

CITY COUNCIL MEETING

Monday, February 03, 2025 at 6:00 PM

Council Chambers - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

AGENDA

NOTICE: Arrangements for Addressing the City Council by Telephone, During Public Hearings or Input from the Public can be made by Contacting the City Manager's Office at 920-793-5532 or City Clerk's Office at 920-793-5526 by 4:00 p.m. on the day of the meeting

- 1. CALL TO ORDER
- 2. PLEDGE OF ALLEGIANCE
- 3. ROLL CALL BY CITY CLERK Councilmembers: Mark Bittner, Doug Brandt, Shannon Derby, Bill LeClair, Darla LeClair, Tim Petri, Bonnie Shimulunas, Scott Stechmesser, Adam Wachowski

4. CONSIDERATION OF ANY COUNCIL MEMBER REQUESTS TO PARTICIPATE IN THIS MEETING FROM A REMOTE LOCATION

5. PUBLIC HEARING

A. <u>25-021</u> Public Hearing for a Conditional Use Permit Application for Taco Bell with Drive-Through at 1803 Washington Street

Recommended Action:

Motion to approve the Conditional Use Permit as recommended by the Plan Commission with modifications as recommended by the City Manager

6. INPUT FROM THE PUBLIC

7. COUNCIL COMMUNICATIONS

Letters and other communications from citizens

8. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES

9. CITY MANAGER'S REPORT

- A. Invited Guests
- B. Status Update/ Reports
 - 1. Staffing Updates
 - 2. Election Updates: Spring Primary, February 18, 2025
 - 3. Winter Sidewalk Clearing
 - 4. Winter Parking Ban
 - 5. EPA Notice of Violation Regarding Water Service Line Inventory
 - 6. Sandy Bay Highlands Subdivision Phase 3
 - 7. Community and Economic Development Update
 - 8. Upcoming Events
 - a. Coffee with a Cop, Wednesday, February 5, 2025, 10:00 AM 11:00 AM at the

Two Rivers Senior Center

- b. Two Rivers Business Association Fundraiser, Saturday, February 8, 2025, 6:00 PM - 9:00 PM at Sepia Chapel
- c. Manitowoc/Two Rivers Letter Carriers, "14th Annual Bowl-A-Thon/Raffle for MDA," Saturday & Sunday, February 15 & 16, 2025 at The Hook Lanes & Games
- d. Woodland Dunes Fundraiser, "Tropical Blast," Saturday, February 22, 2025, 5:00 PM - 8:30 PM at Sepia Chapel

e. The Price is Right, Saturday, February 22, 2025, 6:30 PM, in the Community House Gym 9. Other

- **C.** Legislative/Intergovernmental Update
 - 1. Questions Regarding Status of Federal Funding for Various Projects and Activities 2. Other

10. CONSENT AGENDA

A. <u>25-022</u> Presentation of Minutes 1. City Council Regular Meeting, January 20, 2025

Recommended Action:

Motion to waive reading and adopt the minutes

- B. <u>25-023</u> Minutes of Meetings
 - 1. Personnel and Finance Committee, August 6, October 30, November 14 & 19, 2024
 - 2. Plan Commission Special Meeting, January 22, 2025
 - 3. Business and Industrial Development Committee/Community Development Authority, January 28, 2025

Recommended Action: Motion to receive and file

C. 25-024 Applications and Petitions

1. Application for Temporary Class "B" Beer License for Two Rivers Main Street, The Great TRivia Contest event, March 13, 2025, 5:00PM to 10:00PM at the Community House, 1710 W. Park Street

2. Application for Temporary Class "B" Beer License for Two Rivers Main Street, Cool City Classic Car Show and Cruise event, June 27, 2025, 5:00PM to 10:00PM, June 28, 2025, 7:00AM to 4:00PM, Central Park West, 1700 Washington Street

3. Application for Temporary Class "B" Beer License for Two Rivers Main Street, Bryan Lee Memorial Blues Festival event, July 12, 2025, 10:00AM to 10:00PM, Central Park West, 1700 Washington Street

4. Application for Temporary Class "B" Beer License for Two Rivers Main Street, Ethnic Fest event, September 20, 2025, 10:00AM to 6:00PM, Central Park West, 1700 Washington Street 5. Application for New "Class B" License for Pizzeria Inizio LLC, dba Pop-Start Pizza, 1033 22nd Street, Justin Ulness, Agent

Recommended Action:

Motion to approve the applications and authorize issuance of the licenses

RECOMMENDED ACTION FOR CONSENT AGENDA

Motion to approve the Consent Agenda with the various actions recommended

11. CITY COUNCIL - FORMAL ITEMS

<u>A.</u> <u>25-025</u> Joint Powers Agreement Between Manitowoc County Joint Dispatch Center and City of Two Rivers

Recommended Action:

Motion to authorize the City Manager and City Council to sign the agreement on behalf of the City

12. FOR INFORMATION ONLY

- A. City Council Regular Meeting, Monday, February 17, 2025, 6:00 PM
- B. Council Listening Session, Wednesday, February 19, 2025, 6:00 PM at Lester Public Library C. City Council Work Session, Monday, February 24, 2025, 6:00 PM

13. CLOSED SESSION

Per Wisc. Stats. 19.85(1)(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

--Discuss recent communication from Van der Brohe Arboretum, regarding City utility service

14. RECONVENE IN OPEN SESSION

To consider possible actions in follow-up to closed session discussions

15. ADJOURNMENT

Motion to dispense with the reading of the minutes of this meeting and adjourn

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Two Rivers will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance or reasonable accommodations in participating in this meeting or event due to a disability as defined under the ADA, please call the City Clerk's office at 920-793-5526 or email <u>clerk@two-rivers.org</u> at least 48 hours prior to the scheduled meeting or event to request an accommodation. For additional assistance, individuals with hearing or speech disabilities can call 711 and be connected to a telephone relay system.

It is possible that members of and possibly a quorum of governmental bodies of the municipality may be in attendance at the above stated meeting to gather information; no other 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.

CONDITIONAL USE PERMIT City of Two Rivers

Document Number

Permit No. 2025-01

Before the City Council of the City of Two Rivers, Manitowoc County, Wisconsin, regarding the premises at <u>1803 Washington Street</u> in the City of Two Rivers, Manitowoc County, State of Wisconsin, further described as:

ORIG PLAT LOT 7 THRU 9 BLK 51

Inspections Department City of Two Rivers PO Box 87 Two Rivers, WI 54241-0087

Parcel ID Number: 053-000-051-091.06

Zoning Classification of the Premises is: B-1 Business District/Conditional Use for operation of a drive-thru service window. Mailing Address of the Premises Operator: 2500 Lehigh Ave, Glenview, IL 60026

WHEREAS, the Zoning Code and Zoning District Map of the above named municipality, pursuant to State Statute, state that the premises may not be used for the purpose hereinafter described but that upon petition such use may be approved by the municipality as a Conditional Use in particular circumstances as defined by the standards in the Zoning Ordinance; and

Petition therefore having been made, and public hearing held thereon, and the City Council of the City of Two Rivers having determined that by reason of the nature, character and circumstances of the proposed use, and of the specific and contemporary conditions, permit of such use upon the terms and conditions hereinafter prescribed would be consistent with the requirements of the Zoning Ordinance.

Now, therefore, it is permitted, subject to compliance with the terms and conditions hereinafter stated, that the Premises may be used for the purpose of the operation of a drive-thru facility.

Permitted by action of the City Council of the City of Two Rivers on February 3, 2025. Original filed in the office of the City Clerk of the City of Two Rivers, Wisconsin

The Conditions of this Permit are:

- 1. This Permit shall become effective upon the execution and recording by the Owner of the Premises as acceptance hereof.
- 2. This Permit is subject to the conditions herein and is subject to amendment and termination in accordance with the provisions of the Zoning Code of this Municipality.
- 3. The operation of the use permitted shall be in strict conformity to the approved conditions identified with this Petition for this Permit and such plans are incorporated herein by reference as if set forth in detail herein.
- 4. This Permit shall be void unless proper application, pursuant to the Building and Zoning Codes of this Municipality, for appropriate Building and Zoning Use Permits in conformity to this Permit, is made within twenty-four (24) months of the date hereof.
- 5. Any substantial change to the use or site as the conditions permitted by the issuance of this Permit would require approval by the Plan Commission and City Council as an amendment to this Permit.
- 6. This Permit is specifically issued to owner CEHOG I LLC and shall lapse upon a change in ownership or tenancy of the subject premises.

Conditions/Conditions of Operations:

a. Hours of operation: 8AM - 3AM. Seven days per week.

b. Signage in accord with the City's Sign Code.

7. After 1-year of business operations, the Plan Commission will revisit the possibility of implementing a "right turn only" onto Washington Street if the Police Department deems necessary.

SIGNATURES OF PROPERTY OWNER(S) AND PERMITEE(S):

.

As Owner(s) of the Subject Property, I/we accept and understand the above-described conditions.

Printed Name:	Printed Name:
STATE OF WISCONSIN	
MANITOWOC COUNTY	
Personally came before me thisday of and to be the person(, 2025, the above named (s) who executed the foregoing instrument and acknowledge the
same.	
Notary Public	
Printed Name County, Wisconsi	in the second
My commission expires:	11
SIGNATURES - CITY OF TWO RIVERS	
Greg Buckley, City Manager	Amanda Baryenbruch, City Clerk
STATE OF WISCONSIN	
MANITOWOC COUNTY Personally, came before me thisday of2025, person(s) who executed the foregoing instrument and acl	the above-named Greg Buckley and Amanda Baryenbruch known to be t knowledge the same.
Printed Name:	
Notary Public, Manitowoc County, Wisconsin My commission expires:	

THIS INSTRUMENT WAS DRAFTED BY: Adam Taylor, Zoning Administrator

--MEMORANDUM-

 TO:
 City Council

 FROM:
 Gregory E Buckley

 City Manager

DATE: January 30, 2025

SUBJECT: Conditional Use Permit for Proposed Taco Bell at 1803 Washington Street

When the Council considers this conditional use permit on Monday night, following the public hearing, I recommend that you consider the following minor "tweaks" to the conditions state on the proposed permit:

- 1. Modify Condition #4 as follows, to eliminate any ambiguity as to the deadline for applying for building and zoning permits:
 - This Permit shall be void unless proper application, pursuant to the Building and Zoning Codes of this Municipality, for appropriate Building and Zoning Use Permits in conformity to this Permit, is made within twenty-four (24) months of the date hereof. on or before February 3, 2027.
- 2. Modify Condition #7 as follows, to allow the City greater flexibility IF there is a need to revisit a "right turn only" restriction for the drive-through exit:
 - 7. After 1-year of business operations, the Plan Commission will revisit the possibility of implementing a "right turn only" onto- Washington Street if the Police Department deems necessary.
 - 7. At any time during the term of this permit, upon recommendation of the Chief of Police and after review and recommendation of the Plan Commission, the City Council may amend this Permit to restrict vehicles exiting the drivethrough to a "right turn only" onto Washington Street.

January 28, 2025

To: City of Two Rivers City Council & Inspections Dept.

From: Metro North Communications, Incorporated

As owners of two parcels in the downtown area, (1414 16th Street and 1817 Washington Street) we wish to show our support for a new Taco Bell restaurant, including Drive-Thru for the Northeast corner of the intersection of 18th Street and Washington.

Pacific Bells is a known entity. This location is far superior to any other choice. It will attract a new generation of residents to visit the downtown area. It will create local jobs. It will support the tax base, and the property will be more valuable upon completion, than if it was left as an 'abandoned' former video store.

There is nothing 'magic' about this intersection. Across the street from a funeral parlor. A painted mural that might be slightly blocked. (Murals don't create jobs) Two of the other corners are 100% supported by tax dollars.

In an era, where a bank left town, a jeweler retired, and Two Rivers is becoming known as the 'Massage Parlor Capital of the Lakeshore', it's time to welcome the investment and progress.

Jour Speller

Mark Heller, President and Owner



LAND DEVELOPMENT APPLICATION

APPLICANT Pacific Bells (Contact: Kari Keller)		TELEPHONE_714-724-9415	
MAILING ADDRESS 111 W 39th Street	Vancouver	WA	98660
(Street)	(City)	(State)	(Zip)
PROPERTY OWNER CEHOG I, LLC		T <mark>ELEPHON</mark> E_847	-904-9201
MAILING ADDRESS 209 Powell Place	Brewntwood	TN	37027
(Street)	(City)	(State)	(Zip)
REQUEST FOR: Comprehensive Plan Ame Site/Architectural Plan App Subdivision Plat or CSM R Zoning District Change STATUS OF APPLICANT: <u>x</u> Owner	proval	Conditional Use Annexation Request Variance/Board of Ap Other Buyer <u>×</u> Other	opeals
PROJECT LOCATION 1803 Washington Street	TYPE OF S	TRUCTURE Proposed	1 2,239 sf building
PRESENT ZONING B-1 Business	REQUEST	ED ZONING_B-1 Busir	ness
PROPOSED LAND USE Taco Bell restaurant with o	drive-thru		
PARCEL #05300005109106	AC	CREAGE 0.63	
LEGAL DESCRIPTION Lots Seven (7), Eight (8), and Nine (9) of E	Block Fifty-one (51) of the ORIGIN/	AL PLAT, in the City of Two Rivers	s, Manitowoc County, Wisconsin

NOTE: Attach a one-page written description of your proposal or request.

The undersigned certifies that he/she has familiarized himself/herself with the state and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct.

Signed_	(Property Owner)	Date12/24/2024
Fee Req	uired	Schedule
\$ 350	Comprehensive Plan Amendment	Application Submittal Date
\$ t/b/d \$ t/b/d	Site/Architectural Plan Approval (Listed in Sec 1-2-1) CSM Review (\$10 lot/\$30 min)	Date Fee(s) Paid

u u u		Date ree(3) raid
250	Subdivision Plat (fee to be determined)	
350	Zoning District Change	Plan(s) Submittal Date
350	Conditional Use	
t/b/d	Annexation Request (State Processing Fees Apply)	Plan Comm Appearance
350	Variance/Board of Appeals	
t/b/d	Other	

____TOTAL FEE PAID APPLIC

\$\$\$\$\$

\$

APPLICATION, PLANS & FEE RECEIVED BY _

11/22/16, 03/25/13, 01/01/06, 12/16/20 Land Development Application.docx



December 26, 2024

Project Narrative

Project: Taco Bell 1803 Washington Street Two Rivers, WI

Pacific Bells LLC is requesting site plan and conditional use review and approval for a new Taco Bell quick-serve restaurant with a drive-thru located at 1803 Washington Street in the City of Two Rivers. The property is zoned B-1 Business and the proposed use is permitted. The drivethru use requires a conditional use permit. The 0.63 acre site currently contains a retail store that will be demolished for the proposed project.

