Sheston
4	FT Paramedic/CC	Dep Chief Adam Robarge			26	PT	Paramedic	Josh Wilcox
5	FT Paramedic/CC	C.L. Brandon Sibert	A-Shift		27	PT	Paramedic	Tyler Hoerres
6	FT Paramedic/CC	C.L. Chris Brigson	B-Shift		28	PT	Paramedic	Jon Ghinazzi
7	FT Paramedic/CC	C.L. Jeremy Becker	C-Shift		29	PT	Paramedic	Emily Bertram
8	FT Paramedic/CC	Mitch Larkin	C-Shift		30	PT	Paramedic	Genevieve Janczak
9	FT Paramedic/CC	Michael Forlines	A-Shift		31	PT	Paramedic	
10	FT Paramedic/cc	Morgan Scharlau	B-Shift		32	PT	AEMT	Chris Prindiville
11	FT AEMT	Stacy Larkin	C-Shift		33	PT	AEMT	
12	FT AEMT	Stacey Zellmer	A-Shift		34	PT	AEMT	
13	FT Paramedic	Dawson Dean	B-Shift		35	PT	EMT	Rostislav Yerokhin
14	FT Paramedic/CC	Lisa Hart	A-Shift		36	PT	EMT	Kerry Ely
15	FT Paramedic	Jenna Quackenbush	C-Shift		37	PT	EMT	Shana Adams
16	FT Paramedic	Brandon Maurico	C-Shift		38	PT	EMT	Hannah Benson
17	FT Paramedic	David Smith	B-Shift		39	PT	EMT	Kahla Jorgensen
18	FT Paramedic	Katie Anderson	B-Shift		40	PT	EMT	Lydea Cook
19	FT Paramedic	Mara Goede	A-Shift		41	PT	EMT	
20	FT Paramedic/CC	James Barloon	C-Shift		42	PT	EMT	
21	FT Paramedic/CC	Jeffrey Cain	A-Shift		43	PT	EMT	
22	FT		B-Shift		44	PT	EMT	

Monthly Invoices September 2025

ACCT #	DATE	DESCRIPTION & INVOICE #	CREDIT CARD YES	AMOUNT
2230	9/1/2025	Lynxx Networks		\$690.13
2900	9/1/2025	DAS Health ACH payment		\$351.10
3400	8/31/2025	Mississippi Welders Inv. 1947125		\$13.02
2210	9/3/2025	Alliant Energy (Aug. & Sept.)		\$6,248.95
2220	9/5/2025	City W&S		\$245.14
2230	8/23/2025	First Net Inv. 287303615675X09012025		\$387.44
3401	9/4/2025	Kwik Trip		\$3,895.46
2900	8/26/2025	CLIA Laboratory Program (2/20/26 - 2/19/28)		\$248.00
2100	9/3/2025	Cram's Computer Center Inv. 6492		\$85.50
3500	8/21/2025	Larkin's Inv. 90719		\$89.95
3500	8/22/2025	Larkin's Inv. 90731		\$150.04
2900	9/5/2025	Nsure Inv. 09534 (ACH payment)		\$741.57
8400	9/3/2025	Everest Inv. E00485 (Outlay vehicles)		\$115,250.00
2900	8/28/2025	Tri-State Business Machines Inv. 635575		\$35.10
2900	4/2/2025	Wisconsin Mechanical Solutions Inv. 5003		\$370.00
3400	8/21/2025	AT&T EBWX	X	\$39.69
3400	9/3/2025	Mississippi Welders Inv. 532063		\$80.04
3402	9/11/2025	Medline Inv. 2388127963		\$19.86
3402	9/12/2025	Medline Inv. 2388431120		\$315.92
2900	9/12/2025	Tri-State Business Machines Inv. 636709		\$104.00
3402	9/10/2025	Bound Tree Inv. 85915161		\$1,394.80
3402	9/10/2025	Bound Tree Inv. 85915162		\$119.88
3400	9/10/2025	Mississippi Welders Inv. 532086		\$75.42
3300	9/16/2025	McDonald's (Tim & Adam)	X	\$22.96
3400	9/12/2025	Safe Ship	X	\$26.62
2200	9/8/2025	WE Energies		\$239.37
3400	9/5/2025	Quill Inv. 45636304		\$95.98
3400	9/9/2025	Quill Inv. 45680252		\$130.98
2900	9/20/2025	Canon Financial Services Inv. 41868919		\$89.27
3400	9/23/2025	WI Title & License Plate Application (267)		\$164.50
3400	9/17/2025	Mississippi Welders Inv. 532113		\$88.76
3500	9/24/2025	Murphy's Frame & Axle Inv. 100486		\$169.95
2900	9/25/2025	Confidential Records Inv. 0011708		\$55.22
3402	9/24/2025	Bound Tree Inv. 85932280		\$200.00
3402	9/17/2025	Bound Tree Inv. 85923561		\$171.98
3402	9/23/2025	Bound Tree Inv. 85930383		\$1,675.46
3400	9/29/2025	Smithworks Inc. Inv. 112963		\$110.82

3100	9/29/2025	USPS Flat rate envelope	X	\$11.00
				\$134,203.88

Tomah Public Library Department Operations

September 2025 checkouts : Physical checkouts: 4534: E-books: 2323 TOTAL= 6857

Adult Department Events

September 06 Houseplant Swap (Everyone welcome)

September 26, 27, 28 Manhattan Short Film Festival

Children/ Young Adult Department Events

September 04 6pm Movie Night (for all ages) Lilo & Stitch

September 06 "Dungeons and Dragons" (for all ages)

September 10 "Words and Wiggles" 8:15 am- 8:45am (music and reading for toddlers)

September 10 "Tiny Art" 2:00 pm

September 17, "Bad Art" 2:00 pm

September 25 Teen Movie Night "Superman" for grades 6 and up

Tuesdays in September Legos at the Library 5 pm - 7 pm

Storytimes: Mondays @ 6:30 pm: Tuesdays @ 10 am or 11:15 am: Wednesdays (Babytime) @ 10am

Director's notes:

-I have been working with the Library Board of Trustees and City Administrator Morales on the 2026 Library Budget. I appreciate Administrator Morales' leadership in initiating a comprehensive examination/ explanation of the Library Budget. I hope that this process will become the standard for future budgets.

-Library water drainage project: I am working with Public Works Director Leis to address the sidewalk damage resulting from the water drainage issues. He anticipates that the Monroe entrance sidewalk will be repaired/ replaced by the end of October 2025.

Respectfully submitted,

Irma Keller, Director, Tomah Public Library

DEPARTMENT OPERATIONS

	SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT This report is a communication tool to keep you all updated.			 From the Editor
LIFE INSTRUCTION “Do all the good you can, By all the means you can, In all the ways you can, In all the places you can, At all the times you can, To all the people you can, As long as you ever can. ~John Wesley	OCTOBER 2025	 “Hello” from Pam	Everyday... What are 3 things you are grateful for? ~Anonymous ‘Happiness is not a destination. It is a method of life.” ~Burton Hills	THE FOUR-WAY TEST Of all the things we think, say, or do... 1. Is it the TRUTH? 2. Is it FAIR to all concerned? 3. Will it build GOOD WILL & BETTER FRIENDSHIPS? 4. Will it be BENEFICIAL to all concerned? ~Rotary International
“Do battle against prejudice and discrimination whenever you find it.” ~Author Unknown				
The purpose of activities is not to kill time, but to make time live. Not to keep a person occupied, but to keep him/her refreshed. Not to offer an escape from life, but to provide a discovery for life”. ~Author Unknown	“Here at the Senior Center, we are all about making friends, being friends, keeping friends, and spending time with friends.” ~Pam Buchda			The purpose of life is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience. ~Eleanor Roosevelt “Laugh Often~ Live Well~ Love Much”

Hello Everyone,

	The Senior Center will CLOSE at 3:30pm on Friday, October 03, 2025, for the 4:00pm Homecoming Parade on Superior Avenue. Bingo should be done by 3:00 for clean-up from 3 to 3:30pm.
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The city has started the budget process for 2026. We are one of the departments in the city. This process takes up a lot of time, attention and effort.

	The Senior Center will be CLOSED at 12:30pm on Friday, October 31, 2025, for setting up & decorating recreation park building for the free Annual Tomah Area Community HALLOWEEN PARTY 4:30-6:30pm with Costume Judging at 5:15pm.
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-We have **free crochet yarn** that was donated. Please see Pam or Paulette if interested.

	In October starts “Medicare Season”. We have special programs booked. 1) Alice Ackerman, Monroe County’s ADRC Benefit Specialist will be at the senior center three times... -MEDICARE ADVANTAGE PLAN UPDATE SEMINAR Thursday, 10-16-2025: 2:30pm-4:30pm -MEDICARE PLAN CHECK EVENT Tuesday, 10-21-2025 12:30pm-3:30pm -MEDICARE HANDS-ON WORKSHOP – bring your tablet or laptop Tuesday, 10-28-2025 9:00am- 2) Jerry Tiffany of Tiffany Insurance Group MEDICARE ADVANTAGE PLAN SEMINARS Tuesday, 10-14-2025 at 4:30pm & Tues., 10-28-2025 at 4:30pm 3) Harvey Lewis Insurance Company MEDICARE ADVANTAGE PLAN SEMINARS Thursday, 10-30-2025 11:00 Seminar & 2:00 Seminar
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NEWSLETTERS AVAILABLE

	1) Due to budget constraints, we are not printing newsletters. However, if you would like one by email, we can do that. You just need to send an email with your request and contact information – to pbuchda@tomahwi.gov
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DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT 608-374-7476 Fax: 608-374-7462 pbuchda@tomahwi.gov		Kupper-Ratsch Senior Center A Community Gathering Place 1002 Superior Ave. Tomah, WI. 54660 Facebook page – Tomah Senior Center
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<u>MISSION STATEMENT</u> The City of Tomah's Senior & Disabled Services Department's mission is to offer ongoing programs and services (in the areas of recreation & leisure activities, and in educational & health programs) and senior meals on a regular basis in a safe place for Tomah's citizens (especially our senior and disabled people).	<u>Tomah Timberwolves</u>  <u>Credo</u> <i>by Del Goetz</i> Respect the elders. Teach the young. Cooperate with the pack. Play when you can. Hunt when you must. Rest in between. Share your affections. Voice your feelings. Leave your mark.
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	<u>WELCOME TO THE KUPPER-RATSCH SENIOR CENTER</u> Are you looking for a place to meet people and/or for you and/or your friends/family to get together to play cards and/or other games? Come in and join us! I encourage people to stop down and visit with us, check us out and take a tour of the senior center. We have a nice place with friendly people, and it is warm in the winter cold and cool in the summer heat.
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	<u>VENDOR SPACES AVAILABLE YET for our Annual ARTS & CRAFTS FAIR</u> at Recreation Park on Saturday, November 22, 2025 – Sign up with Pam before all spaces are taken and/or before the deadline – November 14, 2025.
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SENIOR CENTER ONGOING PROJECT	<u>BINGO BASH DONATIONS</u> Donation of new or gently used items for bingo bash are welcome.
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<u>BAKED GOODS for our November Arts & Craft Fair Senior Center Fundraiser</u>	
	Help us raise money for our senior center... Donations of baked goods would be greatly appreciated for the Kupper-Ratsch Senior Center's booth at our Annual Art & Craft Fair. DATE: Friday, November 21, 2025 TIME: Between 2:00pm & 5:00pm PLACE: Recreation Park at Recreation Building

<u>ART & CRAFT ITEMS for our November Arts & Craft Fair Senior Center Fundraiser</u>	
	Help us raise money for our senior center... Donations of ART and CRAFTS would be greatly appreciated for the Kupper-Ratsch Senior Center's booth at our Annual Art & Craft Fair. DATE: Friday, November 21, 2025 TIME: Between 2:00pm & 5:00pm PLACE: Recreation Park at Recreation building

DEPARTMENT OPERATIONS



KUPPER-RATSCH SENIOR CENTER ATTENDANCE

NOTES: Did Not Take Daily Attendance Before COVID. Senior Center closed due to COVID from March 17, 2020 to June 15, 2020 (3 months). Masks required thru June 2021. Meal Site closed due to COVID from March 17, 2020 to July 26, 2021 (1 1/3 years) Masks optional. They did do in-home meal deliveries & pick-up meals during closed meal site.