The proposed Taco Bell will be single-story with a building footprint of 2,239 square feet with a single drive-thru lane around the north side of the building. A waste enclosure is proposed on the southeast corner of the site. Adequate parking will be provided with 16 spaces (including 1 handicap accessible stall). The existing access to the site from 18th Street will remain and the existing access from Washington St will be reconstructed in the same location.

Exterior materials are represented in the attached color elevations and waste enclosure detail. The building and site will blend in with and enhance the character of the area. The property will be transformed into a commercial development that is aesthetically pleasing with high-quality exterior materials on the building along with landscaping designed to ensure species resiliency and complimentary style. Site lighting will be provided in a fashion that provides appropriate foot candles for safety with cut-off fixtures for minimal light trespass and directed inward toward the development.



January 21, 2025 City of Two Rivers Attn: Adam Taylor 1717 E Park St Two Rivers, WI 54241

Re: Design Committee Review Comments Pacific Bells LLC - Taco Bell at 1803 Washington Street

Dear Adam,

Please accept the resubmittal addressing the review comments from the Design Committee Special Meeting on January 13, 2025 minutes.

- Committee members expressed concerns regarding the proposed structure blocking the recently installed mural, but noted that the mural would provide a pleasant view for drive through customers. Is there another design that could be substituted? Could the location of the building be shifted or placed on a diagonal?
 Excel Response: Shifted the building 10' east to allow the mural to be seen by a stopped northbound car at the intersection of Washington Street and 18th street. See vision triangle on C1.1.
- 2) The committee appreciates the plan to retain and rebrand the existing monument sign. Excel Response: Noted.
- The committee has concerns regarding the impact traffic exiting onto Washington Street may have on the goal of creating a pedestrian friendly downtown.
 Excel Response: Noted. Existing driveway width decreased and driveway revised to exit only.
- 4) The committee had some concern regarding the height of the proposed light poles as they relate to existing light poles on Washington Street, but appreciates that they are IDA compliant.

Excel Response: The height of the poles are shown on the site photometric plan (C3.1) at 23'.

- The committee had some concern as to hours of operation and potential introduction of trash to the downtown.
 Excel Response: Addressed verbally by TM on 1-13-2025.
- The committee approves of the building materials and likes the synergy of the Southwest Purple with the Two Rivers Raiders school colors.
 Excel Response: Noted.

The submittal documents have been revised per the comments above. Please accept for review and approval. Please let me know if you have any comments, questions, or need additional information.

Sincerely,

Eric Drazkowski, P.E. Project Manager

Always a Better Plan -













NEW BUILDING FOR: PACIFIC BELLS LLC TWO RIVERS, WI



PARTICIPANTS' UNDERGROUND FACILITIES BEFORE YOU DIG IN WISCONSIN CALL DIGGERS HOTLINE 1-800-242-8511 TOLL FREE TELEFAX (414) 259-0947 TDD (FOR THE HEARING IMPAIRED) 1-800 542-2289

TO OBTAIN LOCATION OF

WISCONSIN STATUTE 182.0175 (1974) REQUIRES MINIMUM OF 3 WORK DAYS NOTICE BEFORE YOU EXCAVATE

NOTE:

PROPERTY LINES AND EASEMENTS SHOWN ON THIS SURVEY WERE DRAFTED FROM INFORMATION CONTAINED IN TITLE COMMITMENT NO. ____, BY ____ TITLE COMPANY, DATED ___, 20__. AN UPDATED PLAT OF SURVEY, CERTIFIED SURVEY MAP OR ALTA SURVEY HAS NOT BEEN AUTHORIZED.

NOTE SURFACE INDICATIONS OF UTILITIES ALONG WITH DIGGER'S HOTLINE MARKINGS PER TICKET NO. 20244618020 HAVE BEEN SHOWN. SIZES AND ELEVATION OF UNDERGROUND UTILITIES SHOWN HEREON ARE BASED ON FIELD MEASUREMENTS OF VISIBLE STRUCTURES IN COMBINATION WITH AVAILABLE DATA PROVIDED TO EXCEL ENGINEERING EXCEL ENGINEERING MAKES NO GUARANTEE THAT ALL THE EXISTING UTILITIES IN THE SURVEYED AREA HAVE BEEN SHOWN NOR THAT THEY ARE IN THE EXACT LOCATION INDICATED. CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE LOCATION OF ALL UTILITIES PRIOR TO CONSTRUCTION. THIS PLAN IS IN NO WAY A SUBSTITUTE FOR UTILITY LOCATING AT THE TIME OF EXCAVATION.



PROJECT CONTACTS

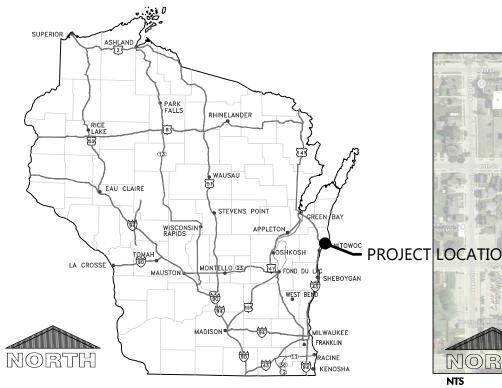
OWNER INFORMATION: Anchor Point ManagEment Kari Keller 111W. 39TH Street

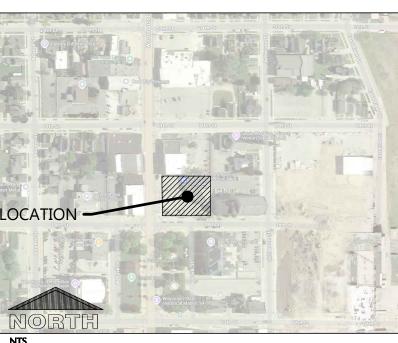
Vancouver, WA 98660 Phone: (714) 724-9415 Email: KKeller@Anchorpointmg.com CIVIL: Eric Drazkowski, P.E. Phone: (920)322-1678 E-mail: eric.drazkowski@excelengineer.com

CITY PLANNER Elizabeth Runge Phone: (920)793-5566 E-mail: erunge@two-rivers.org

CITY ENGINEER/DIRECTOR OF PUBLIC WORKS Matthew Heckenlaible Phone: (920)793-5566 E-mail: mathec@two-rivers.org









CONSTRUCTION STAKING SHALL BE COMPLETED BY EXCEL ENGINEERING AS REQUESTED B' THE CONTRACTOR AT THE CONTRACTOR'S EXPENSE. CONTRACTOR TO CONTACT RYAN WILGREEN AT 920-926-9800 OR RYAN.W@EXCELENGINEER.COM TO GET STAKING PRICE TO INCLUDE IN BID TO OWNER. PAYMENT OF STAKING COSTS ABOVE AND BEYOND THE BASE PRICE DUE TO RESTAKING WILL BE THE RESPONSIBILITY OF THE CONTRACTOR, NOT THE OWNER. CAD DRAWING FILES AND SURVEY CONTROL WILL NOT BE PROVIDED FOR STAKING PURPOSES.

CITY FIRE CHIEF: Dave Murack Phone: (920)793-5521

CITY BUILDING INSPECTOR Jane Drager Phone: (920)793-5566 E-mail: jdrager@two-rivers.org

PROJECT NOTES

GENERAL PROJECT NOTES

1. ALL DRIVEWAYS AND CURB CUTS TO BE CONSTRUCTED ACCORDING TO LOCAL ORDINANCES. CONTRACTOR TO OBTAIN ALL NECESSARY PERMITS.

2. THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL WORK IN ROW PERMITS.

CONSTRUCTION STAKING SERVICES

SHEET INDEX

SHEETS BELOW INTENDED TO BE PRINTED IN: COLOR. REFER TO DIGITAL FORMAT DRAWINGS IF PRINTED GRAYSCALE TO ENSURE SCOPE CLARITY.

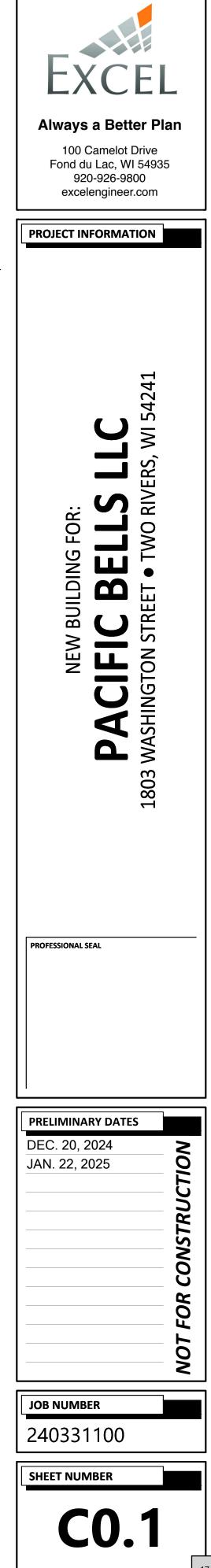
NUMBER	SHEET NAME / DESCRIPTION
C0.1	CIVIL COVER SHEET
C0.2	CIVIL SPECIFICATIONS
C1.0	EXISTING SITE AND DEMOLITION PLAN
C1.1	SITE PLAN
C1.2	GRADING AND EROSION CONTROL PLAN
C1.3	UTILITY PLAN
C1.4	LANDSCAPE AND RESTORATION PLAN
C2.0	DETAILS
C2.1	DETAILS
C3.1	SITE PHOTOMETRIC PLAN & DETAILS

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000.00 BG	PROPOSED SPOT ELEVATIONS (RE DETAIL) BG-FINISHED SURFACE G
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Section	5,	ItemA.	

DRAWINGS.	<u>SYM.</u>	IDENTIFICATION
LOW LINE OF CURB	000.00 TC 000.00 FL	PROPOSED SPOT ELEVATIONS (TOP OF CURB, FLOWLINE OF CURB)
DNS REFERENCE R-WALL GRADE AT BACK OF WALL T FRONT OF WALL	000.00 000.00 BW	PROPOSED SPOT ELEVATIONS (TOP OF WALK, BOTTOM OF WALK @ FLOWLINE)
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		EXISTING STREET LIGHT
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B/FT.		EXISTING WOODED AREA
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	— E —	- EXISTING UNDERGROUND ELECTRIC CABLE
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		- PROPOSED PROCESS SEWER AND MANHOLE
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		- PROPOSED UNDERGROUND ELECTRIC CABLE
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D MANHOLE - SAN MH	OU	- PROPOSED OVERHEAD UTILITY LINE
DRANT		- MATCHLINE
		- GRADING/SEEDING LIMITS

CIVIL COVER SHEE



CIVIL SPECIFICATIONS

DIVISION 31 EARTH WORK

31 10 00 SITE CLEARING

- A. CONTRACTOR SHALL CALL DIGGER'S HOT LINE AND CONDUCT A PRIVATE UTILITY LOCATE AS REQUIRED TO ENSURE THAT ALL UTILITIES HAVE BEEN LOCATED BEFORE STARTING SITE DEMOLITION. DESIGN ENGINEER SHALL BE NOTIFIED OF ANY DISCREPANCIES BETWEEN PLAN AND FIELD CONDITIONS PRIOR TO CONSTRUCTION.
- B. CONTRACTOR TO FIELD TELEVISE ALL EXISTING SANITARY AND STORM LATERALS THAT ARE SCHEDULED TO BE RE-USED AND/OR CONNECTED TO ON SITE AT TIME OF DEMOLITION. THE TELEVISING SHALL BE COMPLETED TO ENSURE THE EXISTING LATERAL(S) ARE FREE OF OBSTRUCTIONS AND IN SOUND STRUCTURAL CONDITION. TELEVISING OF THESE LATERAL(S) SHOULD BE COMPLETED AT BEGINNING OF CONSTRUCTION AND DESIGN ENGINEER SHALL BE NOTIFIED OF ANY PIPE OBSTRUCTIONS AND/OR STRUCTURAL DEFICIENCIES IMMEDIATELY AFTER COMPLETION OF FIELD TELEVISING
- C. DEMOLITION PLAN IS AN OVERVIEW OF DEMOLITION TO TAKE PLACE ON SITE. CONTRACTOR TO FIELD VERIFY EXISTING SITE CONDITIONS PRIOR TO BIDDING. CONTRACTOR SHALL REMOVE, REPLACE, OR DEMOLISH ALL ITEMS AS NEEDED DURING CONSTRUCTION. D. CONTRACTOR TO PROTECT EXISTING IMPROVEMENTS THAT ARE SCHEDULED TO REMAIN. ANY DAMAGE TO EXISTING FACILITIES SHALL BE
- REPLACED AT CONTRACTORS EXPENSE. E. ALL CONCRETE NOTED TO BE REMOVED SHALL BE REMOVED TO THE NEAREST CONTROL JOINT

31 20 00 EARTH MOVING

- A. CONTRACTOR SHALL CALL DIGGER'S HOT LINE AND CONDUCT A PRIVATE UTILITY LOCATE AS REQUIRED TO ENSURE THAT ALL UTILITIES HAVE BEEN LOCATED BEFORE STARTING EXCAVATION. DESIGN ENGINEER SHALL BE NOTIFIED OF ANY DISCREPANCIES BETWEEN PLAN AND FIELD CONDITIONS PRIOR TO CONSTRUCTION.
- B. PROVIDE ALL LABOR, MATERIALS AND EQUIPMENT FOR ALL EXCAVATION, GRADING, FILL AND BACKFILL WORK AS REQUIRED TO COMPLETE THE GENERAL CONSTRUCTION WORK. ALL EXCAVATION AND BACKFILL FOR ELECTRICALS AND MECHANICALS ARE THE
- RESPONSIBILITY OF THE RESPECTIVE CONTRACTOR UNLESS OTHERWISE SPECIFIED IN THE BID DOCUMENTS. C. ALL ORGANIC TOPSOIL INSIDE THE BUILDING AREA, UNDER PAVED AREAS, AND AT SITE FILL AREAS SHALL BE REMOVED. PROOF ROLL SUBGRADES BEFORE PLACING FILL WITH HEAVY PNEUMATIC-TIRED EQUIPMENT, SUCH AS A FULLY-LOADED TANDEM AXLE DUMP TRUCK, TO IDENTIFY SOFT POCKETS AND AREAS OF EXCESS YIELDING. CONTRACTOR SHALL VERIFY TOPSOIL DEPTHS PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL REVIEW AND FOLLOW THE RECOMMENDATIONS OF THE GEOTECHNICAL REPORT AND ACCOUNT FOR EXISTING CONDITIONS PRIOR TO SUBMITTING BID FOR THE PROJECT. EXCESS MATERIALS SHALL BE REMOVED FROM THE SITE UNLESS OTHERWISE DIRECTED IN THE PLANS OR BY LOCAL ZONING REQUIREMENTS.
- D. PLACE AND COMPACT FILL MATERIAL IN LAYERS TO REQUIRED ELEVATIONS. UNIFORMLY MOISTEN OR AERATE SUBGRADE AND EACH SUBSEQUENT FILL OR BACKFILL LAYER BEFORE COMPACTION AS RECOMMENDED TO ACHIEVE SPECIFIED DRY DENSITY. REMOVE AND REPLACE, OR SCARIFY AND AIR DRY, OTHERWISE SATISFACTORY SOIL MATERIAL THAT IS TOO WET TO COMPACT TO SPECIFIED DRY
- E. PLACE BACKFILL AND FILL MATERIALS IN LAYERS NOT MORE THAN 8" IN LOOSE DEPTH FOR MATERIAL COMPACTED BY HEAVY COMPACTION FOUIPMENT, AND NOT MORE THAN 4" IN LOOSE DEPTH FOR MATERIAL COMPACTED BY HAND-OPERATED TAMPERS.
- F. COMPACT THE SOIL TO NOT LESS THAN THE FOLLOWING PERCENTAGES OF MAXIMUM DRY DENSITY ACCORDING TO ASTM D 698, STANDARD PROCTOR TEST. FILL MAY NOT BE PLACED ON FROZEN GROUND AND NO FROZEN MATERIALS MAY BE USED FOR BACK FILL. APPLY THE MORE STRINGENT REQUIREMENTS WHEN COMPARING BETWEEN THE FOLLOWING AND THE GEOTECHNICAL REPORT. 1. UNDER FOUNDATIONS - SUBGRADE, AND EACH LAYER OF BACKFILL OR FILL MATERIAL, TO NOT LESS THAN 98 PERCENT.
- 2. UNDER INTERIOR SLAB-ON-GRADE WHERE GROUNDWATER IS MORE THAN 3 FEET BELOW THE SLAB PLACE A DRAINAGE COURSE LAYER OF 3/4" CRUSHED STONE, WITH 5% TO 12% FINES, PER THICKNESS INDICATED ON FOUNDATION PLANS ON PREPARED SUBGRADE. COMPACT THE SUBGRADE AND DRAINAGE COURSE TO NOT LESS THAN 95 PERCENT.
- 3. UNDER INTERIOR SLAB-ON-GRADE WHERE GROUNDWATER IS WITHIN 3 FEET OF THE SLAB SURFACE- PLACE A DRAINAGE COURSE LAYER OF CLEAN 3/4" CRUSHED STONE, WITH NO MORE THAN 5% FINES, PER THICKNESS INDICATED ON FOUNDATION PLANS ON PREPARED SUBGRADE. COMPACT THE SUBGRADE AND DRAINAGE COURSE TO NOT LESS THAN 95 PERCENT.
- 4. UNDER EXTERIOR CONCRETE AND ASPHALT PAVEMENTS COMPACT THE SUBGRADE AND EACH LAYER OF BACKFILL OR FILL MATERIAL
- TO NOT LESS THAN 95 PERCENT. 5. UNDER WALKWAYS - COMPACT SUBGRADE AND EACH LAYER OF BACKFILL OR FILL MATERIAL TO NOT LESS THAN 95 PERCENT. 6. UNDER LAWN OR UNPAVED AREAS - COMPACT SUBGRADE AND EACH LAYER OF BACKFILL OR FILL MATERIAL, TO NOT LESS THAN 85
- G. CONTRACTOR SHALL ENGAGE A QUALIFIED INDEPENDENT TESTING AND INSPECTING AGENCY TO PERFORM FIELD TESTS AND INSPECTIONS. CONTRACTOR SHALL PROVIDE DOCUMENTATION OF PASSING DENSITY TESTING AND PROOF-ROLLING TO ENGINEER UPON
- COMPLETION. IT IS SUGGESTED THAT THE GEOTECHNICAL FIRM USED TO PERFORM THE SUBSURFACE SOIL INVESTIGATION BE ENGAGED FOR THE FIELD QUALITY CONTROL TESTS. H. ALLOW THE TESTING AGENCY TO TEST AND INSPECT SUBGRADES AND EACH FILL OR BACKFILL LAYER. PROCEED WITH SUBSEQUENT EARTHWORK ONLY AFTER TEST RESULTS FOR PREVIOUSLY COMPLETED WORK COMPLY WITH REQUIREMENTS. PROVIDE ONE TEST FOR EVERY 2000 SQUARE FEET OF PAVED AREA OR BUILDING SLAB, ONE TEST FOR EACH SPREAD FOOTING, AND ONE TEST FOR EVERY 50
- LINEAR FEET OF WALL STRIP FOOTING WHEN THE TESTING AGENCY REPORTS THAT SUBGRADES, FILLS, OR BACKFILLS HAVE NOT ACHIEVED DEGREE OF COMPACTION SPECIFIED, SCARIFY AND MOISTEN OR AERATE, OR REMOVE AND REPLACE SOIL TO DEPTH REQUIRED; RECOMPACT AND RETEST UNTIL SPECIFIED COMPACTION IS OBTAINED
- J. THE BUILDING SITE SHALL BE GRADED TO PROVIDE DRAINAGE AWAY FROM THE BUILDING AS INDICATED ON THE PLANS. SITE EARTHWORK SHALL BE GRADED TO WITHIN 0.10' OF REQUIRED EARTHWORK ELEVATIONS ASSUMING POSITIVE DRAINAGE IS MAINTAINED IN ACCORDANCE WITH THE GRADING PLAN

31 30 00 EROSION CONTROL

- A. THE GRADING PLAN REFLECTS LESS THAN 1 ACRE OF DISTURBED AREA. THE SITE IS THEREFORE EXEMPT FROM WISCONSIN DEPARTMENT OF NATURAL RESOURCES NR 216 NOTICE OF INTENT REOUIREMENTS. THE DESIGN ENGINEER SHALL PREPARE AN EROSION CONTROL PLAN TO MEET NR 151.105 CONSTRUCTION SITE PERFORMANCE STANDARDS FOR NON-PERMITTED SITES.
- B. EROSION AND SEDIMENT CONTROL IMPLEMENTED DURING CONSTRUCTION SHALL STRICTLY COMPLY WITH THE GUIDELINES AND REQUIREMENTS SET FORTH IN WISCONSIN ADMINISTRATIVE CODE (W.A.C.) NR 151, THE STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES RUNOFF MANAGEMENT PERFORMANCE STANDARDS. TECHNICAL STANDARDS PUBLISHED BY THE WISCONSIN DNR SHALL ALSO BE UTILIZED TO IMPLEMENT THE REQUIRED PERFORMANCE STANDARDS. THE METHODS AND TYPES OF EROSION CONTROL WILL BE DEPENDENT ON THE LOCATION AND TYPE OF WORK INVOLVED. ALL SEDIMENT CONTROL MEASURES SHALL BE ADJUSTED TO MEET FIELD CONDITIONS AT THE TIME OF CONSTRUCTION, AND INSTALLED PRIOR TO ANY GRADING OR DISTURBANCE OF EXISTING SURFACE MATERIAL. BELOW IS A LIST OF EROSION AND SEDIMENT CONTROL BEST MANAGEMENT PRACTICES TO ACHIEVE THE PERFORMANCE
- 1. SILT FENCE SHALL BE PLACED ON SITE AT LOCATIONS SHOWN ON THE EROSION CONTROL PLAN. SILT FENCE SHALL ALSO BE PROVIDED AROUND THE PERIMETER OF ALL SOIL STOCKPILES THAT WILL EXIST FOR MORE THAN 7 DAYS. FOLLOW PROCEDURES FOUND IN WISCONSIN DNR TECHNICAL STANDARD 1056 (CURRENT EDITION).
- 2. DITCH CHECKS SHALL BE PROVIDED TO REDUCE THE VELOCITY OF WATER FLOWING IN DITCH BOTTOMS. PLACE AT LOCATIONS SHOWN ON THE EROSION CONTROL PLAN. FOLLOW PROCEDURES FOUND IN WISCONSIN DNR TECHNICAL STANDARD 1062 (CURRENT FDITION) 3. STONE TRACKING PADS AND TRACKOUT CONTROL PRACTICES SHALL BE PLACED AT ALL CONSTRUCTION SITE ENTRANCES AND SHALL
- BE INSTALLED PRIOR TO ANY TRAFFIC LEAVING THE CONSTRUCTION SITE. SEE THE EROSION CONTROL PLAN FOR LOCATIONS. THE AGGREGATE USED FOR THE STONE TRACKING PAD SHALL BE 3/8" TO 3 INCH CLEAR OR WASHED STONE AND SHALL BE PLACED IN A LAYER AT LEAST 12 INCHES THICK. THE STONE SHALL BE UNDERLAIN WITH A WISDOT TYPE R GEOTEXTILE FABRIC AS NEEDED. THE TRACKING PAD SHALL BE THE FULL WIDTH OF THE EGRESS POINT (12' MIN WIDTH) AND SHALL BE A MINIMUM OF 50 FEET LONG. SURFACE WATER MUST BE PREVENTED FROM PASSING THROUGH THE TRACKING PAD. OTHER TRACKOUT CONTROL PRACTICES INCLUDING STABILIZED WORK SURFACES, MANUFACTURED TRACKOUT CONTROL DEVICES, TIRE WASHING, AND STREET/PAVEMENT CLEANING SHALL BE IMPLEMENTED AS NECESSARY TO MITIGATE THE TRACKOUT OF SEDIMENT OFFSITE. FOLLOW PROCEDURES FOUND IN WISCONSIN DNR TECHNICAL STANDARD 1057 (CURRENT EDITION)
- 4. STORM DRAIN INLET PROTECTION SHALL BE PROVIDED FOR ALL NEW AND DOWNSTREAM STORM CATCH BASINS AND CURB INLETS. TYPE B OR C PROTECTION SHOULD BE PROVIDED AND SHALL BE IN CONFORMANCE WITH WISCONSIN DNR TECHNICAL STANDARD 1060 (CURRENT EDITION).
- 5. DUST CONTROL MEASURES SHALL BE PROVIDED TO REDUCE OR PREVENT THE SURFACE AND AIR TRANSPORT OF DUST DURING CONSTRUCTION. CONTROL MEASURES INCLUDE APPLYING MULCH AND ESTABLISHING VEGETATION, WATER SPRAYING, SURFACE ROUGHENING, APPLYING POLYMERS, SPRAY-ON TACKIFIERS, CHLORIDES, AND BARRIERS. SOME SITES MAY REQUIRE AN APPROACH THAT UTILIZES A COMBINATION OF MEASURES FOR DUST CONTROL, FOLLOW PROCEDURES FOUND IN WISCONSIN DNR TECHNICAL STANDARD 1068 (CURRENT EDITION)
- 6. THE USE, STORAGE, AND DISPOSAL OF CHEMICALS, CEMENT, AND OTHER COMPOUNDS AND MATERIALS USED ON SITE SHALL BE MANAGED DURING THE CONSTRUCTION PERIOD TO PREVENT THEIR TRANSPORT BY RUNOFF INTO WATERS OF THE STATE.
- 7. CONTRACTOR SHALL PROVIDE AN OPEN AGGREGATE CONCRETE TRUCK WASHOUT AREA ON SITE. CONTRACTOR TO ENSURE THAT CONCRETE WASHOUT SHALL BE CONTAINED TO THIS DESIGNATED AREA AND NOT BE ALLOWED TO RUN INTO STORM INLETS OR INTO THE OVERLAND STORMWATER DRAINAGE SYSTEM. WASHOUT AREA SHALL BE REMOVED UPON COMPLETION OF CONSTRUCTION.
- 8. TEMPORARY SITE RESTORATION SHALL TAKE PLACE IN DISTURBED AREAS THAT WILL NOT BE BROUGHT TO FINAL GRADE OR ON WHICH LAND DISTURBING ACTIVITIES WILL NOT BE PERFORMED FOR A PERIOD GREATER THAN 14 DAYS AND REQUIRES VEGETATIVE COVER FOR LESS THAN ONE YEAR. THIS TEMPORARY SITE RESTORATION REQUIREMENT ALSO APPLIES TO SOIL STOCKPILES THAT EXIST FOR MORE THAN 7 DAYS. PERMANENT RESTORATION APPLIES TO AREAS WHERE PERENNIAL VEGETATIVE COVER IS NEEDED TO PERMANENTLY STABILIZE AREAS OF EXPOSED SOIL. PERMANENT STABILIZATION SHALL OCCUR WITHIN 3 WORKING DAYS OF FINAL GRADING. TOPSOIL, SEED, AND MULCH SHALL BE IN GENERAL CONFORMANCE WITH TECHNICAL STANDARDS 1058 AND 1059 AND SHALL MEET THE SPECIFICATIONS FOUND IN THE LANDSCAPING AND SITE STABILIZATION SECTION OF THIS CONSTRUCTION DOCUMENT. ANY SOIL EROSION THAT OCCURS AFTER FINAL GRADING AND/OR FINAL STABILIZATION MUST BE REPAIRED AND THE STABILIZATION WORK REDONE.
- 9. IF SITE DEWATERING IS REQUIRED FOR PROPOSED CONSTRUCTION ACTIVITIES, ALL SEDIMENT LADEN WATER GENERATED DURING THE DEWATERING PROCESS SHALL BE TREATED TO REMOVE SEDIMENT PRIOR TO DISCHARGING OFF-SITE OR TO WATERS OF THE STATE. FOLLOW ALL PROCEDURES FOUND IN TECHNICAL STANDARD 1061.
- 10. ALL OFF-SITE SEDIMENT DEPOSITS OCCURRING AS A RESULT OF CONSTRUCTION WORK OR A STORM EVENT SHALL BE CLEANED UP BY THE END OF EACH WORKING DAY. DUST CONTROL REQUIREMENTS SHALL BE FOLLOWED PER WI DNR TECHNICAL STANDARD 1068 (CURRENT EDITION). FLUSHING SHALL NOT BE ALLOWED.
- C. ALL EROSION CONTROL DEVICES SHALL AT A MINIMUM BE INSPECTED EVERY 7 CALENDAR DAYS OR EVERY 14 DAYS AND WITHIN 24 HOURS OF THE END OF A RAIN EVENT OF 0.5" OR MORE. MAINTENANCE SHALL BE PERFORMED PER WISCONSIN ADMINISTRATIVE CODE (W.A.C.) NR 151 STORMWATER MANAGEMENT TECHNICAL STANDARD REQUIREMENTS. D. EROSION CONTROL MEASURES SHALL NOT BE REMOVED UNTIL THE AREA(S) SERVED HAVE ESTABLISHED VEGETATIVE COVER.
- E. THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL LOCAL EROSION CONTROL PERMITS.