Month	#Usage	Vol.s	Days/Evenings Open	Month	#Usage	Vol.s	Days/Evenings Open
January				July			
2025	1,795+	202+	24-01 Sun.,14 Eve.& 01 Sat.	2025	1,974+	219+	24-01 Sun.,16 Eve.& 01 Sat.
2024	1,487+	206+	25-01 Sun.,04 Eve.& 01 Sat.	2024	1,620+	175+	20-01 Sun.,08 Eve.& 01 Sat.
2023	1,387+	187+	23-01 Sun.,04 Eve.& 01 Sat.	2023	1,741+	203+	24-03 Sun.,01 Eve.& 01 Sat.
2022	856+	93+	24-01 Sun.,01 Eve.& 02 Sat.	2022	1,215+	161+	21-01 Sun.,05 Eve.& 00 Sat.
2021	407	21+	20-00 Sun.,02 Eve.& 01 Sat.	2021	1,078+	71+	21-01 Sun.,05 Eve.& 01 Sat.
			Masks Required	<i>07-26-21</i>	<i>MealSite</i>	<i>Reopen</i>	Masks Optional
2020	---	---	25-01 Sun.,02 Eve.& 01 Sat.	2020	586+	69+	24-01 Sun.,02 Eve.& 01 Sat.
	Did not	take	attendance before COVID				Open with Precautions
February				August			
2025	1,688+	214+	24-02 Sun.,14 Eve.& 02 Sat.	2025	1,905+	205+	23-01 Sun.,02 Eve.& 01 Sat.
2024	1,847+	271+	27-04 Sun.,10 Eve.& 02 Sat.	2024	1,738+	190+	26-02 Sun.,09 Eve.& 02 Sat.
2023	1,626+	207+	21-01 Sun.,02 Eve.& 01 Sat.	2023	2,201+	239+	28-03 Sun.,02 Eve.& 02 Sat.
2022	1,039+	111+	19-00 Sun.,02 Eve.& 00 Sat.	2022	1,486+	202+	25-01 Sun.,04 Eve.& 01 Sat.
2021	383+	20+	20-00 Sun.,01 Eve.& 01 Sat.	2021	1,253+	139+	24-01 Sun.,04 Eve.& 01 Sat.
			Masks Required	2020	620+	74+	24-01 Sun.,02 Eve.& 02 Sat.
2020	---	---	22-01 Sun.,01 Eve.& 01 Sat.				Open with Precautions
	Did not	take	Attendance before COVID				
March				September			
2025	1,976+	208+	22-02 Sun.,11 Eve.& 01 Sat.	2025	2,002+	203+	23-01Sun., 08 Eve.& 01 Sat.
2024	1,902+	241+	25-02 Sun.,14 Eve.& 02 Sat.	2024	1,524+	166+	22-01 Sun.,05 Eve.& 01 Sat.
2023	2,349+	263+	26-01 Sun.,06 Eve.& 02 Sat.	2023	1,927+	208+	24-03 Sun.,06 Eve.& 01 Sat.
2022	1,390+	138+	24-01 Sun.,05 Eve.& 00 Sat.	2022	1,332+	170+	22-01 Sun.,06 Eve.& 01 Sat.
2021	617+	37+	23-00 Sun. 01 Eve.& 01 Sat.	2021	1,134+	112+	23-01 Sun.,08 Eve.& 01 Sat.
			Masks Required	2020	595+	59+	23-01 Sun.,03 Eve.& 01 Sat.
2020	---	---	16-00 Sun.,00 Eve.& 00 Sat.				Open with Precautions
			17 th Closed d/t COVID				
April				October			
2025	2,137+	231+	24-01 Sun.,14 Eve.& 01 Sat.	2025	+	+	xx-xx Sun., xx Eve.& xx Sat.
2024	1,872+	255+	26-03 Sun.,08 Eve.& 01 Sat.	2024	2,670+	270+	27-3 Sun,12-23 Eve.& 1 Sat.
2023	1,870+	232+	26-01 Sun.,06 Eve.& 02 Sat.	includes	Hallowe	enParty	<i>Start include LIFE in evening.</i>
2022	1,340+	138+	21½-1 Sun,09 Eve.& 00 Sat.	2023	2,370+	282+	26-03 Sun,11 Eve.& 01 Sat.
2021	689+	43+	21-00 Sun.,01 Eve.& 01 Sat.	2022	1,736+	244+	21- 1 Sun.,07 Eve.& 01 Sat.
			Masks Required	2021	1,410+	142+	24 -2 Sun.,08 Eve.& 01 Sat.
2020	---	---	00-00 Sun., 00 Eve.& 00 Sat.	2020	602+	71+	25 -1 Sun.,03 Eve.& 02 Sat.
			Closed d/t COVID				Open with Precautions
May				November			
2025	2,031+	225+	22-01 Sun.,07 Eve.& 01 Sat.	2025	+	+	xx-xx Sun., xx Eve.& xx Sat
2024	1,758+	246+	24-01 Sun.,03 Eve.& 01 Sat.	2024	1,785+	226+	24-03 Sun.,13 Eve.& 02 Sat.
2023	1,898+	247+	24-01 Sun.,04 Eve.& 01 Sat.	2023	1,862+	236+	25-03 Sun.,07 Eve.& 02 Sat.
2022	1,426+	128+	22-01 Sun.,07 Eve.& 00 Sat.	2022	1,322+	228+	21-01 Sun.,05 Eve.& 01 Sat.
2021	657+	37+	20-00 Sun.,03 Eve.& 01 Sat.	2021	1,101+	122+	20-01 sun.,05 Eve.& 01 Sat.
			Masks Required	2020	510+	76+	20-00 Sun.,01 Eve.& 01 Sat.
2020	---	---	00-00 Sun.,00 Eve.& 00 Sat.				Open with Precautions
			Closed d/t COVID				
June				December			
2025	1,902+	206+	22-01 Sun.,04 Eve.& 01 Sat.	2025	+	+	xx-xx Sun., xx Eve.& xx Sat.
2024	1,588+	212+	23-01 Sun.,04 Eve.& 02 Sat.	2024	1,574+	230+	21-00 Sun.,10 Eve.& 01 Sat.
2023	1,795+	224+	25-01 Sun.,01 Eve.& 02 Sat.	2023	1,644+	242+	21-01 Sun.,03 Eve.& 01 Sat.
2022	1,461+	162+	23-01 Sun.,06 Eve.& 00 Sat.	2022	1,230+	219+	21-00 Sun.,06 Eve.& 01 Sat.
2021	965+	44+	22-01 Sun.,06 Eve.& 01 Sat.	2021	1,006+	88+	22-01 Sun.,05 Eve.& 01 Sat.
			Masks Required	2020	452+	48+	22-00 Sun.,01 Eve.& 01 Sat.
2020	270+	26+	14-01 Sun.,02 Eve.& 00 Sat.				Open with Precautions
			15 th Reopen w/Precautions				
				TOTAL			
			Newsletter is done before end of month.	2025	+	+	
				2024	21,365+	2,688+	
				2023	22,670+	2,770+	
				2022	15,833+	1,994+	
				2021	10,700+	876+	
				2020	3,635+	423+	
							Jun15 thru December 31

NOTE: We do not always see/know how many people are in some evening &/or weekend activities or coming to the Traveling Office Hours, using the Giving Closet or the Library, or the Reading Table, Etc. We can tell, later, that these services have been used, but not by how many people. So, we use the + sign to denote that, above the numbers recorded, additional people have used our services.



DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET ... GOALS!	Listed are the City of Tomah's Senior & Disabled Services Department's categories for goals and the main long-range goal(s) for each category, as well as a monthly update in each category. Throughout the year, the Senior & Disabled Services Director has "mini"/short-term goals for each of the categories to help reach the main goals. As short-term goals are met and as new opportunities and information arise throughout the year, new "mini" goals are developed.
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DEPARTMENT OPERATIONS

01	RECREATION & LEISURE ACTIVITIES/GATHERING PLACE GOAL(S): To maintain & grow programs, services, & community events for the senior center.
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ACTIVITIES/ EVENTS	-Activities & events are listed in our monthly newsletter, on the big "daily" board in senior center, and on the 'Tomah Senior Center' Facebook page. -If you have suggestions or a particular interest you would like to see happen, please share it with Pam at the senior center or at pbuchda@tomahwi.gov or 608-374-7476.
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COFFEE TIME & VISITING

	DATE: Monday through Friday, except holidays TIME: 9:00am (coffee on pretty much all day) COST: Free (coffee & coffee cart donations accepted)	<i>Come and join us for coffee and visiting. Good People-Good Place</i>
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PUZZLE TABLE

 We accept donations of puzzles	We have a table with a community jigsaw puzzle being put together. Everyone is welcome to work on it. We have puzzles that can be borrowed and returned.	 We frame some of the puzzles and use them as a fundraiser.
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OUTDOOR 'Courtyard' AREA

	In the spring, summer & autumn, we have a green picnic table outside by the back door with a shade umbrella with it. People are welcome to sit outside & visit or play games.	 Thank you Frank G. Andres Charitable Trust for the grant.
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READING TABLE

	We have a "reading table" with articles, newspapers, and magazines. Newspapers stay here to read, and magazines may be taken home.	Please feel free to use the magnifier machine for reading that is on the reading table.
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"A book is a Dream that you hold in your hand." ~ Neil Gaiman

LIBRARY

	We have a nice, small library here. We loan books out free of charge. Just return the books when you are done, so someone else can read them. We accept donations of books.	"The more that you read, the more things you will know. The more you learn, the more places you'll go." ~Dr. Seuss
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iPADS & WiFi

We have iPads people can use here. 	We have WiFi here at the senior center. DAYS: When open. TIME: When open. PLACE: Kupper-Ratsch Senior Center COST: Free to use.	If you wish to learn how to use iPads, let Pam know and she will work on getting a volunteer lined up to help you learn.
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DEPARTMENT OPERATIONS
SENIOR & DISABLED
SERVICES DEPARTMENT
MONTHLY REPORT



**READY,
SET ...
GOALS!**

DEPARTMENT OPERATIONS

01 RECREATION & LEISURE ACTIVITIES/GATHERING PLACE, continued...

GAMES:

BINGO



DATE: Mondays, Thursdays & Fridays
TIME: 1:00pm (*set-up at 12:30*)
PLACE: Kupper-Ratsch Senior Center
COST: 50 cents a card
SPONSOR(S): People who are playing

VOLUNTEER CALLERS:
 June Abbott, Mary Boettcher,
 Dan Burton; Becky Fitzpatrick,
 Richard Gegenfurtner, Marvin
 Henricks, & Siegrun Horst.

BINGO BASH



DATE: 2nd Monday
TIME: 1:00pm (*set-up at 12:30*)
PLACE: Kupper-Ratsch Senior Center
COST: Free (play 1 card)

SPONSOR(S): People who
 donated items.
VOLUNTEERS: Same
 as regular bingo

BRIDGE



DATE: 2nd Tuesday
TIME: 1:00pm
PLACE: Kupper-Ratsch Senior Center
COST: FREE

VOLUNTEER(S):
 People from the group

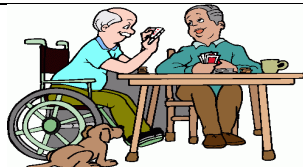
EUCHRE



DATE: Tuesdays
TIME: 1:00pm (*set-up at 12:30*)
PLACE: Kupper-Ratsch Senior Center
COST: \$2
 (10 cents a bump, & 25 cents bump if go alone & don't win)

SPONSOR(S): People who
 are playing.
VOLUNTEERS:
 People from the group

GAMES OF CHOICE



DATE: Tuesdays
TIME: 12:15pm
PLACE: Kupper-Ratsch Senior Center
COST: FREE
VOLUNTEERS: People from the group

Group chooses games,
 could be... Phase 10,
 Checkers, Uno, Dominos,
 Scrabble, Sequence, Skip
 Bo, Wizard, Yahtzee, Etc.

PFEIFFER



DATE: Tuesdays
TIME: 12:00 to 12:20 (*before Euchre starts*)
PLACE: Kupper-Ratsch Senior Center
COST: FREE

VOLUNTEERS:
 People from the group

PINOCHLE



DATE: Wednesdays
TIME: 12:30pm
PLACE: Kupper-Ratsch Senior Center
COST: FREE

VOLUNTEERS:
 People from the group



DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT


**READY,
SET ...
GOALS!**

01 RECREATION & LEISURE ACTIVITIES/GATHERING PLACE, continued

MEN'S SHED CLUB

What do men need to be active, engaged, sharing skills, having fun, and making contributions?
What opportunities would you like to see in your community?



DATE: 4th Tuesday – October 28, 2025
TIME: 12:30-1:15 Free Lunch
RSVP to reserve lunch by 15th.
RSVP: ADRC-La Crosse County **608-785-5700**
TIME: 1:30pm–2:30 Program
PLACE: Kupper-Ratsch Senior Center
TOPIC & SPEAKER(S):

SPONSORS:
 ADRC-Monroe County
608-269-8690
 VA Caregiver Support/
 Veteran Community
 Partnerships
 608-372-3971 x66279
**QUESTIONS?/NEED
TRANSPORTATION?**
 Kristine at 608-386-0922 or
 kmeyer@lacrossecounty.org

CREATIVE GROUPS

BASKET WEAVING CLASS

Limit of 16 to a class.



gg82070917 GoGraph.com

DATE: 3rd Monday, **October 20, 2025.**
TIME: 10:30am to 3:30pm
PLACE: Kupper-Ratsch Senior Center
COST: For supplies \$18. – bread basket
*Cost for supplies will vary from class to class
depending on the basket style being done.*
VOLUNTEER INSTRUCTOR: Rose Berry
 See newsletter 'photo insert' for picture of basket(s)
 being done this month.

**SIGN-UP: To Sign-up, & to
cancel,** contact staff in person
at senior center or at
pbuchda@tomahwi.gov
or 608-374-7476.
If **cancelling after 4:30pm
on Friday or the weekend
before** Basketing Weaving
Class on Monday, contact
Rose 608-374-2120 so she does
not prepare supplies for you.

Our volunteer instructor purchases the basket supplies and on the weekend before Monday class, cuts the supplies for the baskets being made. If someone that is signed up for class does not show up for class, the instructor is out that money for those supplies. Volunteering her time to you for the Basket Weaving Class should not cost her.

NEW POLICY: If you are signed up and did not cancel ahead of time and did not attend the class... **YOU ARE RESPONSIBLE TO PAY FOR THE BASKET SUPPLIES for that missed class.** You will not be able to take another Basket Class until your supplies are paid for. Please pay the senior center director the amount owed.

QUILTING GROUP



**People who sew & quilt
are welcome.**

DATE: 1st & 3rd Wednesdays
TIME: 10:30am to 3:30pm
*Bring your own lunch or sign up ahead of time for the
county's nutrition site meal.*
PLACE: Kupper-Ratsch Senior Center
COST: Free. Bring your sewing machine &
projects, enjoy fellowship and exchange of ideas.



**People who crochet.
embroider & knit are also
welcome.**

SEWING DIVAS QUILTING GROUP



**People who sew & quilt
are welcome.**

DATE: 2nd & 4th Wednesdays
TIME: 10:30am to 3:30pm
*Bring your own lunch or sign up ahead of time for the
county's nutrition site meal.*
PLACE: Kupper-Ratsch Senior Center
COST: Free. Bring your sewing machine &
projects, enjoy fellowship and exchange of ideas.



**People who crochet.
embroider, knit paint, etc.,
are also welcome.**

	DEPARTMENT OPERATIONS SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET... GOALS!
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01 RECREATION & LEISURE ACTIVITIES/GATHERING PLACE, continued

GROUP MEETINGS:

TOMAH'S GREAT HOLIDAY SHOPPING HUNT (TGHSH)

	DATE: 1 st Tuesday Planning meetings (January, March, May, July, Sept., Nov.) TIME: 4:30pm PLACE: Kupper-Ratsch Senior Center CONTACT: Pam Buchda 608-374-7476 pbuchda@tomahwi.gov	
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SPECIAL NEEDS ADVISORY GROUP

MISSION STATEMENT: To provide an opportunity for the special needs community to have a fun time together/ social opportunities, and their caregivers' opportunities for support, education, and networking.

	DATE: 1 st Tuesday Planning meetings (January, March, May, July, Sept., Nov.) TIME: 5:30pm PLACE: Kupper-Ratsch Senior Center	CONTACT: Pam Buchda 608-374-7476 pbuchda@tomahwi.gov
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TOMAH PUBLIC HOUSING AUTHORITY

	DATE: 2 nd Wednesday TIME: 5:30pm PLACE: Kupper-Ratsch Senior Center CONTACT: Housing Director 608-374-7455	Office: 107 E. Milwaukee St. Tomah, WI. 54660
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AM VETS

Murphy Post 2180 	DATE: 3 rd Saturday TIME: 4:30pm PLACE: Kupper-Ratsch Senior Center VOLUNTEERS: People from the group CONTACT: amvets2180@gmail.com	-Don Vander Molen, VAVS Representative: 262-391-9505 -Glenn Gallagher, Deputy Representative: 608-344-1679
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AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

	DATE: 4 th Tuesday, except Dec. & March <i>Does not meet in June-July-August.</i> TIME: 5:30pm to 8:00pm PLACE: Kupper-Ratsch Senior Center CONTACT: Pam Buchda, President 608-374-7476 pbuchda@tomahwi.gov	AAUWTomah@gmail.com BOARD MEETINGS: DATE: 4 th Tuesday TIME: 4:30pm-5:30pm PLACE: Senior Center
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TOMAH CONCERT ASSOCIATION

	DATE: As scheduled TIME: As scheduled PLACE: Kupper-Ratsch Senior Center or Tomah High School Band room	CONTACT: Audrey 608-372-0859 Or Bonnie 608-823-7133
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DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT


**READY,
SET...
GOALS!**

01 RECREATION & LEISURE ACTIVITIES/GATHERING PLACE, continued

MUSIC PROGRAMS:



Do you know of any **musicians**? Would you recommend them?
If so, please share with me their names & contact information.
I will investigate booking them here. Thanks, from Pam.

LIVE MUSIC AT THE SENIOR CENTER

COST: Free


*"Classic & current
country and
good old-fashioned sing-
a-longs"*

BLAINE MEYER & GARY FELBER

DATE: Friday, October 05, 2025

TIME: 10:15am to 11:15am

PLACE: Kupper-Ratsch Senior Center

SPONSORS: Volunteers their Time & Talents


SCOTT WILCOX

DATE: Friday, October 10, 2025

TIME: 10:15am to 11:15am

PLACE: Kupper-Ratsch Senior Center

SPONSORS: Bonnie Owen

COST: Free


*"Local Singer/
Songwriter"*

COST: Free


*"Swing, big band,
western, early rock &
roll, polka and waltz
styles"*

SINGIN 'N' SWINGIN BAND

DATE: Friday, October 17, 2025

TIME: 10:15am to 11:15am

PLACE: Kupper-Ratsch Senior Center

SPONSORS: Culvers 6-10-2025 Tip Nite


SKIP JONES & GARY FELBER

DATE: Friday, October 24, 2025

TIME: 10:15am to 11:15am

PLACE: Kupper-Ratsch Senior Center

SPONSORS: Culvers 6-10-2025 Tip Nite

COST: Free


*"Folksinger/Storyteller/
Songwriter" &
"Local Harmonica
musician"*

COST: Free


*"A little bit of
everything..."*

KATE MC CLAIN ROBERTS

DATE: Friday, October 31, 2025

TIME: 10:15am to 11:15am

PLACE: Kupper-Ratsch Senior Center

SPONSORS: First United Methodist Church
& The Prochaska Family


LOOKING AHEAD...

MICHAEL SLATER

DATE: Friday, November 07, 2025

TIME: 10:15am to 11:15am

PLACE: Kupper-Ratsch Senior Center

SPONSORS: Volunteers his time & talents

COST: Free


*"Local Pianist with
music to sit back, relax
and enjoy"*



	DEPARTMENT OPERATIONS SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET ... GOALS!
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DEPARTMENT OPERATIONS

01 RECREATION & LEISURE ACTIVITIES/GATHERING PLACE, continued
**SENIOR & DISABLED SERVICES DEPT.
POSSIBLE PROGRAMS**
**DO YOU HAVE AN INTEREST
& WOULD LIKE TO SEE A GROUP STARTED**

This is your Senior Center... What would you like? We are open to ideas & interests. If you have **suggestions or a particular interest** you would like to see happen, please share it with Pam at the senior center or at pbuchda@tomahwi.gov or 608-374-7476. Clip Boards for sign-up of these activities listed on this page are in Pam's office.

CANASTA



DATE: Wednesdays
TIME: 1:00pm
PLACE: Kupper-Ratsch Senior Center

COST: Free
VOLUNTEERS:
 People from the group

CHESS



DATE: Wednesdays
TIME: 1:00pm
PLACE: Kupper-Ratsch Senior Center

COST: FREE
VOLUNTEERS:
 People from the group

CRAFTS



DATE: Thursdays or Fridays
TIME: 1:00pm or 1:45pm or ?
PLACE: Kupper Ratsch Senior Center
COST: Free, but you provide your own supplies
VOLUNTEER FACILITATOR: ?



CRIBBAGE



DATE: Wednesdays
TIME: 1:00pm
PLACE: Kupper-Ratsch Senior Center

COST: Free
VOLUNTEERS:
 People from the group

HAND & FOOT



DATE: Wednesdays
TIME: 1:00pm
PLACE: Kupper-Ratsch Senior Center

COST: FREE
VOLUNTEERS:
 People from the group

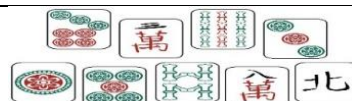
KNITTING/CROCHETING



DATE: Wednesdays or Fridays
TIME: 1:00pm or 1:45pm or ?
PLACE: Kupper Ratsch Senior Center
COST: Free, but you provide your own supplies

**VOLUNTEER
INSTRUCTOR(S): ?**

MAHJONG



DATE: Wednesdays
TIME: 1:00pm
PLACE: Kupper-Ratsch Senior Center

COST: FREE
VOLUNTEERS:
 People from the group



DEPARTMENT OPERATIONS



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT


**READY,
SET ...
GOALS!**
01 RECREATION & LEISURE ACTIVITIES/GATHERING PLACE, continued
**SENIOR & DISABLED SERVICES DEPT.
POSSIBLE PROGRAMS**
**DO YOU HAVE AN INTEREST
& WOULD LIKE TO SEE A GROUP STARTED**

STAMP CRAFT



DATE: Wednesdays or Fridays
TIME: 1:00pm or 1:45pm or ?
PLACE: Kupper Ratsch Senior Center
COST: Free, but you provide your own supplies

We have a lot of
stamps to use.
**VOLUNTEER
FACILITATOR: ?**

TATTING GROUP



DATE: Wednesdays or Fridays
TIME: 1:00pm or 1:45pm or ?
PLACE: Kupper Ratsch Senior Center
COST: Free, but you provide your own supplies

**VOLUNTEER
INSTRUCTOR: ?**



AFTERNOON EXERCISE GROUP

DATE: Tuesday, Thursday, and Friday.
TIME: 11am to 12noon **COST:** Free
PLACE: Kupper Ratsch Senior Center
 Please let Pam at the senior center know if you are
interested.





DEPARTMENT OPERATIONS



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



**READY,
SET...
GOALS!**

02 EDUCATIONAL & HEALTH PROGRAMS

GOAL(S):

To maintain and grow programs/guest speakers at the Senior Center on educational, health, and assistance programs/services.

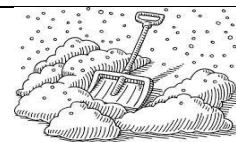


COMMUNITY RESOURCE CONTACT INFORMATION BOOKLETS

See Pam for the booklet and/or information in booklet.

Please share info you have with us...

If you know of "handyman", or people who do lawn care, snow removal, and/or personal care, house cleaning, etc., please share with Pam their names & contact information. We will add them to the Resource Contacts Information Booklet.



EDUCATIONAL PROGRAMS:

iPADS & WiFi

We have iPads people can use here.



We have **WiFi** here at the senior center.

DAYS: When open.

TIME: When open.

PLACE: Kupper-Ratsch Senior Center

COST: Free

If you wish to learn how to use iPads, let Pam know and she will get a volunteer lined up to help you learn.

EDUCATIONAL PROGRAMS:

AMERICAN SIGN LANGUAGE (ASL) STUDY GROUP



DATE: Thursdays

TIME: 10:15am – 11:15am

COST: Free

PLACE: Kupper-Ratsch Senior Center

VOLUNTEER FACILITATOR: John Berry

This is for beginners, as well as those who know ASL and want to keep up their skills.

SUPPORT PROGRAMS:

NUTRITION HEALTH SUPPORT GROUP



DAYS: Mondays

TIME: 10:05am

PLACE: Kupper-Ratsch Senior Center

COST: Free

Often when we try to lose weight and/or to eat healthy, we need someone to be accountable to – that's what this group is to assist with.

VETS CAREGIVER SUPPORT GROUP



DATE: Second & Fourth Mondays

TIME: 1:00pm – 2:30pm

PLACE: Kupper-Ratsch Senior Center

COST: Free

SPONSOR(S): VA Medical Center

CONTACT:

Barbara Iwanowicz

Barbara.Iwanowicz

@va.gov

or 608-372-3971 x64441



DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT

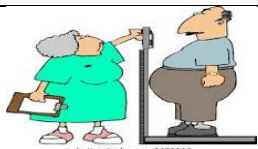

**READY,
SET
GOALS!**

02 EDUCATIONAL & HEALTH PROGRAMS, continued...

'Every accomplishment starts with a decision to try.' ~ Unknown

EXERCISE / HEALTH PROGRAMS:

WEIGH-IN



DAYS: Mondays thru Fridays
TIME: 8:30am to 4:30pm (*just come in, or call Pam & set up a day & time*)
PLACE: Kupper-Ratsch Senior Center
COST: Free

Often when we try to lose weight, we need someone to be accountable to.
 Pam is willing to be your person to weigh you weekly at the senior center.

WELLNESS EXERCISE



DATE: Mondays, Wednesdays, & Fridays
TIME: 9:00am to 10:00am
PLACE: Kupper-Ratsch Senior Center
COST: Free
VOLUNTEER FACILITATOR(S):
 Sandi Bloom & people in group

We have cardio-drumming equipment, weights, balls, stretch bands, & steps to use.



LINE DANCING



DATE: Tuesdays & Thursdays
TIME: 9:00am to 10:00am
PLACE: Kupper-Ratsch Senior Center
COST: Free
VOLUNTEER FACILITATOR:
 Siegrun Horst & people in group

BEGINNER LINE DANCE

DATE: Mondays
TIME: 9:00am-10:00am
COST: Free
PLACE: Senior Center

CHAIR YOGA

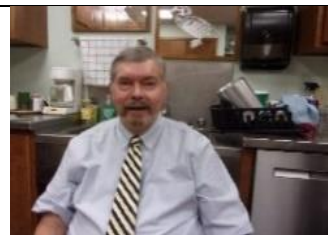


DATE: Tuesdays & Thursdays
TIME: 9:00am to 10:00am
PLACE: Kupper-Ratsch Senior Center
COST: Free
VOLUNTEERS: Trudi B. & Enid M. & People in group



VISITING OFFICE HOURS - Please stop by & say hi when you see us at the senior center during our "office hours" there.

BETTER HEARING TRAVELING OFFICE HOURS



DATE: 3rd WEDNESDAY
TIME: 9am-1:30am & 2pm-3:30pm
 &/or make an appointment
PLACE: Kupper-Ratsch Senior Center
COST: Set by/with Better Hearing
CONTACT: Tom Vierling at 608-781-6881 or 1-800-526-3298





DEPARTMENT OPERATIONS



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



**READY,
SET...
GOALS!**

02 EDUCATIONAL & HEALTH PROGRAMS, continued...

VISITING OFFICE HOURS - Please stop by & say hi when you see us at the senior center during our "office hours" there.

COFFEE TIME &/or MEMORY SCREENING WITH ADRC DEMENTIA CARE SPECIALIST-TRAVELING OFFICE HOURS



DATE: 2nd Thursday
TIME: 11:00am-1:00pm
PLACE: Kupper-Ratsch Senior Center
COST: FREE visit during these visiting office hours
CONTACT: Emily Reitz 608-387-9250
 emily.reitz@co.monroe.wi.us



My role is to provide education and information on what dementia is and what it looks like.

COFFEE TIME WITH IGCC, LLC Speech-Language Pathologist TRAVELING OFFICE HOURS

Inter-Generational Communication Consultant

Verbal expression,
comprehension,
speech fluency,
precise/accurate
articulation,
reading skills.

DATE: 2nd Thursday
TIME: 11:00am-1:00pm
PLACE: Kupper-Ratsch Senior Center
COST: FREE visit during these visiting office hours
 For hourly or monthly rates for sessions
 & scheduling, call or text 406-560-1610
CONTACT: Kim Stavlo, MS, CCC, SLP (Speech-
 Language Pathologist) Text 406-560-1610

After school and early
evening 50-minute
sessions are available.
Attendance of target
student plus one
consistent and reliable
family/grandparent/
friend required every
session.

My role is to provide education and information on what speech language pathology is and what/how it can help.

COFFEE TIME WITH ST. CROIX HOSPICE Care Transition Coordinator- TRAVELING OFFICE HOURS



DATE: 3rd Thursday
TIME: 11:00am-1:00pm
PLACE: Kupper-Ratsch Senior Center
COST: FREE visit during these visiting office hours
CONTACT: Janessa Peterson
 608-461-8093 jpeterson@stcroixhospice.com



My role is to provide education and information on what hospice and palliative care is and what it looks like.

COFFEE TIME WITH Tomah Health HOSPICE & PALLIATIVE CARE TRAVELING OFFICE HOURS



Bruce & Shane

DATE: 4th Thursday
TIME: 11:00am-1:00pm
COST: FREE visit during these visiting office hours
PLACE: Kupper-Ratsch Senior Center
CONTACT: 608-374-0250
 SWilliams@tomahhealth.org



My role is to provide education and information on what hospice and palliative care is and what it looks like.



DEPARTMENT OPERATIONS



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



**READY,
SET...
GOALS!**

03

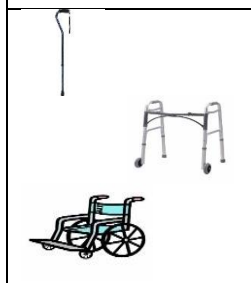
DISABLED/SPECIAL NEEDS SERVICES

GOAL(S):

- A. MEDICAL EQUIPMENT NEEDS: To continue the Loan Closet free service.
- B. GENERAL NEEDS: To continue Giving Closet free service.
- C. SPECIAL NEEDS: To maintain and grow services for special needs population and their caregivers.
- D. DEMENTIA NEEDS: To continue to be involved in the Healthy Brain Coalition of Monroe County.

LOAN CLOSET

Keeping it clean and organized is a major feat in-of-itself.



The senior center *(depending on donations of items)* has medical equipment we loan out free. What we have changes pretty much daily with in-going and out-going equipment.

Take care of the items while you use them. Clean them and return items when you are done with them so others may use them.