DIVISION 32 EXTERIOR IMPROVEMENTS

32 10 00 AGGREGATE BASE & ASPHALT PAVEMENT

- A. CONTRACTOR TO PROVIDE COMPACTED AGGREGATE BASE AND HOT MIX ASPHALT PAVEMENT WHERE INDICATED ON THE PLANS. ALL AGGREGATE PROVIDED MUST COMPLY WITH SECTION 305 OF THE WISCONSIN STANDARD SPECIFICATIONS FOR HIGHWAY AND STRUCTURE CONSTRUCTION. PROVIDE HOT MIX ASPHALT MIXTURE TYPES PER SECTION 460 OF THE WISCONSIN STANDARD SPECIFICATIONS FOR HIGHWAY AND STRUCTURE CONSTRUCTION. CONTRACTOR SHALL OBTAIN AND REVIEW SOILS REPORT FOR RECOMMENDATIONS FOR GEO-GRID / GEOTEXTILE BELOW CRUSHED AGGREGATE (IF APPLICABLE). CONTRACTOR TO PROVIDE AGGREGATE BASE AND HOT MIX ASPHALT PAVEMENT TYPES AND DEPTHS AS INDICATED BELOW:
- STANDARD ASPHALT PAVING SECTION 1-1/2" SURFACE COURSE (5 LT 58-28S) (WISDOT 455.2.5 TACK COAT (STAGED PAVING) WISDOT 455.2.5 TACK COAT (STAGED PAVING) 2" BINDER COURSE (4 LT 58-28S)
- 10" OF 1-1/4" CRUSHED AGGREGATE PAVED TO WITHIN 0.05' OF DESIGN SURFACE GRADES WITH POSITIVE DRAINAGE BEING MAINTAINED IN ACCORDANCE WITH DESIGN
- PLANS. A MINIMUM OF 1.1% SLOPE SHALL BE MAINTAINED IN ALL ASPHALT PAVEMENT AREA C. HOT MIX ASPHALT CONSTRUCTION TO BE PROVIDED PER MORE STRINGENT REQUIREMENTS OF GEOTECHNICAL REPORT OR CONSTRUCTION DOCUMENTS.
- D. CONTRACTOR TO PROVIDE 4" WIDE YELLOW PAINTED STRIPING FOR PARKING STALLS, TRAFFIC LANES, AND NO PARKING AREAS. YELLOW PAINT MARKINGS SHALL ALSO BE PROVIDED FOR H.C. ACCESSIBLE SYMBOLS, TRAFFIC ARROWS, AND TRAFFIC MESSAGES.

32 20 00 CONCRETE AND AGGREGATE BASE

- A. CONTRACTOR TO PROVIDE CRUSHED AGGREGATE BASE AND CONCRETE WHERE INDICATED ON THE PLANS. B. ALL AGGREGATE PROVIDED MUST COMPLY WITH SECTION 305 OF THE WISCONSIN STANDARD SPECIFICATIONS FOR HIGHWAY AND
- STRUCTURE CONSTRUCTION. ALL AGGREGATE PLACED MUST BE COMPACTED TO AN AVERAGE DENSITY PER WISCONSIN STANDARD SPECIFICATIONS FOR HIGHWAY AND STRUCTURE CONSTRUCTION. C. DESIGN AND CONSTRUCTION OF ALL CAST-IN-PLACE EXTERIOR CONCRETE FLAT WORK SHALL CONFORM TO ACI 330R-08 & ACI 318-08. D. EXTERIOR CONCRETE FLAT WORK CONSTRUCTION TO BE PROVIDED PER MORE STRINGENT REQUIREMENTS OF THE GEOTECHNICAL REPORT OR THIS SPECIFICATION. CONCRETE FLAT WORK CONSTRUCTION IS AS FOLLOWS:
- 1. SIDEWALK CONCRETE 4" OF CONCRETE OVER 4" OF 3/4" CRUSHED AGGREGATE BASE. CONTRACTION JOINTS SHALL CONSIST OF 1/8" NIDE BY 1" DEEP TOOLED JOINT WHERE INDICATED ON THE PLANS. 2. DUMPSTER PAD/APRON CONCRETE - 8" OF CONCRETE OVER 6" OF AGGREGATE BASE.
- a. CONCRETE SHALL BE STEEL REINFORCED WITH THE FOLLOWING AND PLACED IN THE UPPER 1/3 TO ½ OF THE SLAB: 1) TIE BARS AT ALL CONTRACTION JOINTS OF THE CONCRETE. TIE BARS SHALL BE #4 REBAR 30" LONG PLACED AT 30" O.C.
- b. DUMPSTER PAD CONCRETE JOINTING SHALL BE AS FOLLOWS: 1) CONTRACTION SAWCUT JOINT - CONTRACTOR SHALL PROVIDE A SAWCUT JOINT AT MAXIMUM SPACING OF 15' ON CENTER.
- SAWCUT SHALL BE 2" IN DEPTH.
- DOWEL PLACED AT 12" O.C. ONE HALF OF THE DOWEL SHALL BE GREASED. GREENSTREAK 9" SPEED DOWEL TUBES SHALL BE
- 3. HEAVY DUTY CONCRETE (TRUCK TRAFFIC) 6" OF CONCRETE OVER 6" OF 3/4" CRUSHED AGGREGATE. CONCRETE SHALL BE REINFORCED SHALL BE SAWCUT 1.5" IN DEPTH AND BE SPACED A MAXIMUM OF 15' ON CENTER.
- E. DESIGN MIXES SHALL BE IN ACCORDANCE WITH ASTM C94 1. STRENGTH TO BE MINIMUM OF 4,500 PSI AT 28 DAYS FOR EXTERIOR CONCRETE.
- 2. MAXIMUM WATER/CEMENT RATIO SHALL BE 0.45. 3. SLUMP SHALL NOT EXCEED 4" FOR EXTERIOR CONCRETE FLAT WORK
- 4. SLUMP SHALL BE 2.5" OR LESS FOR SLIP-FORMED CURB AND GUTTER
- 5. SLUMP SHALL BE BETWEEN 1.5" TO 3" FOR NON SLIP-FORMED CURB AND GUTTER APPROVAL OF EXCEL ENGINEERING, INC. CALCIUM CHLORIDE SHALL NOT BE USED.
- 7. MAXIMUM AGGREGATE SIZE FOR ALL EXTERIOR CONCRETE SHALL BE 0.75 INCHES. F. VERIFY EQUIPMENT CONCRETE PAD SIZES WITH CONTRACTOR REQUIRING PAD. PADS SHALL HAVE FIBERMESH 300 FIBERS AT A RATE OF 1.5 LBS/CU. YD. OR 6 X 6-W1.4 X W1.4 WELDED WIRE MESH WITH MINIMUM 1 INCH COVER. EQUIPMENT PADS SHALL BE 5.5 INCHES THICK WITH 1 INCH CHAMFER UNLESS SPECIFIED OTHERWISE. COORDINATE ADDITIONAL PAD REQUIREMENTS WITH RESPECTIVE CONTRACTOR. G. ALL CONCRETE FLAT WORK SURFACES AND CONCRETE CURB FLOWLINES SHALL BE CONSTRUCTED TO WITHIN 0.05' OF DESIGN SURFACE AND FLOWLINE GRADES ASSUMING POSITIVE DRAINAGE IS MAINTAINED IN ACCORDANCE WITH THE DESIGN PLANS.
- H. CONCRETE FLAT WORK SHALL HAVE CONSTRUCTION JOINTS OR SAW CUT JOINTS PLACED AS INDICATED ON THE PLANS OR PER THIS SPECIFICATION. SAWCUTS SHALL BE DONE AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS AFTER CONCRETE IS PLACED. CONCRETE CURB AND GUTTER JOINTING SHALL BE PLACED EVERY 10' OR CLOSER (6' MIN.) IE CONCRETE PAVEMENT IS ADJACENT TO CONCRETE CURB, JOINTING IN THE PAVEMENT AND CURB SHALL ALIGN. ALL EXTERIOR CONCRETE SHALL HAVE A BROOM FINISH UNLESS NOTED OTHERWISE. A UNIFORM COAT OF A HIGH SOLIDS CURING COMPOUND MEETING ASTM C309 SHALL BE APPLIED TO ALL EXPOSED CONCRETE SURFACES. ALL CONCRETE IS TO BE CURED FOR 7 DAYS. EXTERIOR CONCRETE SHALL BE SEPARATED FROM BUILDINGS WITH CONTINUOUS 0.5 INCH FIBER EXPANSION JOINT AND/OR 0.25 INCH FIBER EXPANSION JOINT AT DECORATIVE MASONRY UNITS.
- I. ALL REINFORCING BARS SHALL BE ASTM A615 GRADE 60. THICKNESS OF CONCRETE COVER OVER REINFORCEMENT SHALL BE NOT LESS THAN 3" WHERE CONCRETE IS DEPOSITED AGAINST THE GROUND WITHOUT THE USE OF FORMS AND NOT LESS THAN 1.5" FOR UP TO #5 BARS AND 2" FOR #6 TO #10 BARS IN ALL OTHER LOCATIONS. ALL REINFORCING SHALL BE LAPPED 48 DIAMETERS FOR UP TO #6 BARS, 62 DIAMETERS FOR #7 TO #9 BARS, 68 DIAMETERS FOR #10 BARS OR AS NOTED ON THE DRAWINGS AND EXTENDED AROUND CORNERS WITH CORNER BARS. PLACING AND DETAILING OF STEEL REINFORCING AND REINFORCING SUPPORTS SHALL BE IN ACCORDANCE WITH CRSI AND ACI MANUAL AND STANDARD PRACTICES. THE REINFORCEMENT SHALL NOT BE PAINTED AND MUST BE FREE OF GREASE/OIL. DIRT OR DEEP RUST WHEN PLACED IN THE WORK. ALL WELDED WIRE FABRIC SHALL MEET THE REQUIREMENTS OF ASTM A 1064. WELDED WIRE FABRIC SHALL BE PLACED 2" FROM TOP OF SLAB, UNLESS INDICATED OTHERWISE.
- L CONTRACTOR SHALL ENGAGE A OUALIFIED INDEPENDENT TESTING AND INSPECTING AGENCY TO SAMPLE MATERIALS. PERFORM TESTS AND SUBMIT TEST REPORTS DURING CONCRETE PLACEMENT. TESTS WILL BE PERFORMED ACCORDING TO ACI 301. CAST AND LABORATORY CURE ONE SET OF FOUR STANDARD CYLINDERS FOR EACH COMPOSITE SAMPLE FOR EACH DAY'S POUR OF EACH CONCRETE MIX EXCEEDING 5 CU. YD., BUT LESS THAN 25 CU. YD., PLUS ONE SET FOR EACH ADDITIONAL 50 CU. YD. OR FRACTION THEREOF. PERFORM COMPRESSIVE-STRENGTH TESTS ACCORDING TO ASTM C 39. TEST TWO SPECIMENS AT 7 DAYS AND TWO SPECIMENS AT 28 DAYS. PERFORM SLUMP TESTING ACCORDING TO ASTM C 143. PROVIDE ONE TEST AT POINT OF PLACEMENT FOR EACH COMPOSITE SAMPLE, BUT NOT LESS THAN ONE TEST FOR EACH DAY'S POUR OF EACH CONCRETE MIX. PERFORM ADDITIONAL TESTS WHEN CONCRETE CONSISTENCY APPEARS TO CHANGE.
- K. PROTECT FRESHLY PLACED CONCRETE FROM PREMATURE DRYING AND EXCESSIVE COLD OR HOT TEMPERATURES. IN HOT, DRY, AND WINDY WEATHER, APPLY AN EVAPORATION-CONTROL COMPOUND ACCORDING TO MANUFACTURER'S INSTRUCTIONS AFTER SCREEDING AND BULL FLOATING, BUT BEFORE POWER FLOATING AND TROWELLING.
- L. LIMIT MAXIMUM WATER-CEMENTITIOUS RATIO OF CONCRETE EXPOSED TO FREEZING, THAWING AND DEICING SALTS TO 0.45. M. TEST RESULTS WILL BE REPORTED IN WRITING TO THE DESIGN ENGINEER, READY-MIX PRODUCER, AND CONTRACTOR WITHIN 24 HOURS AFTER TESTS. REPORTS OF COMPRESSIVE STRENGTH TESTS SHALL CONTAIN THE PROJECT IDENTIFICATION NAME AND NUMBER, DATE OF CONCRETE PLACEMENT, NAME OF CONCRETE TESTING SERVICE, CONCRETE TYPE AND CLASS, LOCATION OF CONCRETE BATCH ON SITE. DESIGN COMPRESSIVE STRENGTH AT 28 DAYS, CONCRETE MIX PROPORTIONS AND MATERIALS, COMPRESSIVE BREAKING STRENGTH, AND TYPE OF BREAK FOR BOTH 7-DAY TESTS AND 28-DAY TESTS.
- N. CONTRACTOR TO PROVIDE 4" WIDE YELLOW PAINTED STRIPING FOR PARKING STALLS, TRAFFIC LANES, AND NO PARKING AREAS. YELLOW PAINT MARKINGS SHALL ALSO BE PROVIDED FOR H.C. ACCESSIBLE SYMBOLS, TRAFFIC ARROWS, AND TRAFFIC MESSAGES.