We accept donations of medical equipment, so we have them for people to borrow.



LOAN CLOSET USAGE

XX Days of XX Open Days Loan Closet Used & () Ins/Outs Per Month

Jan.: 19 of 24 days (44)	Apr.: 20 of 24 days (56)	July: 20 of 24 days (51)	Oct.: xx of xx days ()
Feb.: 19 of 24 days (44)	May: 20 of 22 days (68)	Aug.: 21 of 23 days (58)	Nov.: xx of xx days ()
Mar.: 19 of 22 days (65)	Jun.: 21 of 22 days (55)	Sept.: 21 of 23 days (61)	Dec.: xx of xx days ()

GIVING CLOSET

Keeping it clean and organized is a major feat in-of-itself.



The senior center *(depending on donations of items)* has items we give away free of charge.

Items may include incontinent products, miscellaneous personal care items *(diabetes care, gauze, etc.)* and some clothing.

We accept donations for the Giving Closet *(no needles or prescription items)*.

LIONS CLUB EYEGGLASS & HEARING AID PROGRAM



The Lions Club of Tomah has a bucket, *by the front door under the newsletter magazine wall rack next to the Vet's photo board*, at the senior center for people to donate old eyeglasses and hearing aids.

At the senior center, we have a basket with donated hearing aid batteries free to take.



READING MAGNIFIER FOR VISUALLY IMPAIRED

HELP WITH READING

The magnifier machine for reading is set up for use on the reading table

You are invited to come in and use it.



DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES
DEPARTMENT MONTHLY REPORT

**READY,
SET...
GOALS!**
03 DISABLED/SPECIAL NEEDS SERVICES, continued...
SPECIAL NEEDS ADVISORY GROUP


Committee formed in last quarter of 2018.

 Shall consist of people with a passion for serving our community's special needs population.
 Terms shall be as long as able and willing to serve. *They Volunteer their time for us.*
DATE: Meets 1st Tuesday every other month (Jan.-Mar.-May-July-Sept.-Nov.)
TIME: 5:30pm**PLACE:** Kupper-Ratsch Senior Center.
MISSION STATEMENT: *To provide an opportunity for the special needs community to have a fun time together/ social opportunities, and their caregivers' opportunities for support, education, and networking.*
ALWAYS LOOKING FOR PEOPLE INTERESTED IN OUR MISSION TO JOIN US.
CURRENT ACTIVE MEMBERS

Patty Ambort, Parent/Caregiver

Ashley Gerke, Handishop Industries Program Manager, CHAIRPERSON.

Lauri Shumway, Parent/Caregiver, SECRETARY

Stephanie Squires, Handishop Industries Director of Programming. VICE-CHAIR.

Renee Stroh, Parent/Caregiver/Retired Educator.

SPECIAL NEEDS OPEN GYM

Limit of 12 people taking the class.

**DATE:** FRIDAYS**TIME:** 10:30am-11:30pm**PLACE:** Kupper Ratsch Senior Center**FACILITATOR:** Volunteers & Parents/Caregivers**SIGN UP FOR EACH CLASS:** Contact Pam at 608-374-7475

or pbuchda@tomahwi.gov or stop by the senior

center.

COST: FREE

Special needs exercise class.


PROM DRESSES FOR SPECIAL NEEDS PROM

 Will take donations of prom dresses.
 The organization and care of dresses is ongoing.
 (Found a home at the senior center in 2021).

 Will loan out prom dresses
 for regular prom also.

L.I.F.E. After School & L.I.F.E. In Summer
School: 3:30 on Mondays, Tuesdays. & Thursdays (Sept thru May) at the Senior Center.

Summer: 3:00 on Tuesdays, Wednesdays & Thursdays (June & July).
**DATE:** See above.**TIME:** See above**PLACE:** Kupper-Ratsch Senior Center**SPONSOR(S):** A partnership with Goodwill.
 High school age students with special needs
 learn basic living skills such as interacting
 with others, community involvement,
 recreation, shopping, cooking, cleaning,
 volunteer, etc. *Started here 11-29-2021*

SUNDAY-FUNDAY

Meets 1x monthly for special needs people & their parents/guardians.

DATE: Sunday, October 19, 2025**TIME:** 1:00 to 3:00pm**PLACE:** Kupper-Ratsch Senior Center**COST:** FREE**PURPOSE:** *Special needs persons for socialization and fun...*
ACTIVITY: Enjoying time with others... Bingo & Pumpkin Art
 and

PURPOSE: *Parents/Caregivers are invited to join us in visiting, support,
 networking, education, sharing ideas, experiences, and resources.*
TOPICS: Enjoying time with others...sharing experiences & resources.

NOTE: MUST RSVP TO PAM at Senior Center **by Thursday before event** - 608-374-7476 or pbuchda@tomahwi.gov

2025 DATES:

January 19	July 20 1-4
February 16	Aug. 17 1-3
March 16	Sept. 14 1-3
April 13	Oct. 19 1-3
May 18 1-3	Nov. 09 1-3
June 22 1-3	Dec.---

*September thru December dates
 to be determined after Packer
 schedule is out.*

	DEPARTMENT OPERATIONS SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET... GOALS!
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04 VOLUNTEER PROGRAM

GOAL(S):

To maintain and build the volunteer program according to the needs of the department.

Volunteerism is one of the most selfless acts that we can become involved in!!!

Service Organizations and Nonprofits in the Tomah area (includes the senior center) and around the world need more volunteers to carry out their missions and make the biggest difference possible.

	VOLUNTEER OPPORTUNITIES If interested in below opportunities, CONTACT Pam 608-374-7476 or pbuchda@tomahwi.gov You are needed	
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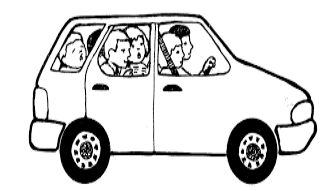
BINGO VOLUNTEERS WANTED in Volunteer Caller Rotation

	DATE: Mondays, Thursdays and/or Fridays TIME: 12:30 set-up / 1:00 Bingo PLACE: Kupper-Ratsch Senior Center	Bingo Callers will teach you how we do bingo at the senior center.
---	--	--

CRAFT GROUP Volunteer FACILITATOR

VOLUNTEER FACILITATOR: ?	DATE: ? TIME: mornings or afternoons ? PLACE: Kupper-Ratsch Senior Center	COST: Free, however you provide your own supplies &/or reimburse volunteer facilitator for supplies.
--	---	--

DRIVERS "Good Neighbor" to Volunteer

	If you are driving yourself to the senior center for a group & would like to help others... There are some people wanting to come to the same groups as you do here at the senior center, but they need rides. If you are so inclined to be a "good neighbor" volunteer driver, check with Pam and/or Paulette on who might need a ride.
---	---

GROUP TRIP VOLUNTEER COORDINATOR

	Looking for a volunteer to be our Group Trip Coordinator. Please see Pam if you are interested.	
---	--	---

NEWSLETTER FOLDING VOLUNTEERS

	DATE: Last Wednesday, Thursday &/or Friday of month. TIME: Open hours – 8:30am to 4:30pm PLACE: Kupper-Ratsch Senior Center	CONTACT Staff at senior center
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KNITTING &/or CROCHET GROUP Volunteer Instructor

	DATE: ? TIME: mornings or afternoons ? PLACE: Kupper-Ratsch Senior Center	COST: Free, however you provide your own supplies
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"Kindness is the chain by which society is bound together."

~ Johann Wolfgang Von Goethe, German author/scientist/philosopher

	DEPARTMENT OPERATIONS SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET ... GOALS!
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04 VOLUNTEER PROGRAM, continued...

	VOLUNTEER OPPORTUNITIES You are needed	
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"To be of use in this world is the only way to be happy."

~Hans Christian Anderson, Danish writer/artist

SPECIAL NEEDS OPEN GYM VOLUNTEERS WANTED

We are looking for volunteers to assist clients with special needs to participate in Fitness 4 All.

	DATE: FRIDAYS TIME: 10:45am to 11:45am PLACE: Kupper-Ratsch Senior Center	
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TATTING GROUP Volunteer Instructor

	DATE: ? TIME: mornings or afternoons ? PLACE: Kupper-Ratsch Senior Center	COST: Free, however, you provide your own supplies
---	---	--

T-CHAI and/or MEDITATION VOLUNTEER(S) INSTRUCTORS WANTED

	We are looking for volunteer instructor(s) for Meditation and/or T-Chai. CONTACT: Pam 608-374-7476 or pbuchda@tomahwi.gov
--	---

Tomah Area Community HALLOWEEN PARTY

DATE: Friday, October 31, 2025

TIME: Event: 4:30pm to 6:30pm **Volunteers: 1:00pm to 7:00pm**

PLACE: Exhibit Building at Recreation Park

CONTACT: Pam 608-374-7476 or pbuchda@tomahwi.gov



ART & CRAFT FAIR FUNDRAISER

DATE: Saturday, November 22, 2025 (Set-up: Friday, Nov. 21)

TIME: Event: 9:00am to 3:30am **Volunteers: 8:30am to 4:30pm**

PLACE: Recreation Building at Recreation Park

Set-up: Friday, Nov. 21 --- Volunteers: 12:30pm to 4:30/5pm

OTHER VOLUNTEER NEEDS:

Making **craft items** before event to donate.

Making **baked goods/treats** for event.

CONTACT: Pam 608-374-7476 or pbuchda@tomahwi.gov



CONTACT Pam at
608-374-7476 or
pbuchda@tomahwi.gov

FACILITATE A NEW GROUP OF INTEREST

WHAT INTEREST: ???

DATE: ???

TIME: ???

PLACE: Kupper Ratsch Senior Center

"One of the things I keep learning is that the secret to being happy is doing things for other people."

~Dick Gregory

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DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



**READY,
SET ...
GOALS!**

04 VOLUNTEER PROGRAM, continued...



VOLUNTEER OPPORTUNITIES

You are needed



-Volunteerism at the senior center continues to be an integral part of our life here.

We are grateful to all our volunteers. Volunteers are very much needed and appreciated!

-When volunteering, please sign in/out in the Volunteer Book on table by Vet's Photo Board.

-Volunteers to assist with daily/monthly activities and at special events and fundraisers.

-Some volunteer opportunities are listed in the newsletter.



VOLUNTEERS since last newsletter *(was put together):*

June Abbott; John & Rose & Libby Berry; Karen Birkeness; Pat Block; Duane & Paulette Bolton; Liz Brown; Pam Buchda; John Dostal; Becky Sue Fitzpatrick; Sue Gottbeheat; Monica Haun, Carol Myers; Gary Moe; Leta Nofsinger; Marvin Parker; Nancy Phillips; Anna Mae Rudolph; Cathy Scherreiks; Stephen & Lauri Shumway.
BINGO CALLERS: June Abbott; Mary Boettcher; Dan Burton; Richard Gegenfurtner; Marvin Henricks.

GROUP FACILITATORS: John & Rose Berry; Sandi Bloom; Trudi Brohmer; Siegrun Horst; Doris Kelley; Enid Mistele; Sue O'Neil; Al Pasch; Lauri Shumway.

MUSIC VOLUNTEERS: Gary Felber; Blaine Hackett; Blaine Meyer; Michael Slater.

SUNDAY-FUNDAY VOLUNTEERS: Patty Ambort; Rose Berry; Liz Brown; Ashley Gerke; Lauri Shumway; Stephanie Squires; & Renee Stroh.

SENIOR & DISABLED BOARD: Sandi Bloom; Sue Greeno; Jenna Moser; Evelyn Noyes; Lauri Shumway; Shawn Zabinski; Mayor Paul Dwyer.

SPECIAL NEEDS ADVISORY GROUP: Patty Ambort; Liz Brown; Ashley Gerke; Lauri Shumway; Stephanie Squires; Renee Stroh.

L.I.F.E. Program=SENIOR CENTER VOLUNTEERS: Staff: Karen Olson; Joey Davis; Peggy Meiners; Jill Montgomery; Pat Reis; and students.

**THANK YOU SO VERY MUCH FOR YOUR DONATIONS OF YOU TIME & SERVICES.
YOU MAKE A DIFFERENCE! YOU ARE APPRECIATED!**

NOTE: If I have misspelled anyone's name, or missed someone on the list, I am so sorry. Please let me know.

~Pam Buchda, Senior & Disabled Services Director



"Remember that the happiest people are not those getting more, but those giving more."

~H. Jackson Brown Jr

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DEPARTMENT OPERATIONS

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



READY, SET ... GOALS!

05 COMMUNITY INVOLVEMENT/PUBLIC RELATIONS

GOAL(S):

- A. To continue to work on raising community awareness of the city's Senior & Disabled Services Department and the Kupper-Ratsch Senior Center.
- B. To continue to build/maintain community partnerships.

PUBLIC RELATIONS

- Ongoing: Give tours, explain programs, hand out newsletters, listen and visit.
- Ongoing: Many requests for assistance with finding/contacting resources for various needs.
- Ongoing: Work on communication tool - monthly Senior & Disabled Services Dept. Newsletter.

In 2024, a volunteer started delivering 50 newsletters to churches, clinics, hair salons, hotels and businesses. Currently it is up to 65-75 newsletters. We have seen an increase in awareness in the community of the senior center. We have also seen an increase of people coming in to check the senior center out. The newsletter is our main PR tool. We have been disbursing paper copies. In 2025 we started a transition to email/online distribution.
- Ongoing: Work on communication tool - information on Facebook-Tomah Senior Center/City.
- Ongoing: Work on communication tool - information on City of Tomah's website.
- Ongoing: Work on communication with Tomah Chamber of Commerce.

One of the things I am liking about the email version of the newsletters – we can add more information for you without increasing printing and paper costs. That means we could put the policies and procedures back in for information at your fingertips each month.

NEWSLETTERS AVAILABLE



- 1) Due to budget constraints, we do not print a newsletter anymore. The printing costs are too high. However, **if you would like one by email**, we can do that **every month**. You just need to **send an email with your request and contact information – to pbuchda@tomahwi.gov**
- 2) The goal is to have the calendars available by the last Thursday or Friday of the month for the next month.
- 3) If you have something you would like to put in the next newsletter, please submit, in writing or e-mail to pbuchda@tomahwi.gov by the 15th of this month for future newsletter(s).