HEAVY ASPHALT PAVING SECTION 1-1/2" SURFACE COURSE (5 LT 58-28S) 2-1/2" BINDER COURSE (4 LT 58-28S) 12" OF 1-1/4" CRUSHED AGGREGATE

B. CONTRACTOR TO COMPACT THE AGGREGATE BASE, ASPHALT BINDER COURSE, AND ASPHALT SURFACE COURSE TO AN AVERAGE DENSITY PER WISCONSIN STANDARD SPECIFICATIONS FOR HIGHWAY AND STRUCTURE CONSTRUCTION. ALL ASPHALT PAVEMENT AREAS SHALL BE

2) TYPICAL POUR CONTROL JOINT - POUR CONTROL JOINT SHALL BE PROVIDED WITH 1-1/4" DIAMETER BY 20" LONG SMOOTH

WITH #3 REBARS ON CHAIRS AT 3' O.C. REBAR SHALL BE PLACED PLACED IN THE UPPER 1/3 TO ½ OF THE SLAB. CONTRACTION JOINTS

6. ALL EXTERIOR CONCRETE SHALL BE AIR ENTRAINED WITH 4% TO 7% AIR CONTENT. NO OTHER ADMIXTURES SHALL BE USED WITHOUT

32 30 00 LANDSCAPING AND SITE STABILIZATION

A. TOPSOIL: CONTRACTOR TO PROVIDE A MINIMUM OF 6" OF TOPSOIL FOR ALL DISTURBED OPEN AREAS, OTHER THAN A LANDSCAPE ISLANDS SHALL BE PROVIDED WITH A MINIMUM OF 10" OF TOPSOIL. REUSE SURFACE SOIL STOCKPILED ON SITE AND SUPPLEMENT WITH IMPORTED OR MANUFACTURED TOPSOIL FROM OFF SITE SOURCES WHEN QUANTITIES ARE INSUFFICIENT. EXCAVATOR SHALL BE RESPONSIBLE FOR ROUGH PLACEMENT OF TOPSOIL TO WITHIN 1" OF FINAL GRADE PRIOR TO LANDSCAPER FINAL GRADING. LANDSCAPER TO PROVIDE PULVERIZING AND FINAL GRADING OF TOPSOIL. PROVIDE SOIL ANALYSIS BY A QUALIFIED SOIL TESTING LABORATORY AS REQUIRED TO VERIFY THE SUITABILITY OF SOIL TO BE USED AS TOPSOIL AND TO DETERMINE THE NECESSARY SOIL AMENDMENTS. TEST SOIL FOR PRESENCE OF ATRAZINE AND INFORM EXCEL ENGINEERING, INC. IF PRESENT PRIOR TO BIDDING PROJECT. TOPSOIL SHALL HAVE A PH RANGE OF 5.5 TO 8, CONTAIN A MINIMUM OF 5 PERCENT ORGANIC MATERIAL CONTENT, AND SHALL BE FREE OF STONES 1 INCH OR LARGER IN DIAMETER. ALL MATERIALS HARMFUL TO PLANT GROWTH SHALL ALSO BE REMOVED.

TOPSOIL INSTALLATION: LOOSEN SUBGRADE TO A MINIMUM DEPTH OF 6 INCHES AND REMOVE STONES LARGER THAN 1" IN DIAMETER ALSO REMOVE ANY STICKS, ROOTS, RUBBISH, AND OTHER EXTRANEOUS MATTER AND DISPOSE OF THEM OFF THE PROPERTY. SPREAD TOPSOIL TO A DEPTH OF 6" BUT NOT LESS THAN WHAT IS REQUIRED TO MEET FINISHED GRADES AFTER LIGHT ROLLING AND NATURAL SETTLEMENT. DO NOT SPREAD TOPSOIL IF SUBGRADE IS FROZEN, MUDDY, OR EXCESSIVELY WET. GRADE PLANTING AREAS TO A SMOOTH, UNIFORM SURFACE PLANE WITH LOOSE, UNIFORMLY FINE TEXTURE. GRADE TO WITHIN 0.05 FEET OF FINISHED GRADE ELEVATION. B. SEEDED LAWNS:

- 1. PERMANENT LAWN AREAS SHALL BE SEEDED WITH THE FOLLOWING MIXTURE: 65% KENTUCKY BLUEGRASS BLEND (2.0-2.6 LBS./1,000 S.F.), 20% PERENNIAL RYEGRASS (0.6-0.8 LBS./1,000 S.F.), 15% FINE FESCUE (0.4-0.6 LBS/1,000 S.F.). STRAW AND MULCH SHALL BE LAID AT 100LBS/1.000 S.F. FERTILIZE AS PER SOIL TEST OR APPLY 5-10-10 OR EOUIVALENT AT 5-6 LBS/1.000 S.F. SEE EROSION MATTING SPECIFICATIONS AS REQUIRED. ALL SITE DISTURBED AREAS NOT DESIGNATED FOR OTHER LANDSCAPING AND SITE STABILIZATION METHODS SHALL BE SEEDED AS PERMANENT LAWN. NO BARE TOPSOIL SHALL BE LEFT ONSITE. FOLLOW PROCEDURES FOUND IN WDNR TECHNICAL STANDARDS 1058 & 1059.
- 2. ALL PERMANENT AND TEMPORARY STORM WATER CONVEYANCE SWALE BOTTOMS AND SIDE SLOPES SHALL BE SEEDED WITH THE FOLLOWING MIXTURE: 45% KENTUCKY BLUEGRASS (0.60 LBS./1000 S.F.), 40% CREEPING RED FESCUE (0.50 LBS./1,000 S.F.), AND 15% PERENNIAL RYEGRASS (0.20 LBS./1,000 S.F.). FERTILIZE AS PER SOIL TEST OR APPLY 5-10-10 OR EQUIVALENT AT 5-6 LBS./1,000 S.F. SEE EROSION MATTING SPECIFICATIONS AS REQUIRED. FOLLOW PROCEDURES FOUND IN WDNR TECHNICAL STANDARDS 1058 & 1059.
- 3. ALL TEMPORARY SEEDING SHALL CONSIST OF THE FOLLOWING MIXTURE: 100% RYEGRASS AT 1.9 LBS./1,000 S.F. STRAW AND MULCH SHALL BE LAID AT 100 LBS./1,000 S.F. FERTILIZE AS PER SOIL TEST OR APPLY 5-10-10 OR EQUIVALENT AT 5-6 LBS./1,000 S.F. SEE EROSION MATTING SPECIFICATIONS AS REQUIRED. FOLLOW PROCEDURES FOUND IN WDNR TECHNICAL STANDARDS 1058 & 1059. C. SEEDED LAWN MAINTENANCE: CONTRACTOR TO PROVIDE MAINTENANCE OF ALL LANDSCAPING FOR A PERIOD OF 90 DAYS FROM THE
- DATE OF INSTALLATION. AT THE END OF THE MAINTENANCE PERIOD, A HEALTHY, UNIFORM, CLOSE STAND OF GRASS SHOULD BE ESTABLISHED FREE OF WEEDS AND SURFACE IRREGULARITIES. LAWN COVERAGE SHOULD EXCEED 90% AND BARE SPOTS SHOULD NOT EXCEED 5"X5". CONTRACTOR SHOULD REESTABLISH LAWNS THAT DO NOT COMPLY WITH THESE REQUIREMENTS AND CONTINUE MAINTENANCE UNTIL LAWNS ARE SATISFACTORY D. EROSION MATTING:
- 1. CONTRACTOR TO PROVIDE EROSION CONTROL MATTING (NORTH AMERICAN GREEN \$150) OR EQUIVALENT ON ALL SLOPES THAT ARE 4:1 AND GREATER. LAWN SEED SHALL BE PLACED BELOW MATTING IN ACCORDANCE WITH SEEDING REQUIREMENTS AND MANUFACTURER SPECIFICATIONS
- 2. CONTRACTOR TO PROVIDE EROSION MATTING (NORTH AMERICAN GREEN C125) OR EQUIVALENT IN ALL SWALE BOTTOMS AND SIDE SLOPES AS REQUIRED. LAWN SEED SHALL BE PLACED BELOW MATTING IN ACCORDANCE WITH SEEDING REQUIREMENTS AND MANUFACTURER SPECIFICATIONS
- E. SODDED LAWNS: PROVIDE SOD CONSISTING OF THE FOLLOWING GRASS SPECIES 65% KENTUCKY BLUEGRASS, 20% PERENNIAL REVEGRASS 15% FINE FESCUE PROVIDE VIABLE SOD OF UNIFORM DENSITY COLOR AND TEXTURE SOD SHOULD BE STRONGLY ROOTED AND CAPABLE OF VIGOROUS GROWTH AND DEVELOPMENT WHEN PLANTED. LAY SOD WITHIN 24 HOURS OF HARVESTING. DO NOT LAY SOD IF DORMANT OR IF GROUND IS FROZEN OR MUDDY. LAY SOD WITH TIGHTLY FITTED BUTT END AND SIDE JOINTS. DO NOT STRETCH OR OVERLAP. STAGGER SOD STRIPS TO OFFSET JOINTS IN ADJACENT COURSES. TAMP AND ROLL LIGHTLY TO ENSURE CONTACT WITH TOPSOIL. ANCHOR SOD ON SLOPES EXCEEDING 6:1 SLOPE. PROVIDE SLOW RELEASE FERTILIZER AS RECOMMENDED BY SOD SUPPLIER FOR PROPER LAWN ESTABLISHMENT. SATURATE WITH FINE WATER SPRAY WITHIN 2 HOURS OF PLANTING.
- F. SODDED LAWN MAINTENANCE: CONTRACTOR TO PROVIDE MAINTENANCE FOR ALL SODDED AREAS FOR A PERIOD OF 90 DAYS FROM THE DATE OF INSTALLATION. AT THE END OF THE MAINTENANCE PERIOD, A HEALTHY, WELL-ROOTED, EVEN-COLORED, VIABLE LAWN SHOULD BE ESTABLISHED. THE LAWN SHOULD BE FREE OF WEEDS, OPEN JOINTS, BARE AREAS, AND SURFACE IRREGULARITIES. REESTABLISH LAWNS THAT DO NOT COMPLY WITH THESE REQUIREMENTS AND CONTINUE MAINTENANCE UNTIL LAWNS ARE SATISFACTORY
- G. TREES AND SHRUBS: FURNISH NURSERY-GROWN TREES AND SHRUBS WITH HEALTHY ROOT SYSTEMS DEVELOPED BY TRANSPLANTING OR ROOT PRUNING. PROVIDE WELL-SHAPED, FULLY BRANCHED, AND HEALTHY LOOKING STOCK. STOCK SHOULD ALSO BE FREE OF DISEASE, INSECTS, EGGS, LARVAE, AND DEFECTS SUCH AS KNOTS, SUN SCALD, INJURIES, ABRASIONS, AND DISFIGUREMENT. SEE THE LANDSCAPE PLAN FOR SPECIFIC SPECIE TYPE, SIZE, AND LOCATION.
- H. TREE AND SHRUB INSTALLATION: EXCAVATE CIRCULAR PITS WITH SIDES SLOPED INWARD. TRIM BASE LEAVING CENTER AREA RAISED SLIGHTLY TO SUPPORT ROOT BALL. EXCAVATE PIT APPROXIMATELY THREE TIMES AS WIDE AS THE ROOT BALL DIAMETER. SET TREES AND SHRUBS PLUMB AND IN CENTER OF PIT WITH TOP OF BALL 1" ABOVE ADJACENT FINISHED GRADES. PLACE PLANTING SOIL MIX AROUND ROOT BALL IN LAYERS AND TAMP TO SETTLE MIX. WATER ALL PLANTS THOROUGHLY. PROVIDE TEMPORARY STAKING FOR TREES AS REOUIRED
- TREE AND SHRUB MAINTENANCE/WARRANTY: CONTRACTOR TO PROVIDE MAINTENANCE OF ALL LANDSCAPING FOR A PERIOD OF 90 DAYS FROM THE DATE OF INSTALLATION. MAINTENANCE TO INCLUDE REGULAR WATERING AS REQUIRED FOR SUCCESSFUL PLANT ESTABLISHMENT. CONTRACTOR TO PROVIDE 1 YEAR WARRANTY ON ALL TREES, SHRUBS, AND PERENNIALS.
- J. ORGANIC MULCH: PROVIDE 3" MINIMUM THICK BLANKET OF SHREDDED HARDWOOD MULCH AT ALL PLANTING AREAS INDICATED ON HE LANDSCAPE PLAN. INSTALL OVER NON-WOVEN WEED BARRIER FABRIC. COLOR BY OWNER.
- K. MINERAL MULCH: PROVIDE 3" MINIMUM THICK BLANKET OF 1.5" MINIMUM TO 2.5" MAXIMUM CRUSHED DECORATIVE STONE AT ALL PLANTING AREAS INDICATED ON THE LANDSCAPE PLAN. INSTALL OVER NON-WOVEN WEED BARRIER FABRIC. COLOR BY OWNER. L. PLASTIC EDGING: INSTALL VALLEY VIEW INDUSTRIES BLACK DIAMOND LAWN EDGING TO SEPARATE ALL PLANTING BEDS FROM LAWN
- EAS. EDGING TO BE 5.5" TALL WITH METAL STAKES INSTALLED PER MANUFACTURER'S WRITTEN INSTRUCTIONS. M. LANDSCAPE AND LAWN IRRIGATION: CONTRACTOR TO PROVIDE DESIGN AND INSTALLATION OF IRRIGATION SYSTEM PIPING, VALVES, VALVE BOXES, SPRINKLERS, EMITTERS, DRIP TUBES, AND CONTROLS IN COMBINATIONS THAT BEST SUIT THE LANDSCAPE PLAN LAYOUT.
- ALL LAWN AND LANDSCAPING AREAS SHALL BE PROVIDED WITH IRRIGATION AS DELINEATED ON THE PLAN. THE DESIGN SHOULD MINIMIZE THE AMOUNT OF WATER THAT EXTENDS BEYOND THE PROPERTY AND ON PAVED AREAS. THE SYSTEM SHALL BE DESIGNED FOR FULLY AUTOMATIC OPERATION AND PROVIDE ALL NECESSARY CONTROLS, VALVES, AND WIRING TO OPERATE THE SYSTEM. THE CONTROL UNIT SHALL BE INSTALLED IN A MECHANICAL ROOM OR AT A LOCATION AGREED TO WITH THE OWNER. THE CONTROL UNIT SHOULD BE PROVIDED WITH A LOCKING COVER

Table A: Allowable Pipe Material Schedule					
Utility	Material	Pipe Code	Fitting Code	Joint Code	Comments
Water Lateral	Type K Copper-Soft	ASTM B-88	ASTM B16.22, ASTM B16.29	ASTM B32 AWS A5.8 BCuP Silver Braze	<2", No Joints below Building
Water Lateral	C901/906 PE	AWWA C901/C906	ASTM D2609, ASTM D2683, ASTM D3261	Heat fusion: ASTM D2657	≤ 4", DR11 (200 psi), SDR 9 (250 psi), Mechanical push-on and compression joints allowed per DSPS plumbing code.
Sanitary Sewer	SDR 35 PVC	ASTM D1785, ASTM D2665, ASTM D3034, ASTM F891	ASTM F1336	Push On: ASTM D3212 for Tightness Elastomeric Gasket: ASTM F477	4"-15", ≤ 20' deep
Storm Sewer	SDR 35 PVC	ASTM D1785, ASTM D2665, ASTM D3034, ASTM F891	ASTM F1336	Push On: ASTM D3212 for Tightness Elastomeric Seal: ASTM F477	4"-15", ≤ 20' deep

DIVISION 33 UTILITIES

33 10 00 SITE UTILITIES

- RESPONSIBILITY
- COMPLETION OF FIELD TELEVISING

- HORIZONTALLY FROM FOUNDATION WALLS.