COMMUNITY INVOLVEMENT

- Ongoing: Maintain existing and building new relationships, contacts, involvements and partnerships with community organizations and businesses.
- Yearly: Senior Center involvement in community events such as Freeze Fest.
- Yearly: We have a senior center booth at the Healthy Aging Expo in Tomah.
- Yearly: Organizing the free Tomah Area Annual Community Halloween Party (1990).
- Ongoing: Director is a member of Rotary Club of Tomah (1990).
- Ongoing: Director is serving on Tomah Health Hospice Touch & Palliative Care Advisory Board (2016or17)
- Ongoing: Director is a member of Lioness & then Lions Club of Tomah (2016).
- Ongoing: Director is an individual member of the Chamber of Commerce (2020).
- Ongoing: Director is a member of American Association of University Women [AAUW] (2021).
 Serving as 2024-2026 Tomah Branch President and served on 2025 AAUW State Convention Committee.
- Ongoing: Director is serving on Neighbor For Neighbor Food Pantry Board (March 2022).
- Ongoing: Director is serving on Noah's Ark Christian Learning Center Community Leadership Team (August 2022).
- Ongoing: Director is serving on TAMS (Montessori School) Governance Board (May 2023).
- Ongoing: Director is serving on Tomah Concert Association Board (March 2024).
- 08-27-2025: Guest Speaker at Lions Club on Kupper-Ratsch Senior Center and its services.

DEPARTMENT BUDGET & FINANCE

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



**READY,
SET ...
GOALS!**

06 BUILDINGS/MAINTENANCE

GOAL(S):

- A. To maintain the building in good working order and a safe environment, and update, as needed, for safety and for changing/expanding needs.
- B. To manage the senior center rental buildings/spaces (which help fund senior center budget).
- C. To entertain possibilities and work with the Senior Executive Team and City Council toward the future plans of the second floor of the senior center buildings.

- Ongoing: Continue to work to make the senior center feel “homey”, with an **inviting, friendly & comfortable atmosphere**, including seasonal decorating & keeping the place clean.
- Ongoing: Maintenance Projects/Repairs. Seems there is always something that needs doing. Thank You Scott Donovan, City Maintenance.

HISTORY:

The planning and work for the city department – Senior & Disabled Services (*which included the senior center*) was the brainchild of Mayor Ed Thompson and planning was started in 1999. In 1999 the senior center program was started in the basement of city hall.

The buildings for the senior center (*107 Milwaukee Street with 109 Milwaukee St. second floor apartment, 1000/1002/1004 (not second floor) Superior Ave.*) were purchased in 2002 (*from Mr. Carmichael & Mr. Holmes*) after the city received a gift of money for the senior center from the Kupper-Ratsch family.

At 8/23/2022 City Council meeting, the council approved the donation to the city (senior center) of 2nd floor of 1004 Superior Ave. building (the old radio station) by the Dickie family.

Fun facts: When Mr. Holmes had these buildings for Westland Insurance and the bank building kitty-corner across the street ½ block away, the buildings were connected by computer cable under the road. Before the senior center was Westland, it was Neitzel’s Furniture Store and Mortuary.

Kupper-Ratsch Senior Center A Community Gathering Place



Front entry on Superior Avenue



Back entry across alley from WWTC parking lot.

1002 Superior Avenue

Senior Center
Outside

OUTSIDE in Front:

- 2020 added bench donated by Rotary Club of Tomah.
- 2020 added 2 flower planters both sides of front bench.

OUTSIDE in Back (‘Courtyard’ area):

- 2018 new metal cigarette receptacle.
- 2019 Garbage corral built.
- 2020 1st Bench from Rotary moved from front to back when new one in Front-2020.
- 08-2020 shed built.
- 2020 picnic Table with umbrella.
- 08-2024 seven raised garden beds.



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



READY, SET ... GOALS!

06 BUILDINGS/MAINTENANCE, continued...

107 E. Milwaukee Street	Tomah Housing Authority Office <i>Rental continues to present.</i>	2019 new furnace.
109 E. Milwaukee Street	Apartment above Housing office <i>Rental Nov. 4, 2021 to present.</i>	2021 deep clean & repainted. 2025 repair wall area. 2025 repair bathtub water leak.
1000 Superior Avenue	Jensen Tax & Accounting <i>Rental June 15, 2023 to present.</i>	2024 added another exit light in back hall & removed wooden structure partially blocking back door. 2024-2025 project to replace back door-completed 10-09-2025..
1004 Superior Avenue	JNC Latin Grocery Store <i>Rental Sept. 20, 2023, to present.</i>	07-2024 new locks front & back. 07-2024 new air conditioner/furnace. 2024 roof repaired. 07-2025 front lock repaired.
1002 Superior Avenue	ADRC Meal Site-Kitchen/Prep area <i>Rental continues to present.</i>	2024-2025 new blind on dish window.
1002 Superior Avenue	VAMC AFGE Local 0007 Union 4 Offices on 2 nd floor <i>Rented Oct. 1, 2019 to present.</i>	2019 locks added to the 4 office doors and for safety to the door of the old hand-crank elevator.
1002 Superior Avenue	Senior Center – General items <i>The elevator shaft for the old hand-crank elevator goes from basement to 2nd floor – it was legally discontinued many years ago.</i>	07-2018 changed locks front & back doors. 2025 Smoke/CO2 Detectors installed on 1 st & 2 nd floors.
1002 Superior Avenue Senior Center 2 nd Floor Accessible by stairs. 11-2024 thermostat replaced in upstairs center heating zone.	12-2024 to 03-2025 Volunteers painted walls in main rooms on 2 nd floor. -Conference room at top of stairs: -“Break-out” room: -Big Front Room: (could see as future TV/Movie room). 04-2024 Line dancing. 11-2024 Venter motor replaced in dance room heating zone. -Storage closet: (for building supplies). -Storage room: for dept. & access to roof.	-Room: for Family Promise storage. -2 rooms Special Needs Prom Dresses: 2021 dresses moved here - added hanging brackets & rods. -Room for Loan Closet: storage. -Corner Big Front room: Currently used as loan closet over-flow storage. (Could see as a future game room - pool table & dart game). -2 Bathrooms: 2022 toilets replaced.

UPSTAIRS MEETING ROOMS & SITTING ROOM at the senior center



Meeting room at top of stairs



'Break-out meeting room



Line dance room above the office

We have a meeting room, a 'break-out meeting room', and a 'dance' room upstairs. However, the upstairs is only accessible by the stairs, so that limits the use of the rooms.

SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



READY, SET ... GOALS!

06 BUILDINGS/MAINTENANCE, continued...

1002 Superior Avenue

Senior Center

1st Floor

Handicap accessible.

03-20-2024 automatic door mechanisms fixed.

Main/Dining room: (in use most of the time). 2019 coat hooks. 2029 new chairs with 3-inch padding. 2023 8 bookshelves. 03-27-2024 WiFi Booster.

-Activity room: (in use most of the time). 2018 chair rack.

-Kitchenette: 2020 down to studs renovation.

-Library/hall/food assembly area:

-Loan Closet: 7-2018 moved from basement to 1st floor. 2019 renovation.

-Giving Closet: 2019 started.

-Storage/Laundry room- 2018 project & 2020 renovation.

-Workroom/storage/loan closet overflow: 2019 Loan Closet renovation opened blocked door. 02-2024 new locking screen door.

-2 Bathrooms: 2023 toilets replaced.

FIRST FLOOR ACTIVITY ROOMS at the senior center



Main Activity/Dining room



Activity room - looking from back



Activity room - looking in from door

1002 Superior Avenue
Senior Center - Basement

Accessible by stairs.

2018-2019 cleaned out storage and loan closet equipment.
Replaced 1 of water heaters.



DEPARTMENT BUDGET & FINANCE

City of Tomah's Dept. of SENIOR & DISABLED SERVICES

608-374-7476

Fax: 608-374-7462

pbuchda@tomahwi.gov

Kupper-Ratsch Senior Center A Community Gathering Place

1002 Superior Ave. Tomah, WI. 54660

Facebook page – **Tomah Senior Center**

POLICY – RENTAL USE OF SENIOR CENTER

**Are You having a family gathering? A class reunion?
Need a place to meet? Check out the senior center.**

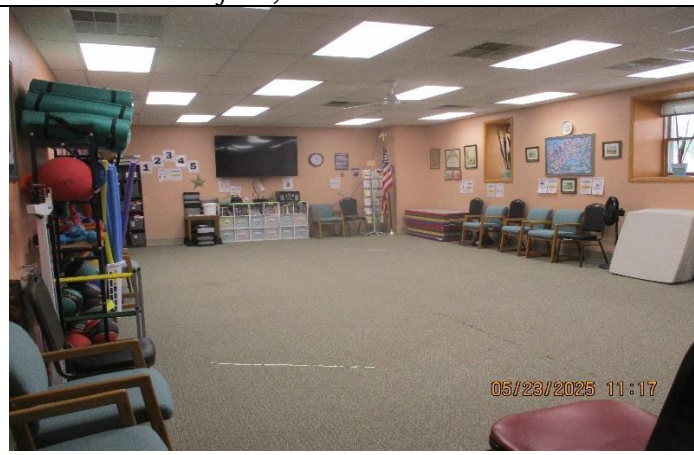
**There are some opportunities to...
RENT A SPACE for events/meetings at the
Senior Center.**

**APPLICATIONS ARE SUBJECT TO
APPROVAL by City of Tomah's Senior &
Disabled Services Director.**

*The City of Tomah and/or The City of Tomah's
Senior & Disabled Services Department retains
the ability to deny use of building based on
availability of staff, activities/ events scheduled,
other bookings, history of usage/ how facility
was treated before, etc.*



Main room



Activity room



Kitchenette



Area for food set up

RENT (and License Fees, if applicable) ARE DUE AND PAYABLE AT TIME OF APPLICATION.

PRIVATE APPLICANT

Client, city resident \$80.

Client, non-resident \$96.

PRIVATE APPLICANT

Non-Client, city resident \$110.

Non-Client, non-resident \$126.

PUBLIC APPLICANT

Public applicant, city resident \$10

Public applicant, Non-resident \$50

Private groups that are ongoing, regularly scheduled (ie: 2-4 times monthly, 4-12 times yearly, etc.) are half the above rents each time here.

CLIENT: Regularly comes to the senior center.

RESIDENT: Lives in the City of Tomah

PUBLIC: Refers to clubs/service organizations that deal with service and civic involvement for the community, such as scholarships, good deed projects, etc.

NON-CLIENT: Does not regularly come to senior center.

NON-RESIDENT: Does not live in the City of Tomah

PRIVATE: Refers to farm organizations, industry, private parties or any other gatherings with the objective to make money not used for civic improvement.



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



READY, SET ... GOALS!

07 INCOME/BUDGET/DONATIONS

GOAL(S): To operate within budget, and procure funds, as needed and available, for maintaining and/or expanding services.

- Ongoing: Worked on monthly bills/invoices & keeping track of income/expenses & the budgets.
- Ongoing: Planning/working on next year's budget & possible future capital budget projects.
- Ongoing: Staff organizing/preparing donations of Bingo Bash Items for senior center *(these donations save money on operating expenses and are very appreciated).*

The city has started the budget process for 2026. We are one of the departments in the city. This process takes up a lot of time, attention and effort. During September each department head is meeting with the City Administrator and Treasurer on the upcoming budget for that department. By the end of September, the City Administrator hopes to have a 2026 draft of the budget for the whole city. In October, the city council is planning to do their all-day Budget Workshop on Friday, October 11. Then At Committee of the Whole on Monday, October 13th more work on the budget. At City Council on Monday, October 20 - Budget Hearing. After that, the City Council will need to vote to approve the 2026 budget. Monday, October 27th may be another City Council meeting on the budget, if needed.

NEWSLETTERS AVAILABLE THRU EMAILING



Due to budget constraints, we do not print a newsletter anymore. The printing costs are too high. However, **if you would like one by email**, we can do that **every month**. You just need to **send an email with your request and contact information – to pbuchda@tomahwi.gov**

-If you have an idea for fundraising for the senior center and are willing to make it happen, please see Pam.

DONATION WISH LISTS

REGULAR ONGOING NEEDS	WISHING FOR	WISH UPON A DREAM
-Snacks (for 2pm daily snack time) -Coffee: regular & decaf -Creamers -Sugar & sugar sub packets -Hot chocolate packets -Bingo Bash items for prizes (Shelf food, treats, TP, paper towels, cleaners, personal items, knick-knacks, jewelry, gently used treasures, etc.)	-Popcorn machine Stand (\$1,691 specific brand and measurements)	-Building: Point tuck outside (bricks/cement blocks that need it) -Building: New 1st floor flooring -Building: Painting outside (over the “baby-poo” yellow). -Building: Elevator all 3 floors -Van(handicapped-like n.a.s.a. van.
-n.a.s.a. has adopted this project: Trishaw E-bike (We have a volunteer willing to start this community program & take people on rides – need the Trishaw e-bike & accessories \$17,000.)		



DEPARTMENT BUDGET & FINANCE



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



READY, SET... GOALS!

07. INCOME/BUDGET/DONATIONS, continued

SENIOR CENTER FUNDRAISING

DONATORS IN YEAR 2025

2025: BUSINESSES, ORGANIZATIONS & PEOPLE WHO DONATED-THANK YOU!