- K. SEE PLANS FOR ALL OTHER UTILITY SPECIFICATIONS AND DETAILS.

A. CONTRACTOR TO FIELD VERIFY ALL EXISTING UNDERGROUND UTILITIES ON SITE. CONTRACTOR TO VERIFY PIPE LOCATIONS, SIZES, AND DEPTHS AT POINT OF PROPOSED CONNECTIONS AND VERIFY PROPOSED UTILITY ROUTES ARE CLEAR (PER CODE) OF ALL EXISTING UTILITIES AND OTHER OBSTRUCTIONS PRIOR TO CONSTRUCTION. COSTS INCURRED FOR FAILURE TO DO SO SHALL BE THE CONTRACTORS

B. CONTRACTOR TO FIELD TELEVISE ALL EXISTING SANITARY AND STORM LATERALS THAT ARE SCHEDULED TO BE RE-USED AND/OR CONNECTED TO ON SITE. THE TELEVISING SHALL BE COMPLETED TO ENSURE THE EXISTING LATERAL(S) ARE FREE OF OBSTRUCTIONS AND IN SOUND STRUCTURAL CONDITION. TELEVISING OF THESE LATERAL(S) SHOULD BE COMPLETED AT BEGINNING OF CONSTRUCTION AND DESIGN ENGINEER SHALL BE NOTIFIED OF ANY PIPE OBSTRUCTIONS AND/OR STRUCTURAL DEFICIENCIES IMMEDIATELY AFTER

C. ALL SANITARY PIPE SHALL BE IN ACCORDANCE WITH MATERIALS SPECIFIED IN TABLE A: ALLOWABLE PIPE MATERIAL SCHEDULE. ALL SANITARY PIPE BELOW PROPOSED & FUTURE BUILDINGS SHALL BE IN ACCORDANCE WITH MATERIALS SPECIFIED IN TABLE A: ALLOWABLE PIPE MATERIAL INSULATION SHALL BE PROVIDED PER STATE PLUMBING CODES AS NECESSARY BASED ON PROPOSED DEPTH PER PLANS. D. CLEANOUTS SHALL BE PROVIDED FOR THE SANITARY & STORM SERVICES AT LOCATIONS INDICATED ON THE UTILITY PLAN. THE CLEANOUT SHALL CONSIST OF A COMBINATION WYE FITTING IN LINE WITH THE SANITARY/STORM SERVICE WITH THE CLEANOUT LEG OF THE COMBINATION WYE FACING STRAIGHT UP. THE CLEANOUT SHALL CONSIST OF A (4" OR 6") VERTICAL PVC PIPE WITH A WATER TIGH REMOVABLE CLEANOUT PLUG. AN 8" PVC FROST SLEEVE SHALL BE PROVIDED. THE BOTTOM OF THE FROST SLEEVE SHALL TERMINATE 12" ABOVE THE TOP OF THE SANITARY LATERAL OR AT LEAST 6" BELOW THE PREDICTED FROST DEPTH, WHICHEVER IS SHALLOWER. THE CLEANOUT SHALL EXTEND JUST ABOVE THE SURFACE GRADE IN LAWN OR LANDSCAPE AREAS WITH THE FROST SLEEVE TERMINATING AT THE GRADE SURFACE. THE CLEANOUT SHALL EXTEND TO 4 INCHES BELOW SURFACE GRADE IN PAVED SURFACES WITH A ZURN (Z-1474-N) HEAVY DUTY CLEANOUT HOUSING PLACED OVER THE TOP OF THE CLEANOUT FLUSH WITH THE SURFACE GRADE. IN PAVED SURFACES, THE FROST SLEEVE SHALL TERMINATE IN A CONCRETE PAD AT LEAST 6" THICK AND EXTENDING AT LEAST 9" FROM THE SLEEVE ON ALL SIDES, SLOPING AWAY FROM THE SLEEVE. THE CLEANOUT HOUSING SHALL BE CONSTRUCTED PER MANUFACTURERS REQUIREMENTS. E. ALL PROPOSED WATER PIPE SHALL BE IN ACCORDANCE WITH MATERIALS SPECIFIED IN TABLE A: ALLOWABLE PIPE MATERIAL SCHEDULE. 6' MINIMUM COVER SHALL BE PROVIDED OVER ALL WATER PIPING UNLESS OTHERWISE SPECIFIED.

F. ALL PROPOSED STORM PIPE SHALL BE IN ACCORDANCE WITH MATERIALS SPECIFIED IN TABLE A: ALLOWABLE PIPE MATERIAL SCHEDULE. ALL PROPOSED STORM PIPE BELOW BUILDINGS SHALL BE IN ACCORDANCE WITH MATERIALS SPECIFIED IN TABLE A: ALLOWABLE PIPE MATERIAL SCHEDULE. SEE UTILITY PLANS FOR ALL STORM PIPE MATERIAL TYPES TO BE USED. PIPE SHALL BE PLACED MIN. 8'

G. SANITARY, STORM, AND WATER UTILITY PIPE INVERTS SHALL BE CONSTRUCTED WITHIN 0.10' OF DESIGN INVERT ELEVATIONS ASSUMING PIPE SLOPE AND SEPARATION IS MAINTAINED PER THE UTILITY DESIGN PLANS AND STATE REQUIREMENTS. H. SITE UTILITY CONTRACTOR SHALL RUN SANITARY SERVICE TO A POINT WHICH IS A MAXIMUM OF 5' FROM THE EXTERIOR WALL OF THE FOUNDATION. SITE UTILITY CONTRACTOR SHALL RUN STORM SEWER FOR INTERNALLY DRAINED BUILDINGS TO A POINT WHICH IS A MAXIMUM OF 5' FROM THE EXTERIOR WALL OF THE FOUNDATION. SITE UTILITY CONTRACTOR SHALL RUN DOWNSPOUT LEADS TO BUILDING FOUNDATION AND UP 6" ABOVE SURFACE GRADE FOR CONNECTION TO DOWNSPOUT FOR ALL DOWNSPOUT TO RISER (DSR) CONNECTIONS. DOWNSPOUTS TO GRADE (DSG) SHALL BE PROVIDED WITH SPLASH BLOCKS AT THE DISCHARGE LOCATION. ALL DOWNSPOUT LOCATIONS SHOULD BE VERIFIED WITH ARCHITECTURAL PLANS AND DOWNSPOUT CONTRACTOR/GC PRIOR TO INSTALLATION OF DOWNSPOUT LEADS. DOWNSPOUT LEADS SHALL NOT UNDERMINE BUILDING FOUNDATIONS. SITE UTILITY CONTRACTOR SHALL RUN WATER SERVICE TO A POINT WITHIN THE FOUNDATION SPECIFIED BY THE PLUMBING PLANS. CONTRACTOR TO CUT AND CAP WATER SERVICE 12" ABOVE FINISHED FLOOR ELEVATION.

ALL UTILITIES SHALL BE INSTALLED WITH PLASTIC COATED TRACER WIRE (10 TO 14 GAUGE SOLID COPPER. OR COPPER COATED STEEL WIRE) PLASTIC WIRE MAY BE TAPED TO PLASTIC WATER OR SEWER PIPE IF ATTACHED. THE TRACER WIRE SHALL BE SECURED EVERY 6 TO 20 FEET AND AT ALL BENDS. TRACER WIRE SHALL HAVE ACCESS POINTS AT LEAST EVERY 300 FEET. TRACER WIRE SHALL TERMINATE IN ACCORDANCE WITH MANUFACTURER SPECIFICATIONS AT GRADE OR IN TERMINATION BOX PER LOCAL/STATE REQUIREMENTS. I. ALL UTILITIES SHALL BE INSTALLED PER STATE, LOCAL, AND INDUSTRY STANDARDS. WATER, SANITARY, AND STORM SEWER SHALL BE INSTALLED PER "STANDARD SPECIFICATION FOR SEWER AND WATER CONSTRUCTION IN WISCONSIN". THE EXCEL ENGINEERING DESIGN ENGINEER SHALL BE RESPONSIBLE FOR OBTAINING STATE PLUMBING REVIEW APPROVAL (IF REQUIRED). THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL OTHER PERMITS REQUIRED TO INSTALL WATER, SANITARY AND STORM SEWER.

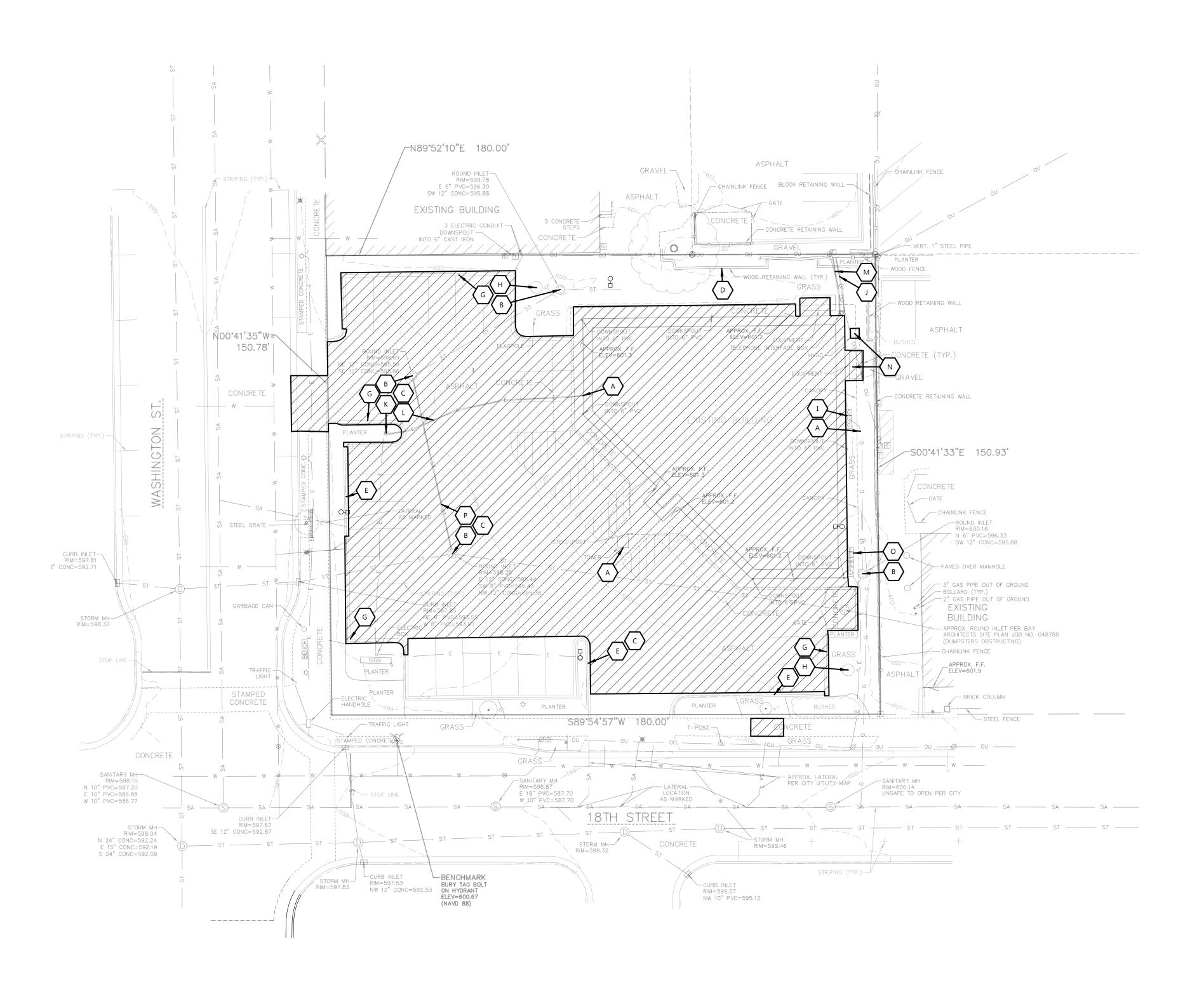
SHOP DRAWING SUBMITTALS

MATERIAL / INFORMATION

- 31.10.00 TELEVISING REPORTS OF EXISTING LATERALS STORM
- SANITARY
- 32.10.00 (A) AGGREGATE BASE & ASPHALT PAVEMENT HOT MIX ASPHALT SPECIFICATIONS
- AGGREGATE BASE
- PAVEMENT MARKINGS
- . 32.20.00-CONCRETE AND AGGREGATE BASE
- DESIGN MIX
- AGGREGATE BASE
- COMPRESSION TEST RESULTS
- DETECTABLE WARNING PLATES
- 33.10.00 SITE UTILITIES
- SANITARY & STORM MANHOLES
- SANITARY PIPING MATERIALS
- GREASE INTERCEPTOR SHOP DRAWINGS
- WATER PIPING MATERIALS
- WATER FITTINGS & APPURTENANCES
- STORM PIPING MATERIALS
- MISCELLANEOUS ITEMS
- SITE LIGHTING

CIVIL SPECIFICATIONS

Secti EXCEI Always a Better PI 100 Camelot Drive Fond du Lac, WI 5493 920-926-9800 excelengineer.com	
NEW BUILDING FOR: PACIFIC BELLS LLC 1803 WASHINGTON STREET • TWO RIVERS, WI 54241	
PROFESSIONAL SEAL	
PRELIMINARY DATES	
DEC. 20, 2024 JAN. 22, 2025	NOT FOR CONSTRUCTION
JOB NUMBER 240331100	
SHEET NUMBER	

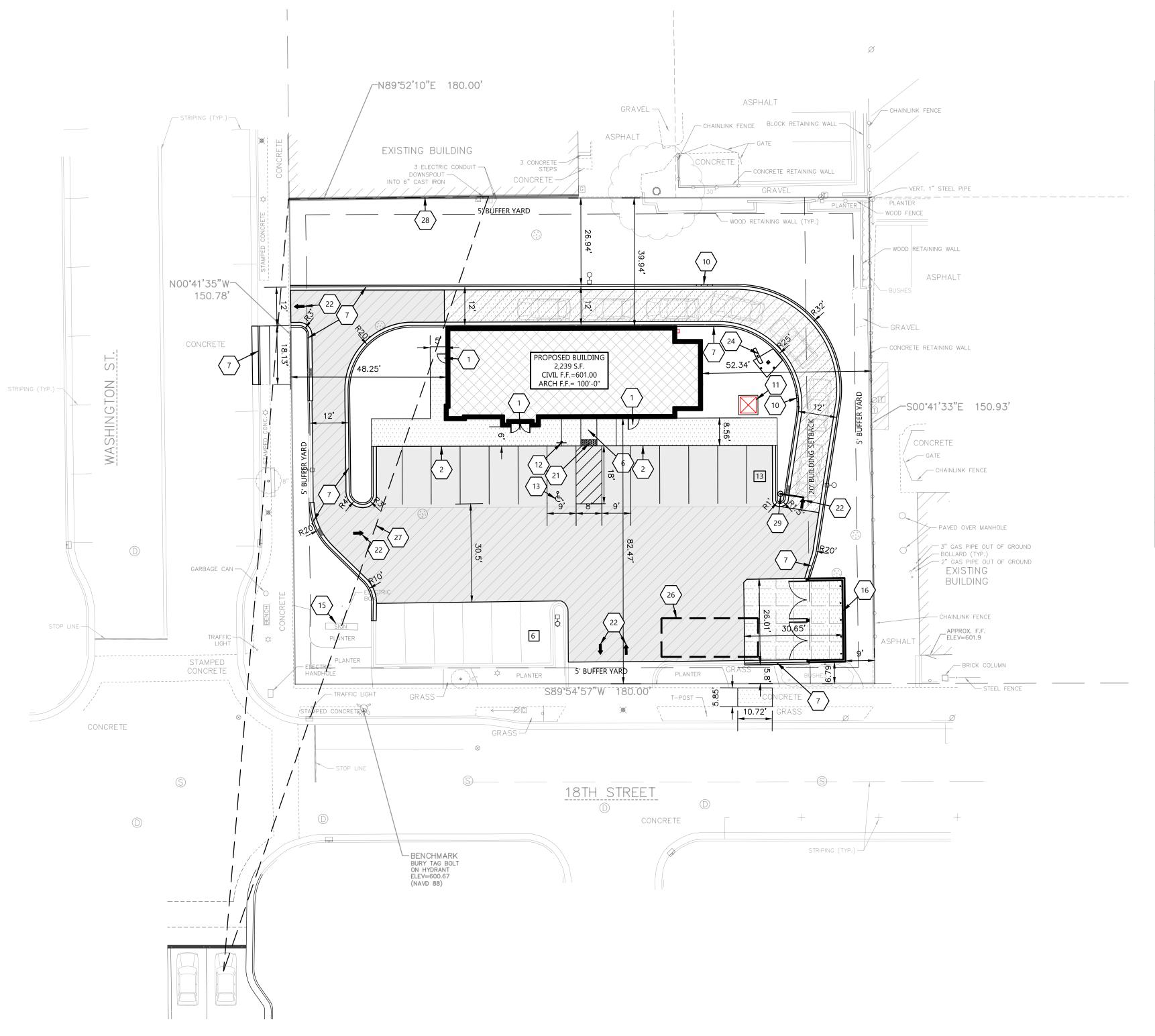


KEYNO	TES
	REMOVE BUILDING, UTILITY SERVICES, AND ASSOCIATED SITE IMPROMENTS
B	PROTECT RIM
C	SAWCUT (AS NECESSARY) AND REMOVE PAVEMENT
	PROTECT
E	PROTECT CURB
G	REMOVE CURB. SAWCUT (AS NECESSARY)
Н	REMOVE TREE
I	REMOVE AND RELOCATE GAS METER
L	CONTRACTOR TO COORDINATE REMOVAL OF TV LINE WITH LOCAL UTILITY
K	REMOVE LIGHT POLE
	CONTRACTOR TO COORDINATE REMOVAL OF ELECTRIC LINE WITH LOCAL UTILITY
M	CONTRACTOR TO COORDINATE REMOVAL OF TELEPHONE LINE WITH LOCAL UTILITY
	REMOVE MECHANICAL EQUIPMENT
\bigcirc	CONTRACTOR TO COORDINATE REMOVAL OF ELECTRICAL EQUIPMENT WITH LOCAL UTILITY
P	CONTRACTOR TO REMOVE 57' OF STORM LINE

RIVERS WI 2493 920-926-9800 excelengineer.com PROJECT INFORMATION	
DADING FO NEW BULDING FO NAMNGTON STREET - TWO	
PRELIMINARY DATES DEC. 20, 2024 JAN. 22, 2025	NOT FOR CONSTRUCTION
JOB NUMBER 240331100	
sheet number	1

SCALE: 1"= 20' 20' 0 20' 40'

CIVIL EXISTING SITE AND DEMOLITION PLAN



GENERAL NOTES:

CONTRACTOR TO PROVIDE ENGINEER WITH FINAL JOINTING P PRIOR TO CONSTRUCTION.

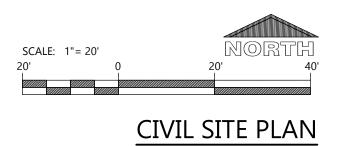
	SITE INFORMATION:
PI	ROPERTY AREA: 27,152 S.F. (0.63 ACRES).
E)	KISTING ZONING: B-1 BUSINESS
PI	ROPOSED ZONING: B-1 BUSINESS
PI	ROPOSED USE: RESTAURANT WITH DRIVE-THRU
A	REA OF SITE DISTURBANCE: 19,946 S.F. (0.45 ACRES)
SI	ETBACKS: BUILDING: FRONT (WEST) = 0' SIDE (NORTH) = 0' REAR (EAST) = 20' STREET (SOUTH) = 0'
	BUFFER YARD: STREET FRONTAGE (S/W) = 5' INTERIOR LOT LINE (N/E) = 5'
(N	/AX. HEIGHT ALLOWED: 75')
SI	ARKING REQUIRED: 1 SPACE PER EACH VEHICLE CONNECTED WITH THE BUSINESS, 1 PACE FOR OWNER OR MANAGER, 1 SPACE FOR EACH 2 EMPLOYEES ON DUTY WHEN JLLY STAFFED (5 SPACES FOR EMPLOYEES/MANAGER PLUS 13 FOR CUSTOMERS=18 REQ.)
P	ARKING PROVIDED: 19 SPACES (1 H.C. ACCESSIBLE)
H.	ANDICAP STALLS REQUIRED: 1, HANDICAP STALLS PROVIDED: 1
NOT	ES
1 NOT	ES CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS)
1	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS)
2	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS) RAISED WALK (SEE DETAIL)
	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS) RAISED WALK (SEE DETAIL) ADA CURB RAMP (SEE DETAIL)
1 2 6 7	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS) RAISED WALK (SEE DETAIL) ADA CURB RAMP (SEE DETAIL) 18" CURB & GUTTER (SEE DETAIL)
1 2 6 7 10	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS) RAISED WALK (SEE DETAIL) ADA CURB RAMP (SEE DETAIL) 18" CURB & GUTTER (SEE DETAIL) CURB CUT (SEE DETAIL) CONCRETE TRANSFORMER PAD BY UTILITY SUPPLIER
1 2 6 7 10 11	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS) RAISED WALK (SEE DETAIL) ADA CURB RAMP (SEE DETAIL) 18" CURB & GUTTER (SEE DETAIL) CURB CUT (SEE DETAIL) CONCRETE TRANSFORMER PAD BY UTILITY SUPPLIER (CONTRACTOR TO VERIFY FINAL LOCATION & DESIGN PRIOR TO CONSTRUCTION)

	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS)				
2	RAISED WALK (SEE DETAIL)				
6	ADA CURB RAMP (SEE DETAIL)				
$\overline{7}$	18" CURB & GUTTER (SEE DETAIL)				
	CURB CUT (SEE DETAIL)				
	CONCRETE TRANSFORMER PAD BY UTILITY SUPPLIER (CONTRACTOR TO VERIFY FINAL LOCATION & DESIGN PRIOR TO CONSTRUCTION)				
12	HANDICAP SIGN PER STATE CODE (SEE DETAIL)				
	HANDICAP STALL & STRIPING PER STATE CODES				
	REBRAND EXISITNG MONUMENT SIGN (DETAILS, FINAL LOCATION, & APPROVAL BY SIGN VENDOR)				
16	DUMPSTER ENCLOSURE (SEE ARCH PLANS FOR DETAILS)				
21	DETECTABLE WARNING PLATE PER STATE CODE				
22	TRAFFIC FLOW ARROWS (TYP). COLOR TO MATCH PARKING STALL STRIPING				
24	MENU BOARD AND CANOPY. DETAIL BY SUPPLIER.				
26	12'X 30' LOADING ZONE				
27	SIGHT VISION TRIANGLE OF EXISTING MURAL FROM INTERSECTION OF WASHINGTON AND 18TH				
28	EXISTING MURAL				
29	CLEARANCE BAR AND BOLLARD WITH DRIVE-THRU SIGN				

EXISTING SITE DATA

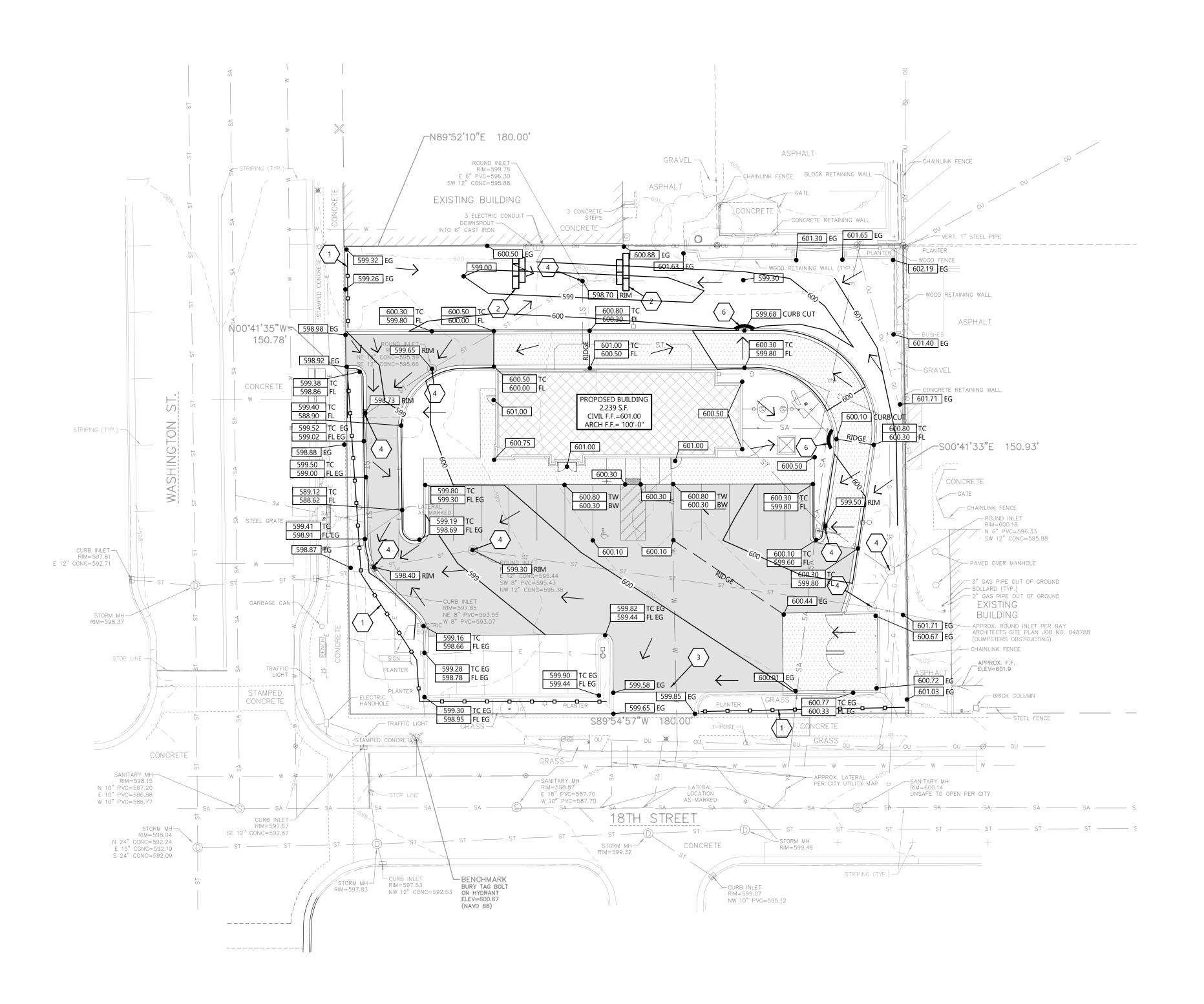
	-		
	AREA (AC)	AREA (SF)	RATIO
BUILDING FLOOR AREA	0.14	5,972	22.0%
PAVEMENT (ASP. & CONC.)	0.45	19,486	71.8%
TOTAL IMPERVIOUS	0.58	25,458	93.8%
LANDSCAPE/ OPEN SPACE	0.04	1,694	6.2%
PROJECT SITE	0.62	27,152	100.0%
PROPOSED SITE DA	TA AREA (AC)	AREA (SF)	RATIO
BUILDING FLOOR AREA	0.05	2,239	8.2%
PAVEMENT (ASP. & CONC.)	0.33	14,471	53.3%
TOTAL IMPERVIOUS	0.38	16,710	61.5%
LANDSCAPE/ OPEN SPACE	0.24	10,442	38.5%
PROJECT SITE	0.62	27,152	100.0%

LEGEND:	
НАТСН	PAVEMENT SECTION
	STANDARD ASPHALT
	HEAVY DUTY ASPHALT
	SIDEWALK CONCRETE
	HEAVY DUTY CONCRETE
	DUMPSTER PAD CONCRETE





20



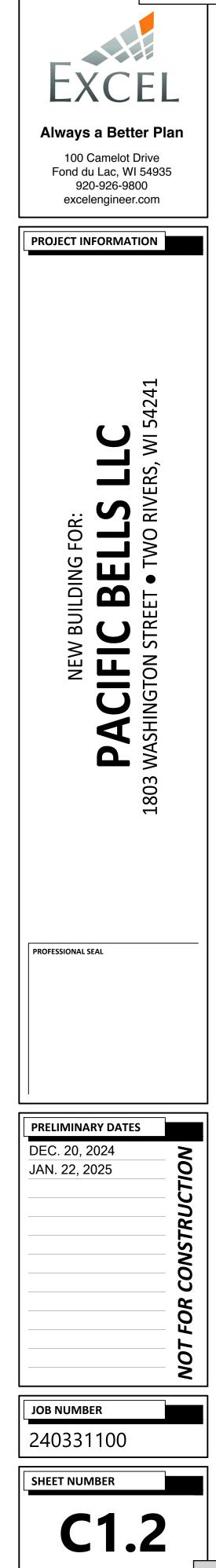
Section 5, ItemA.