American Association of University Women (AAUW) of Tomah
June Abbott
Patty Abbott
Rhonda Abbott
Sherry Achterkirch
Barb Ackers
Dr. Richard Ahn
Gene Alderman
Terry Amundson
Sharon Anderson
Aidan Andres
Anonymous
Eric Austin
Helen Bailey
Sandy Bass
David Batten
Gene Baumgarten
Katrina Becker
John & Rose Berry
Melissa Biddeman
Donna Birnum
Pat Block
Lisa Blanchart
Sandi Bloom
Jean Boak
Mary Boettcher
Duane & Paulette Bolton
Jean Brasic
Marvin Braud
Peggy Brenneke
Christie Broadhurst
Trudi Brohmer
Liz Brown
Tara Brueggeman
Pam Buchda
Tim & Jeanie Buchda
Dan Burton
Cares Just For You
Colleen Carl
Pat Christensen
Vicki Church
Mark Clapper
Leon & Pauline Clark
Dorothy Coenen
Joe Coleman
Joann Cram
Culvers

Mary Davis
Ross Deming
Diana Dombrowski
John Dostal
Dawn Drinkwaine
Carol Drysch
Betsy Edevold
Casimir Eichenseer
Gale Ewing
Gale Feil
Paul Fey
Robert & Gail Fessender
Tom Feldkamp
First United Methodist Church
Becky Sue Fitzpatrick
Renee Fletcher
Laura Flock
James Fountain
Sandy Frei
Virginia Frei
Rebecca Frost
Jack Garber
Richard Gegenfurtner
Gerri Gerke
Amy Gernetzke
Sarah Gigous
Jack Graber
Susan Greeno
Ila Haeflinger
Ray Hays
Alyson Hefner
Grace Heim
Colleen Helmkamp
Marvin Henricks
Penelope Herr
Stephanie Hofer
Deborah Hojnacki
Siegrun Horst
Family of 2-D Hubert
Candy Infalt
Peter & Patricia Infalt
Ignite Dispensary & Cigar, Derek & Kimmie Hilgendorf
Eugene Jakobi
William Jefferson

Lance & Barbara Jensen
Peter & Pat Jensen
Diane Johns
Doris J. Johnson Trust Beneficiary Distribution
Dave & Amanda Johnson
Gail Johnson
Pat Johnson
Tom Johnson
Kevin & Barb Jones
Terry Juracich
Chad Kastenschmidt
Doris Keister
Doris Kelley
Kindness Community /Scott Nicol
Ed & Kirstin Kelly
Ann Kerr
Jeff Kett
Chris King
Bob Klebenstein
Ruth Klug
Pastor Kay Knight Gloria Dei Luth.Church
Bette Knutson
Karen & Terry Kopenhafer
Jan Koranda
Patrick Koranda
Diane Kortbein
Duane & Marilyn Kortbein
Madonna Kuderer
Mona Kifalk
Darold & Monica Kukowski
LaGrange Tunnel-lites4-H
Becky Larson
Tammy Leach
Ruth Lehman
Liberty Village
Karlene Linehan
Mary Lovold
Lorraine Lowry
Alicia MacGraw
Linda McCauley
Russel McKenna
Richard McNeal
Peggy Meiners
Blaine Meyer
Lynn Miller
Amanda Mills
Enid Misteale
Gary Moe

Rebecca Modlin
Amy Modlom
Monroe County Health Department
Jill Montgomery

Mary Morrow
Jenna Moser
Barbara Mueller
Carol Myers
Diane Myer
Vern Naumann
Neighbor For Neighbor Food Pantry
Cathy Neumann
Mary Neve
Gloria Niceswanger
Loretta Noet
Cathy Noble
Eara & Leta Nofsinger
Sue Noth
Kacy Nuehring
Oakdale Electric Cooperative
Ken & Sue Olson
Sue O'Neil
Sharon Organ
Bonnie Owen
Katy Parker
Marvin Parker
Al Pasch
Nellie Pater
Marilyn Peak
Elva Pearson
Pete Peterson
Nancy Phillips
June Potter
Prochaska Family
Faye Quinlan
Karla Quist
Marilyn Ratliff
Kim Reikes
Lynn Reinert
Dan Rezin
Michelle Rice
Paul & Terri Rice
Bob Rickert
Dale & Judy Roberts
Betty Roscovius
Lorna Rosenow
Vickie Ross

Fred Savage
SAVVY Sisters
Cathy Scherreiks
Lyle & Betsy Schindler
Bob Schultz
Debbie Schumann
Beverly Schwab
Kayla Seitz, Heart Line Counseling
Bruce Senn
Wanda Sheldon
Sue Sherman
Lauri Shumway
Mary Siber
Donna Simonsen
Cassie Skogan
Joyce Skogan
Stephanie Small
Tammy Snyder
Cheryl Stees
Gloria Stelter
Audrey Stein
LeAnn Steinbrink
Al Stevens
Kathleen Stouffer
Mary Sullivan
Jackie Syens
Tapper Family
Peggy Taylor
Renee Thompson
Jessica Tiarks
Tomah Historical Museum
United Healthcare /Jerry Tiffany
VA of Tomah
Ashley Waage
Marianne Waage
Dave Wagner
Bob Walker
Anne Wallus
Wal-Mart
Ron & Deb Watson
Cheryl Weber
William Westerman
Terri Wheratt
Jennifer Whipple
George Wilson
Adeline Woodard
Richard Yarrington
Shawn Zabinski



THANK YOU SO VERY MUCH FOR YOUR DONATIONS OF MONEY, GOODS, &/or SERVICES. YOU MAKE A DIFFERENCE! YOU ARE APPRECIATED!

~Pam Buchda, Senior & Disabled Services Director



DEPARTMENT BUDGET & FINANCE



SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT



READY, SET... GOALS!

*An Act of kindness may take only a moment of our time,
but when captured in the heart the memory lives forever.” ~Molly Friedenfeld*

07. INCOME/BUDGET/DONATIONS.

continued...



SENIOR CENTER FUNDRAISING

DONATIONS since last newsletter:



Anonymous; Gene Alderman; Terry Amundson; Am Vets of Tomah; Association of American University Women (ABWA); Helen Bailey; John & Rose Berry; Mellissa Biddeman; Duane & Paulette Bolton; Peggy Brenneke; Liz Brown; Pam Buchda; Dan Burton; Joe Coleman; Colleen Carl; Laura Clay; Jo Cram; John Dostal; Dawn Drinkwine; Tom Feldkamp; Renee Fletcher; Stephanie Hofer; William Jefferson; Pat Jensen; David & Amanda Johnson; Doris J. Johnson Trust; Pat Johnson; Kindness Community/Scott Nicol; Bob Klebenstein; Madonna Kiderer; Karlene Linehan; Alcie MacGraw; Richard McNeal; Blaine Meyer; Helen Miller; Jill Montgomery; Ken Morales; Marilyn Morrow; Loretta Noet; Leta Nofsinger; Sue Noth; Oakdale Electric Cooperative; Sue Ann O'Neal; Bonnie Owen; Marvin Parker; Marilyn Peak; June Potter; The Prochaska Family; Marilyn Ratliff; Dan Rezin; Beverly Schwab; Wanda Sheldon; Gloria Stelter; Jennifer Suhr; Peggy Taylor; Tomah Historical Museum; United Healthcare/Jerry Tiffany; Ann Wallus; Terri Wheratt; George Wilson; Shawn Zabinski;

Throughout the year, we receive sponsorships and donations from individuals, organizations, and businesses. We are very Grateful!!! It all makes a difference. Thank You!!!



DONATIONS RECEIVED Each MONTH ()

XX Days of XX Open Days Donations Given & () Donations Per Month

Jan.: 22 of 24 days (81)	Apr.: 20 of 24 days (86)	July: 19 of 24 days (59)	Oct.: xx of xx days ()
Feb.: 16 of 24 days (43)	May: 20 of 22 days (69)	Aug.: 21 of 23 days (78)	Nov.: xx of xx days ()
Mar.: 19 of 22 days (57)	Jun.: 21 of 22 days (59)	Sept.: 21 of 23 days (69)	Dec.: xx of xx days ()

-Ongoing: In-House Fundraiser Projects:

BEVERAGES

We have bottles of water and/or cans of soda-pop available for donation of \$1.00 each.

SHOWCASE ITEMS



We have items in the large showcase by the piano in our main room. Donation amounts are on tags. IE: craft items, jewelry, glasses, etc.

Shop for yourself or for a gift.
We accept donations of items for showcase.

GREETING CARDS



We have a have a greeting card tree rack with greeting cards for donation of 25 cents each.

We accept donations of greeting cards to supply this fundraiser.

PUZZLES



We have framed puzzles at the Senior Center. Donation amounts are on tags. They make nice gifts and/or decorations for home or business.

We accept donations of puzzles for people to put together here or at home.



DEPARTMENT BUDGET & FINANCE


**SENIOR & DISABLED SERVICES
DEPARTMENT MONTHLY REPORT**

07. INCOME/BUDGET/DONATIONS,

continued...


SENIOR CENTER FUNDRAISING

-Ongoing: **Fundraising for Specific Programs/Projects:** Work goes on throughout the year.
(I.E: Music Sponsorships, Halloween Party, etc.). *The Music Program and the Community Halloween Party are both funded by Sponsorships, Donations and, if fortunate, Grants.*

2025 MUSIC SPONSORSHIPS
\$500 & up

-Frank G. Andres Charitable
Trust 2024 for 2025 Music

\$250-\$499

-Pam Buchda

\$100-\$249

-Kayla Seitz, Heartline
Counseling & Consulting

Up to \$99

-Dan Burton

MUSICIANS THAT SPONSOR THEMSELVES BY VOLUNTEERING are Gary Felber; Blaine Hackett; Shannon Hogie; Blaine Meyer; & Michale Slater. **THANK YOU!!!**

Music is good for the soul.
It touches us and fills us.
It reminds us of past
memories and creates new
memories.

It brings us together.
It is a celebration of life.



According to researchers
singing uses both sides of the
brain and takes people's
minds off their worries, so it
is a stress reducer. Singing
also boosts oxygen and blood
flow to the brain and body.

~Creative Forecasting, March 2021


MUSIC SPONSORSHIPS NEEDED

We believe in the benefits of music for all of us. As a result, we have a **music program** here at the senior center with the idea of free admission to weekly live music entertainment.

DATE: Fridays TIME: 10:15am-11:15am

COST: FREE Admission

PLACE: Kupper-Ratsch Senior Center

SPONSORS: Could this be you?!!!



The music program is our most expensive ongoing program and is solely funded by sponsorships, donations, grants and, if fortunate, volunteers sharing their time and musical talents.

The weekly music costs for the senior center are anywhere between volunteering-for-free to \$175 an hour for a music performance.

Please be a sponsor of music! Donations of any size appreciated!

Please make check to: City of Tomah's Senior & Disabled Services Dept.-Music

**Tomah Area Community HALLOWEEN PARTY &
SPECIAL "HAUNTED WALK" PROJECT October 31**

SUPERHERO: \$500 & up

-City of Tomah (Rec. Park
& staff hours)
-Kindness Community Inc.
-Thomas Earle 2025 Grant

GENIE: \$250-\$499

-Pam Buchda
-Lion's Club of Tomah
-Pizza Hut (in kind)

MAGICIAN: \$100-\$249

-Duane & Paulette Bolton
-James & JoAnn Cram
-Oakdale Electric Cooperative
-Marvin Parker
-Penny Precour, Attorney at Law
-Sonnenburg Family Funeral Home

GREAT PUMPKIN: Up to \$99

-Scott & Sheila Brand
-Colleen Carl
-Jeanette Ewing
-Keene's Transfer
-Sue Noth
-Sue O'Neil
-Wanda Sheldon
-Sue Sherman

**TOMAH'S ANNUAL FREE COMMUNITY
HALLOWEEN PARTY - October 31st.**

**4:30pm-6:30pm with games & game prizes &
5:15 Costume Judging**

Cutest-Most Original-Scariest

in Age categories: 0-3, 4-5, 6-9, 10-13, 14-17 & 18-100+, plus Group
Costume Winner & Overall Winners in Cutest, Most Original & Scariest.

At Recreation Park, Recreation Building, 1625 Butts Ave. Tomah

We need your help to sponsor this FREE event!

*Sponsors names are posted and announced at the event, as well as on our Facebook
(Tomah Senior Center), and in the newspaper wrap-up article(s), and in the Senior
Center monthly newsletter.

We will also send you a Thank You poster to put up at your place.

Please make check to: City of Tomah's Senior & Disabled Services Dept.-Halloween



**Please be a SPONSOR*
of this event.**

Super Hero \$500 & Up

Genie \$250 - \$499

Magician \$100-\$249

Great Pumpkin Up to \$99

**Donations of any size
are appreciated!**



	DEPARTMENT BUDGET & FINANCE SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET... GOALS!
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07. INCOME/BUDGET/DONATIONS.

continued...


SENIOR CENTER FUNDRAISING

-Ongoing: **Fundraising Events:** Planning and coordinating that go on throughout the year (I.E: Art & Craft Fair, Etc.).

				2025 ART & CRAFT FAIR Fundraiser for Senior Center - Nov. 22, 2025	
-Rhonda Abbott -Sandi Bloom	-Liz Brown -	-	-	-	

-Ongoing: **Other Donations/Sponsors.**

		2025 MONETARY GIFTS			
\$1,000&Up -Dr. Richard Ahn -Doris J. Johnson Estate -Loretta Noet	\$500 to \$999 -Kindness Community – Scott Nicol -United Healthcare – Jerry Tiffany	\$250-\$499 -Pam Buchda -Culvers	\$100-\$249 -Anonymous -Sandi Bloom -Joann Cram -1 st United Methodist Church -Peter & Pat Infalt -Kayla Seitz, Heart Line Counseling -Bonnie Owen -Fred Savage -Tapper Family -Peggy Taylor	\$50 to \$99 -Christie Broadhurst -Paul Fey -Ed & Kirstin Kelly -Ken Morales -Sue O'Neil -Nellie Pater -The Prochaska Family -Betty Roscovius -Fred Savage -Anne Wallus -Wal-Mart	\$Up to \$49 -Anonymous -Sharon Anderson -Gene Baumgarten -Trudi Brohmer -Vicki Church -Mary Jo Handy -Candy Infalt -Eugene Jakobi -Jim & Terry Jefferson -Lance & Barbara Jensen -Chad Kastenschmidt -Enid Mistele -Barb Mueller -Carol Myers -Gloria Niceswanger -Sue Noth -Marilyn Peak -Pete Peterson -Nancy Phillips -Karla Quist -Dale & Judy Roberts -Wanda Sheldon -Sue Sherman -Mary Siber -Cheryl Weber

-Ongoing: **In Memory Donations.**

		2025 MEMORIALS		
-IN MEMORY of Dr. Helen Ahn by Dr. Richard Ahn -IN MEMORY of Gerrie Gerke by Pam Buchda -IN MEMORY of Elda '2-D' Hubert by Pam Buchda -IN MEMORY of Pat Koca by Pam Buchda			-IN MEMORY of Mary Etta Pierce by Pam Buchda -IN MEMORY of Frances 'Fran' Pollard by Pam Buchda -IN MEMORY of Doris Yates by Pam Buchda	

Ongoing: Looking for and applying for available and appropriate **Grants.**

2025 GRANTS		
-Frank Andres Trust: \$2,500 for Special Needs Programs	-Thomas Earle Trust: \$1,000 for Halloween Project-Haunted Walking Trail	

	SENIOR & DISABLED SERVICES DEPARTMENT MONTHLY REPORT	 READY, SET ... GOALS!
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DEPARTMENT OPERATIONS

08	MEAL SITE GOAL(S): A. To continue to provide a meal program at the senior center. B. To continue to partner with Monroe County ADRC to provide meals at the senior center.
-Ongoing: Worked together in day-to-day operations/collaborations with Tomah's Meal Site Manager and other meal site employees.	
TOMAH MEAL SITE Join us at the Kupper Ratsch Senior Center. Good People–Good Place!	
<i>The City of Tomah (Senior & Disabled Services Department) has a contract with Aging & Disability Resource Center (ADRC) of Monroe County for the Tomah meal site to be at the Kupper-Ratsch Senior Center.</i>	
 SENIORS GET-TOGETHER	DATE: Monday through Fridays, except holidays TIME: Arrive 11:15 or earlier for Lunch at 11:30am PLACE: Kupper Ratsch Senior Center COST: Meal donation to ADRC is \$4-\$7 for 60 & older, younger is \$14.07 SIGN-UP: Per ADRC sign up by NOON two days before to reserve meal CONTACT: ADRC Tomah Meal Site Manager, Cathy Neumann at 608-372-7291 or come to Senior Center to see her; or the ADRC of Monroe County Office at 608-269-8690.
<i>NOTE: Besides in-house meals, the Tomah meal site has some pick-up meals, and three delivery routes for home-bound people. For food safety, each route can serve about 20 places. There is usually a waiting list to get home delivery.</i>	

DEPARTMENT ADMINISTRATION

09	SENIOR & DISABLED SERVICES DEPARTMENT STAFF GOAL(S): A. To maintain an effective, positive employee team for the city's Senior & Disabled Services Department.
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Besides the activities/events, programs, and regular everyday things at the Senior Center and what has been reported in the other sections of this report...

PROFESSIONAL ORGANIZATION INVOLVEMENT

- Wisconsin Association of Senior Centers (WASC) member since January 2019, meetings/education as scheduled. Served on 2024 WASC State Conference Committee.
- Wisconsin State Aging Advisory Council (SAAC) serving 3-year term since Sept. 2022, meetings 2nd Thurs. 10am-12.
- National Council on Aging (NCOA) virtual meetings/education as scheduled.
- National Institute of Senior Centers (NISC) virtual meetings/education as scheduled.
- Healthy Brain Coalition of Monroe County meetings on 1st Thursday 3:00pm.
- Wisconsin Coalition for Social Connection meeting 3rd Tuesday (Feb, Apr, June, Aug, Oct, Dec) 2:00pm.

MEETINGS:

- Ongoing: Tomah's Great Holiday Shopping Hunt (TGHSH) meetings:
1st Tuesday at 4:30pm every other month (starting in January) at the senior center.
- Ongoing: Special Needs Committee meetings:
1st Tuesday at 5:30pm every other month (starting in January) at the senior center.
- Ongoing: Senior & Disabled Services Board meetings:
1st Tuesday at 6:30pm every other month (starting in January) at the senior center.
- Ongoing: Staff Meetings for City Department Heads:
2nd & 4th Mondays at 1:00pm &/or as scheduled, usually at city hall.
- Ongoing: Committee of the Whole Meeting, depending on what is on the agenda.
Monday before 3rd Tuesday at 6:30pm at city hall.
- Ongoing: City Council Meeting to answer any questions about department.
3rd Tuesdays at 6:30pm at city hall. (Written report due in Municode agenda on 2nd Tuesday).
- As Needed: Other city meetings, depending on if the senior center has a subject on the agenda.
(IE: Budget meetings; Long Range Planning Committee; Community Forums, Etc.) as scheduled.



DEPARTMENT ADMINISTRATION
SENIOR & DISABLED
SERVICES DEPARTMENT
MONTHLY REPORT



**READY,
SET
GOALS!**

09 SENIOR & DISABLED SERVICES DEPARTMENT STAFF, continued...

EDUCATIONAL OPPORTUNITIES:

As opportunities present themselves, and are appropriate, and are within budget.

-Excel and power point learning in Feb. & March (ongoing), taught by Nick Morales.

-State of Wi. State Aging Advisory Council Meeting of 04-10-2025:

Program: Reframing Aging & Disability by Helen Sampson, Public Policy Strategist, Bureau of Aging and Disability Resources.

-City Training in March, April & May on city budget and computer systems for the financial processes of the city in - to be in place by June 30, 2025.

-AAUW State Conference 4-25 & 26-2025:

AAUW National & State Public Policy; Position & District meetings; Uncovering the Lost Histories of Women by author Lynda Drews; Everybody's Got something..." by Matt Glowski (to better understand & learn to have empathy & better support someone with disabilities); "My Journey in Holocaust Education" by Darryle Clott; Welcome to the Struggle by Amanda Florence Garcia Goodenough on justice, equity, decolonization, & interconnectedness [JEDI], hate/bias prevention & response, systems-change work, bystander intervention, generative conflict, social identity development, power & positivity, leadership, & healing centered engagement.

-Wisconsin Association of Senior Centers (WASC) Annual Conference 10/01-10/03/2025. Sessions: Program Share & Networking; Managing Conflict, Difficult Situations & Conversations; Active Shooters & Center Safety; Social Isolation & Loneliness; You Can't Do That In The Senior Center; Why Older People Are Awesome; and Effectively Engaging Volunteers; as well as Vendor (Resources) Spotlight Presentations.

City of Tomah's SENIOR & DISABLED SERVICES BOARD

MISSION STATEMENT:

The City of Tomah's Senior & Disabled Services Department's mission is to offer ongoing programs and services (in the areas of recreation & leisure activities, and in educational & health programs) **and senior meals on a regular basis in a safe place for Tomah's citizens** (especially our senior and disabled people).



The committee was formed in July 2000. Shall consist of Mayor, 2 Alderpersons, & 5 citizens. Terms shall be 2 years & aldermanic members shall be coextensive with their term of office.

They Volunteer their time for us.

DATE: Meets 1st Tuesday every other month (Jan.-Mar.-May-July-Sept.-Nov.)

TIME: 6:30pm PLACE: Kupper-Ratsch Senior Center. Open Meeting -Public Welcome.

2025-2027 TERM

Sandi Bloom, Citizen
 Susan Greeno, Citizen, SECRETARY
 Mitch Koel, Alderperson District 5
 Evelyn Noyes, Citizen

2024-2026 TERM

Paul Dwyer, Mayor
 Jenna Moser, Citizen
 Lauri Shumway, Citizen, VICE-CHAIRPERSON
 Shawn Zabinski, Alderperson District 4, CHAIRPERSON

NAME	City of Tomah's SENIOR & DISABLED SERVICES EMPLOYEES		
Pam Buchda	Senior & Disabled Services Director (SDSD)	FT: Salary 40 hours week	07-02-2018
Paulette Bolton	Senior & Disabled Services Aide (SDSA)	PT: Budget 20 hours week	07-13-2021
John Berry	Senior & Disabled Services Aide (SDSA)	PT: Budget 10 hours week	01-13-2025

STAFF HISTORY:

Senior & Disabled Services Directors: Maretta Budde 1999-2000. Delia Duncan 5-01-2000 to 05-31-2018.

Senior & Disabled Services Aides: Junior Noyes 02-10-2009 to 05-31-2018. Diane Behrens 10-02-2018 to 03-05-2021.

INTERN HISTORY:

Sistina Barr 08-16-2023 to 11-06-2021 APTIV Program. Thomas Hollis 10-25-2022 to 01-05-2023 APTIV Program.
 Brittany Phillips 12-09-2024 to 03-09-2025 APTIV Program.

If you have any questions, please feel free to contact me.

Sincerely, *Pam Buchda*, Tomah's Senior & Disabled Services Director

MINUTES FOR SEPTEMBER 16, 2025, COMMON COUNCIL

CALL TO ORDER:

A regular meeting of the Common Council was held at 819 Superior Ave. in the City Council Chambers. The meeting was called to order by Mayor Paul Dwyer at 6:31 p.m. After the Pledge of Allegiance, roll call was taken. Present: P. Dwyer, Nellie Pater, Shawn Zabinski, Richard Yarrington, Patrick Devine, Travis Scholze, Mitchell Koel, and John Glynn (7:08 p.m.) Absent: Dean Peterson. Also present: Nicole Jacobs, Tim Adler, Nick Morales, Justin Derhammer, Pam Buchda, Penny Precour, Barbara Hendricks, and Irma Keller. The meeting was available via Zoom and was recorded by Hagen Sports Network. All motions are unanimously approved unless otherwise noted.

ANYONE DESIRING TO APPEAR TO COUNCIL:

No one appeared before the council.

MAYOR:

Mayor P. Dwyer announced this month’s Employee of the Month as Barbara Hendricks. He expressed appreciation to her and all the work she does for the city. Dwyer asked N. Morales to address the council regarding a meeting that took place last week to discuss the high-speed passenger rail caucus, which consisted of representatives from Wisconsin and Minnesota. The mayor and the city administrator met with the representatives and talked about why the passenger rail was important to Tomah.

ACCEPTANCE OF MONTHLY REPORTS:

Motion by S. Zabinski, second by M. Koel, to accept the following reports:

City Administrator Monthly Report
Zoning Department Monthly Report
Public Safety Department Monthly Report
Senior & Disabled Services Department Monthly Report
Library Monthly Report

N. Pater asked N. Morales clarifying questions regarding the process of enforcing code violations for long grass. M. Koel asked Chief Adler questions regarding the department’s new ladder truck, which was delivered last Tuesday. N. Pater asked both P. Buchda and I. Keller for programming updates. Motion carried.

CONSENT AGENDA:

Motion by R. Yarrington, second by P. Devine, to approve the following consent agenda: Motion carried.

Approval of Minutes from August 19, 2025

Approval: Special Beer Permit Application by Tomah Firefighters Association for Hunters Night Out on November 1, 2025

COMMITTEE OF THE WHOLE:

Approval: Reassignment of Lot 3 Lease at Bloyer Field Airport

Motion by S. Zabinski, second by M. Koel, to approve the reassignment of Lot 3 Lease at Bloyer Field Airport. Motion carried.

Approval: Resolution Disallowing the Claim of Nathan Waege

Motion by R. Yarrington, second by N. Pater, to approve the resolution disallowing the claim of Nathan Waege. Motion carried.

Approval: Resolution for the Payment of Monthly Bills

Motion by M. Koel, second by P. Devine, to approve the resolution for the payment of monthly bills in the amount of \$2,625,147.80. Motion carried.

PUBLIC WORKS AND UTILITIES COMMISSION:

Approval: Mattress Removal Fee

Motion by M. Koel, second by N. Pater, to approve the mattress removal fee. R. Yarrington made comments that he had not seen anything on the public works website regarding the process of mattress removal being changed. T. Scholze asked for clarification regarding the idea of spray-painting a resident’s address on the mattress. N. Morales clarified that the spray paint will help determine the origin of the mattress if it shows up in a commercial dumpster. N. Morales added that public works hasn’t experienced people dumping mattresses on other residential properties, but it has become an issue of residents dumping them in dumpsters owned by local businesses. Motion carried. (Yarrington opposed)

GENERAL:

Common Council – September 16, 2025

Approval: Common Council Meeting Schedule

Motion by T. Scholze, second by R. Yarrington, to approve changing the regular common council meeting schedule to the third Monday of every month. N. Morales clarified this change was made in an effort to allow more time between meetings, which was discussed more in depth at the Committee of the Whole meeting on September 15, 2025. Motion carried.

Motion by T. Scholze, second by M. Koel to schedule two budget meetings; a public hearing on October 20, 2025 and a potential second meeting on October 27, 2025 at 6:30 p.m. N. Morales wanted to further clarify that all budget workshops and hearings are open to the public. Motion carried.

ADJOURN:

Adjourn to Closed session Pursuant to Wis Stat § 19.85(1):

Motion by M. Koel, second by T. Scholze, to adjourn to closed session under Wis Stat § 19.85(1) as listed on the agenda. Motion carried. Meeting adjourned to closed session at 7:19 p.m.

(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session.

- Discussion of initial proposal by the police union for FY26 collective bargaining agreements.
- Discussion of initial proposal by the ambulance union for FY26 collective bargaining agreements.
- Discussion of lease agreement with Tomah Public Housing Authority.
- Discussion of lease agreement with JNC Latin Market.

(g) Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved.

- Discussion of palpable errors in Tax Increment District 8 and updates from the Department of Revenue relevant to previous legal counsel provided after notification by a taxpayer of possible litigation.
- Discussion regarding a notice of possible litigation from a resident of the City of Tomah.

Adjourn Meeting

Motion by R. Yarrington, second by T. Scholze, to adjourn the meeting at 7:40 p.m. Motion carried.

Respectfully submitted,

Nicole Jacobs, City Clerk

Municipality

Form

AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
☐ Temporary "Class B" Wine	License Fees	\$ 10
☒ Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$

Part A: Organization Information

1. Organization Name Bluff and Ridge Equine-assisted Therapies, Inc		
2. Organization Permanent Address 23797 County Rd CM		
3. City Tomah	4. State WI	5. Zip Code 54660
6. Mailing Address (if different from permanent address)		
7. FEIN 93-3761577	8. Date of Organization/Incorporation 9/28/2023	9. State of Organization/Incorporation WI
10. Phone	11. Email	
12. Organization type (check one)		
☒ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? ☐ Yes ☒ No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
Deist	Rebecca	Executive Director	608-343-7240
Airth-Kindree	Martha	Programs Development/ Secretary of Board	608-462-7574
Stron	Renne	Treasurer & Volunteer Coordinator	608-387-9248

Continued →

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
9/22/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bluff and Ridge Equine Assisted Therapies, INC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization
Part B: Individual Information

1. Last Name

DEIST

2. First Name

REBECCA

3. M.I.

J

4. Relationship to Business (Title)

Executive Director

5. Email

6. Phone

7. Home Address

8. City

Kendall

9. State

WI

10. Zip Code

54038

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State or issuance

WISCONSIN

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

10/1970

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. N/A

Previous Address 1

City

Kendall

State

WI

Zip Code

54038

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

WI

Monroe

State

County

WI

Waukesha

State

County

WI

Kusk

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <i>Rubice J. Quast</i>	Date <i>9/22/25</i>
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Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
9/22/2023

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Buffard Ridge Equine Assisted Therapies, Inc

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Arch-kindree

2. First Name

Martha

3. M.I.

M

4. Relationship to Business (Title)

Secretary-Director

5. Email

6. Phone

7. Home Address

8. City

Tomah

10. Zip Code

54660

11. Date of Birth

12. Drivers License/State ID Number

WI

13. Drivers License/State ID State of Issuance

WI

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Tomah

State

WI

Zip Code

54660

Previous Address 2

City

Kendall

State

WI

Zip Code

54638

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

Monroe

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

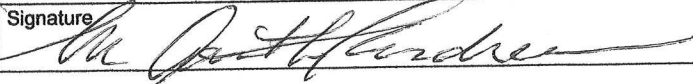
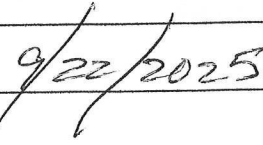
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature

Date

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
9-22-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bluff and Ridge Equine Assisted Therapies, Inc.

2. Business Trade Name or DBA

Bluff and Ridge

3. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Stroh

2. First Name

Renee

3. M.I.

L

4. Relationship to Business (Title)

Treasurer

5. Email

6. Phone

7. Home Address

8. City

Tomah

9. State

WI

10. Zip Code

54660

11. Date of Birth

12. Drivers License/State ID Number

- WI

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

08/1990

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

Tomah

State

WI

Zip Code

54660

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

WI

Monroe

State

County

MN

Winona

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

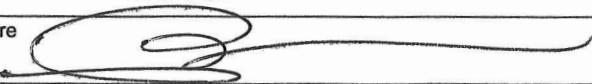
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature



Date

9-22-25

STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Temporary Class “B” Beer License Application by Bluff and Ridge Equine Assisted Therapies for 2nd Annual Cowboy Christmas Fundraiser on November 11, 2025.

Summary and Background Information:

(Appropriate Documentation Attached)

Bluff and Ridge Equine Assisted Therapies has applied for a Temporary Class “B” Beer License to sell fermented malt beverages at the 2nd Annual Cowboy Christmas Fundraiser being held at Tomah Recreation Park located at 1625 Butts Ave in Tomah.

Fiscal Note:

The revenue generated to the City of Tomah by issuance of this license is \$10.

Recommendation:

It is requested that the Committee of the Whole review the application and make a recommendation for the Common Council to approve the Temporary Class “B” Beer License for the Bluff and Ridge Equine Assisted Therapies for their event on November 11, 2025 at Recreation Park.

Respectfully submitted by:

Kara Griswold

Committee: Committee of the Whole & Common Council

Meeting Date: October 13 & 20, 2025

STAFF COMMITTEE PREPARATION REPORT

Agenda Item:

Application of Class “A” Beer Fermented Malt Beverage License and “Class A” Liquor License for Hansen’s IGA Inc.

Summary and Background Information:

(Appropriate Documentation Attached)

Hansen’s IGA Inc. DBA Hansen’s IGA Markets, which will be located at 701 E Clifton St in Tomah, has applied for a Class “A” Beer and a “Class A” Liquor License for the period November 1, 2025 to June 30, 2026. The license was previously held by Molter’s Fresh Market.

Fiscal Note:

Total revenue generated to the City of Tomah by the issuance of this license, which includes a Cigarette/Tobacco License, business permit, and publication fee, will be \$460.33.

Recommendation:

The license application and background checks have been reviewed and completed. It is requested that the Committee of the Whole recommend the Common Council approve the issuance of the alcohol license for the license period of November 1, 2025 through June 30, 2026.

Respectfully submitted by:

Nicole Jacobs

Committee: Committee of the Whole & Common Council

Meeting Date: October 13 & 20, 2025

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	City of Tomah
License Period	Expiring 6/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>—</u>
Publication Fee	\$ <u>12</u>
Total Fees	\$ <u>612</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) HANSEN'S IGA INC		
2. Business Trade Name or DBA HANSEN'S IGA MARKETS		
3. FEIN 39-1098106	4. Wisconsin Seller's Permit Number 456-0000340870-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 01/08/1968	8. Wisconsin DFI Registration Number 1H06831
9. Premises Address 701 E CLIFTON ST		
10. City TOMAH	11. State WI	12. Zip Code 54660
13. County Monroe	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: TOMAH	
15. Aldermanic District		
16. Premises Phone (608) 372-5355	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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. Within the main grocery store and backroom storage areas		
20. Mailing Address (if different from premises address) PO BOX 160		
21. City BANGOR	22. State WI	23. Zip Code 54614

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes. ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

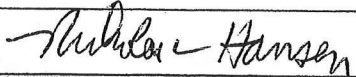
Last Name	First Name	Title	Phone
HANSEN	GREGORY	OWNER	
HANSEN	NICHOLAS	OWNER	
HANSEN	KARI	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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 HANSEN	First Name NICHOLAS	M.I. L
Title OWNER	Email	Phone
Signature 	Date 10/01/25	

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		Date Provisional License Issued (if applicable)	

Form
AB-101Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☐ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKET - TOMAH

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Kalland

2. First Name

Annala

3. M.I.

J

4. Email

5. Phone

6. Home Address

7. City

Tomah, WI

8. State

WI

9. Zip Code

54660

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 HANSEN	First Name NICHOLAS	M.I. L
Title OWNER	Email	Phone
Signature <i>Nicholas L Hansen</i>		Date 10/02/25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 <i>Kallend</i>	First Name <i>Samela</i>	M.I. J
Signature <i>Samela Kallend</i>		Date 10/2/25

Record check done by: RB 10-7-25
 Approved: _____ Denied: _____ Date: _____
 Signature: _____
 Title: _____

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC	
2. Business Trade Name or DBA HANSEN'S IGA MARKET TOMAH	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Kalland		2. First Name Pamela		3. M.I. J
4. Relationship to Business (Title) Bookkeeper / Front End Manager		5. Email		6. Phone
7. Home Address				
8. City Tomah	9. State Wi	10. Zip Code 54660	11. Date of Birth	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance Wisconsin		

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City Tomah	State Wi	Zip Code 54660
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State Wi	County monroe	State Wi	County Columbia
State Wi	County Jefferson	State Wi	County Dane
State Wi	County Iowa	State Wi	County Iowa

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>DWI</i>	Location <i>Marshall WI</i>	Conviction Date <i>1993?</i>
Penalty Imposed <i>Lost License</i>	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated <i>NSF checks</i>	Location <i>Jefferson City / Waterloo WI</i>	Conviction Date <i>1993?</i>
Penalty Imposed <i>Misdemeanor pd restitution</i>	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <i>Samuel J. Kallal</i>	Date <i>10/2/25</i>
--------------------------------------	------------------------

Record check done by: *RB* *10-7-25*
 Approved: _____ Denied: _____ Date: *10-8-25*
 Signature: *EPA90*
 Title: *Douce Chief*

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKETS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

HANSEN

2. First Name

GREGORY

3. M.I.

J

4. Relationship to Business (Title)

OWNER

5. Email

6. Phone

7. Home Address

8. City

SPARTA

9. State

WI

10. Zip Code

54656

11. Date of Birth

12. Drivers License/State ID Number

1

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1	BANGOR	WI	54614
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <i>Lynn J. Hansen</i>	Date 10/01/2025
---------------------------------	-----------------

Record check done by: DB 10-7-25
 Approved: _____ Denied: _____ Date: 10/25
 Signature: [Signature]
 Title: POLICE CHIEF

Form
AB-100**Alcohol Beverage
Individual Questionnaire**

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKETS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

HANSEN

2. First Name

NICHOLAS

3. M.I.

L

4. Relationship to Business (Title)

OWNER

5. Email

6. Phone

7. Home Address

8. City

LA CROSSE

9. State

WI

10. Zip Code

54601

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1	LA CROSSE	WI	54601
Previous Address 2	LA CROSSE	WI	54601
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
IL	COOK						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

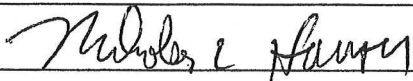
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature 	Date 10/01/2025
---	-----------------

Record check done by: DB 10-7-28
 Approved: _____ Denied: _____ Date: 10-8-25
 Signature: [Signature]
 Title: POLICE CHIEF

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKETS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

HANSEN

2. First Name

KARI

3. M.I.

4. Relationship to Business (Title)

OWNER

5. Email

6. Phone

7. Home Address

8. City

SPARTA

9. State

WI

10. Zip Code

54656

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1	BANGOR	WI	54614
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
CA	STANISLAUS						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <u>Kari Hansen</u>	Date <u>10/01/2025</u>
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Record check done by: DB 10-7-25
 Approved: _____ Denied: _____ Date: 10-8-25
 Signature: [Signature]
 Title: POLICE CHIEF

Form
CTV-100**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC			
2. Business Trade Name or DBA HANSEN'S IGA MARKETS			
3. FEIN 39-1098106		4. Wisconsin Seller's Permit Number 456-0000340870-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation			
6. State of Organization WI		7. Date of Organization 08/01/1968	
8. Wisconsin DFI Registration Number 1H06831			
9. Premises Address (do not use PO Box) 701 E CLIFTON ST			
10. City TOMAH		11. State WI	12. Zip Code 54660
13. County MONROE	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: TOMAH		15. Aldermanic District
16. Mailing Address (if different from premises address) PO BOX 160			
17. City BANGOR		18. State WI	19. Zip Code 54614
20. Premises Phone (608) 372-5355		21. Premises Email	
22. Website			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Within the main grocery store			

Part B: Questions

1. What products will be sold at this business location? (check all that apply)	
☒ Cigarettes	☒ Tobacco Products ☒ Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
☒ Over the counter	☐ Vending machine
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No	
If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary	
3a. Name of Business Entity: _____	
3b. FEIN of Business Entity: _____	

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
HANSEN	GREGORY	OWNER	
HANSEN	NICHOLAS	OWNER	
HANSEN	KARI	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:

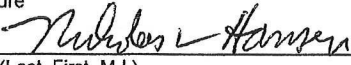
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 10/01/2025
Name (Last, First, M.I.) HANSEN, NICHOLAS, L	
Title OWNER	Email Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form
CTV-102Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information		
1. Last Name <i>Kalland</i>	2. First Name <i>PAMELA</i>	3. M.I.
4. Email	5. Phone	
6. Home Address		
7. City <i>Tomah</i>	8. State <i>WI</i>	9. Zip Code <i>54660</i>
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance <i>Wisconsin</i>

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC		
2. Business Trade Name or DBA HANSEN'S IGA MARKETS TOMAH		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 701 E CLIFTON ST		
5. City TOMAH	6. State WI	7. Zip Code 54660

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.	
Signature of Licensee or Permittee (officer, member, or authorized signatory) <i>Nicholas L Hansen</i>	Date 10/02/2025
Name of Person Signing NICHOLAS L HANSEN	Title OWNER
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent <i>Pamela Kalland</i>	Date 10/2/25

Date

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) HANSEN'S IGA INC			
2. Business Trade Name or DBA HANSEN'S IGA MARKETS TOMAH			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☐ Limited Liability Company	☒ Corporation

Part B: Individual Information

1. Name (Last) <i>Kalland</i>		2. Name (First) <i>Pamela</i>		3. Name (M.I.) <i>J</i>	
4. Relationship to Business (Title) <i>Bookkeeper / Front End Manager</i>		5. Email		6. Phone	
7. Home Address					
8. City <i>Tomah, WI</i>		9. State <i>WI</i>	10. Zip Code <i>54660</i>		11. Date of Birth
12. Driver's License/State ID Number			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>		

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City <i>Tomah</i>	State <i>WI</i>	Zip Code <i>54660</i>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State <i>WI</i>	County <i>Monroe</i>	State <i>WI</i>	County <i>Columbia</i>	State <i>WI</i>	County <i>IOWA</i>	State	County
State <i>WI</i>	County <i>Jefferson</i>	State <i>WI</i>	County <i>Dane</i>	State	County	State	County

Continued →

Part D: Individual's Criminal History			
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☐ No			
If yes to question 1, please list details of each conviction below:			
Law/Ordinance Violated	Location	Trial Date	
NSF checks	Jefferson City Waterloo Wi	1993 ?	
Penalty Imposed	Was sentence completed?		☒ Yes ☐ No
Misdemeanor pd restitution			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	Was sentence completed?		☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	Was sentence completed?		☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No			
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.			

Part E: Attestation by Individual	
READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature	Date
<i>Samuel Khalil</i>	10/2/25

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.	
Name of Local Official	Title
Eric PEDERSEN	POLICE CHIEF
Signature of Local Official	Date
<i>Efr90</i>	10-8-25

2000-2001
2001-2002

2002-2003
2003-2004

Date

Form
CTV-101**Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire****Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKETS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation**Part B: Individual Information**

1. Name (Last)

HANSEN

2. Name (First)

GREGORY

3. Name (M.I.)

J

4. Relationship to Business (Title)

OWNER

5. Email

6. Phone

7. Home Address

8. City

SPARTA

9. State

WI

10. Zip Code

54656

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City SPARTA	State WI	Zip Code 54656
Previous Address 2	City BANGOR	State WI	Zip Code 54614
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

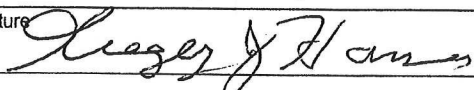
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 10/01/2025
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official 	Title Police Chief
Signature of Local Official 	Date 10-8-25

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKETS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation**Part B: Individual Information**

1. Name (Last)

HANSEN

2. Name (First)

NICHOLAS

3. Name (M.I.)

L

4. Relationship to Business (Title)

OWNER

5. Email

6. Phone

7. Home Address

8. City

LA CROSSE

9. State

WI

10. Zip Code

54601

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City LA CROSSE	State WI	Zip Code 54601
Previous Address 2	City LA CROSSE	State WI	Zip Code 54601
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State IL	County COOK	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Michael L. Hansen</i>	Date 10/01/2025
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official <i>ERIC PEDERSEN</i>	Title <i>POLICE CHIEF</i>
Signature of Local Official <i>EP#90</i>	Date <i>10-8-25</i>

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

HANSEN'S IGA INC

2. Business Trade Name or DBA

HANSEN'S IGA MARKETS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation**Part B: Individual Information**

1. Name (Last)

HANSEN

2. Name (First)

KARI

3. Name (M.I.)

4. Relationship to Business (Title)

OWNER

5. Email

6. Phone

7. Home Address

8. City

SPARTA

9. State

WI

10. Zip Code

54656

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

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Previous Address 2	City BANGOR	State WI	Zip Code 54614
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State CA	County STANISLAUS	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below:

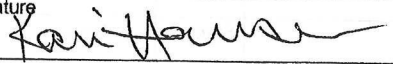
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

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Signature 	Date 10/01/2025
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official 	Title POLICE Chief
Signature of Local Official 	Date 10-8-25

RESOLUTION NO : _____

RESOLUTION AUTHORIZING
PAYMENT OF MONTHLY BILLS

Be it resolved by the Common Council of the City of Tomah that the Committee of the Whole has reviewed the monthly bills and recommends the City Council approve said bills as follows:

1. Pre-Paid Checks:	2025	\$14,481.21	Check #'s:	147765	147775
2. Payroll:		\$326,499.61	Dir Dep #'s:	9307360	9307610
3. Wire/ACH Transfers:		\$452,614.82			
4. Invoices:		\$86,627.68			
Total:		<u>\$880,223.32</u>			

Mayor

Clerk

Requested by: Finance Department

Submitted by: Committee of the Whole

October 13, 2025