GENERAL NOTES:

- HANDICAP STALL AND ACCESS AISLES SHALL NOT EXCEED A SLOPE OF 1.50% IN ANY DIRECTION. HANDICAP STALL & ACCESS AISLES SHALL CONFORM TO ADA REQUIREMENTS (CURRENT EDITION)
- ALL SIDEWALKS SHALL NOT EXCEED A MAXIMUM CROSS SLOPE OF 1.50% AND RUNNING SLOPE OF 4.50% UNLESS OTHERWISE SPECIFIED
- CONTRACTOR SHALL PROVIDE STABILIZED CONSTRUCTION ENTRANCE AT CONSTRUCTION ENTRANCE FOR PROPOSED IMPROVEMENTS AS REQUIRED PER CODE.
- CONTRACTOR SHALL PROVIDE CONCRETE WASHOUT AS REQUIRED PER CODE. FINAL LOCATION TBD BY CONTRACTOR.
- CONTRACTOR SHALL PROVIDE TEMPORARY INLET PROTECTION FOR ALL CURB INLETS & CATCH BASINS ONSITE & OFFSITE IMMEDIATELY DOWNSTREAM OF THE PROJECT SITE PER LOCAL CODE.

KEYNOTES

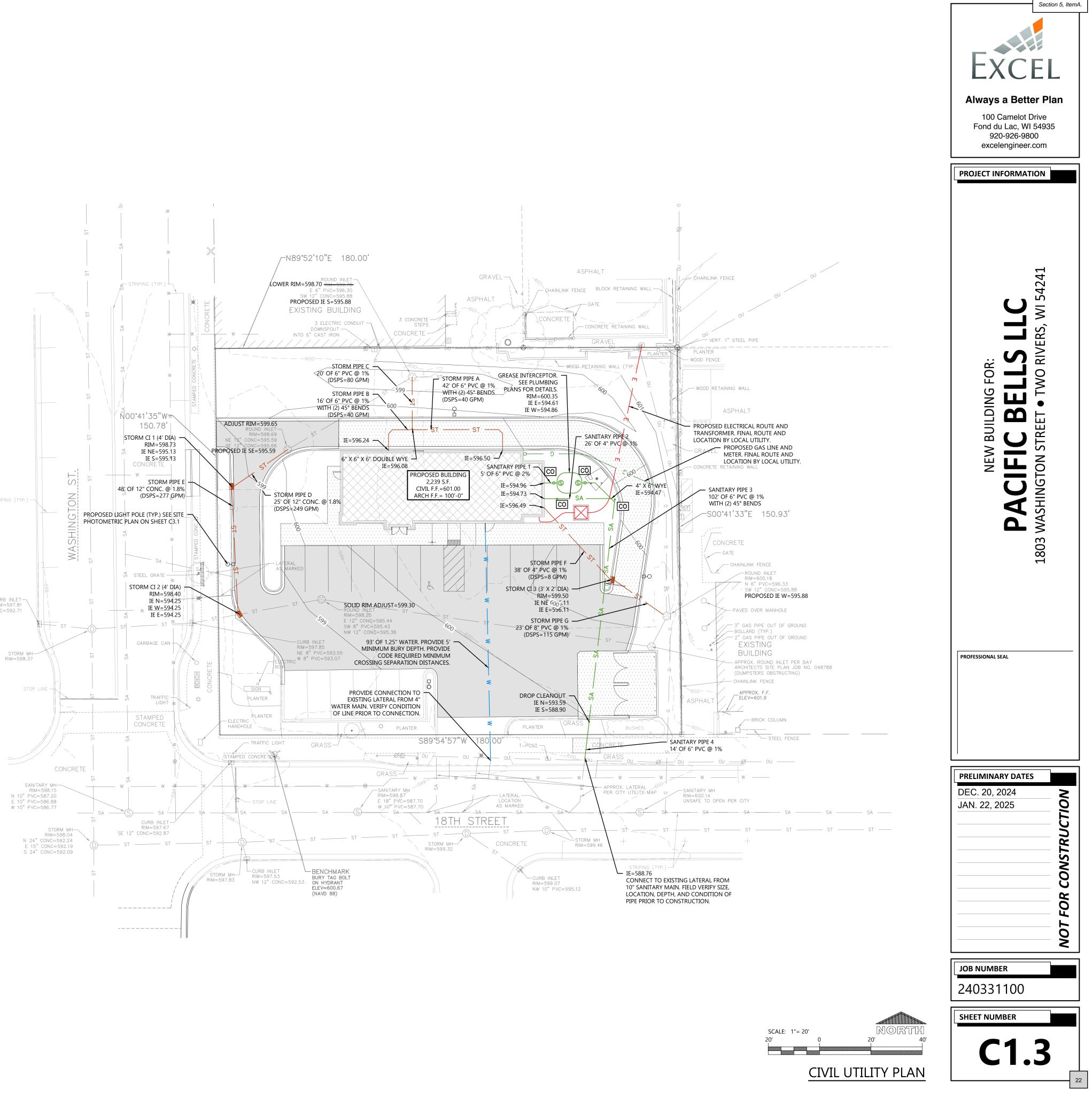
EC 1	SILT FENCE
EC 2	DITCH CHECK
EC 3	STABILIZED CONSTRUCTION ENTRANCE
EC 4	INLET PROTECTION
EC 5	SEDIMENT LOG

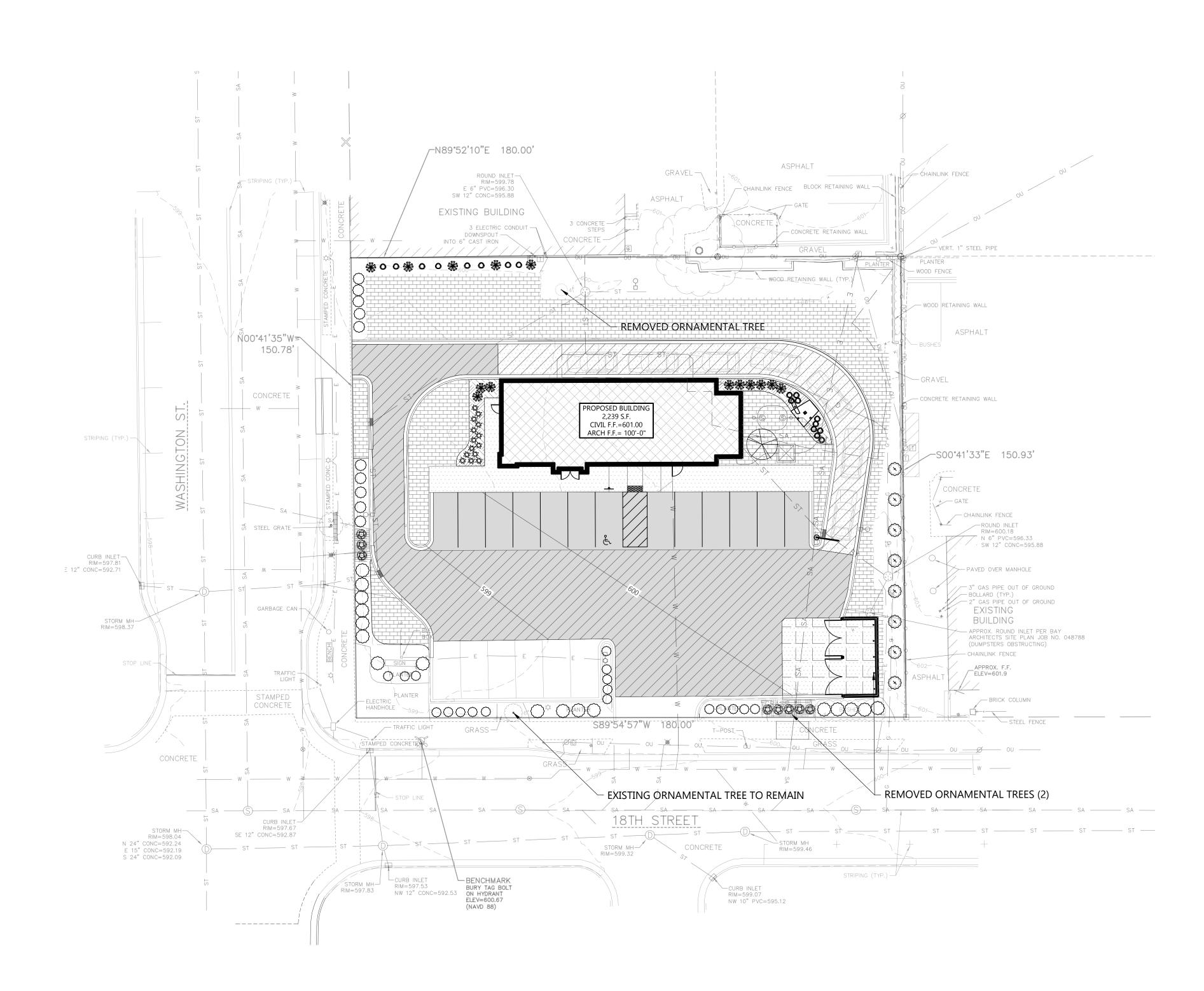


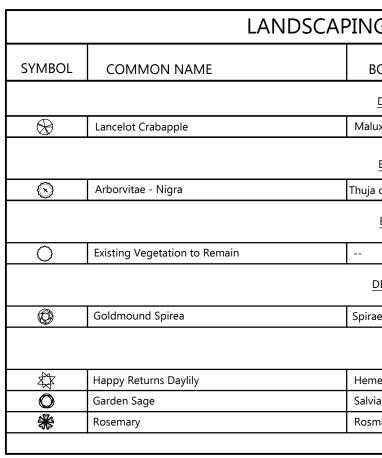
SCALE:	1"= 20'	NO	RTH
20'	0	20'	40'

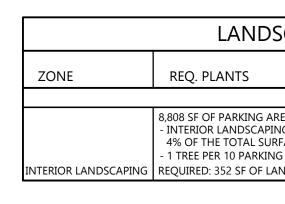
CIVIL GRADING AND EROSION CONTROL PLAN

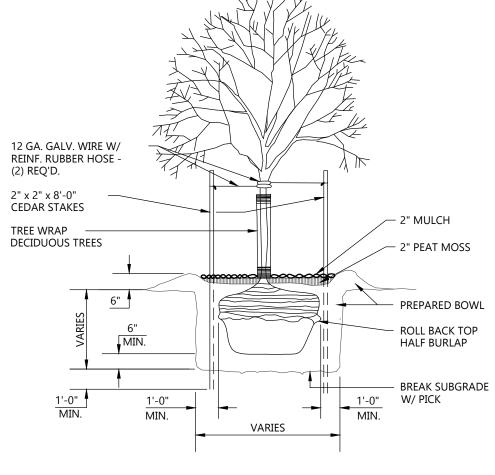
CURB INLET-RIM=597.81 E 12" CONC=592.71











TREE PLANTING DETAIL

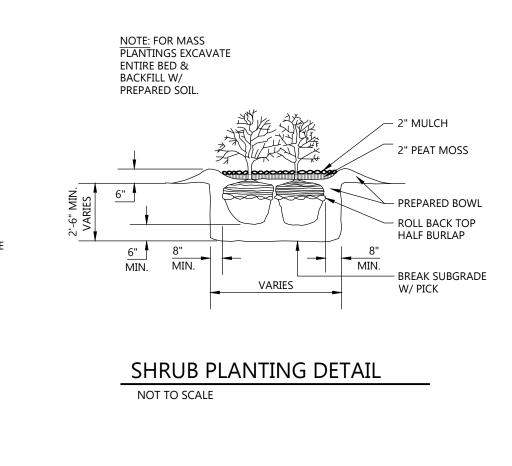
G PLANTING SCHEDU	LE		
BOTANICAL NAME	QUANTITY	PLANTED SIZE	ROOT
DECIDUOUS TREES			
ux 'Lanzam'	1	5 GAL.	CONT.
EVERGREEN TREES			
a occidentalis 'Nigra'	8	5 GAL.	CONT.
EXISTING SHRUBS			
	45		
DECIDUOUS SHRUBS			
aea x bumalda 'Goldmound'	8	18" HT.	CONT.
PERENNIALS			
nerocallis 'Happy Returns'	14	1 GAL.	POT
via officinalis	19	1 GAL.	POT
marinus officinalis	14	1 GAL.	POT

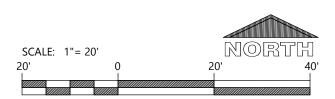
SCAPING CALCULATIONS		
	PLANTS PROVIDED	
REA / 19 TOTAL SPACES ING SHALL BE AT LEAST RFACE PARKING AREA IG SPACES ANDSCAPING / 2 TREES	PROVIDED: 590 SF EXISTING / 51 SF PROPOSED = 641 SF 1 EXISTING / 1 PROPOSED TREE = 2 TREES	

GENERAL NOTES:

- PROTECT ALL EXISTING VEGETATION TO REMAIN SHOWN ON PLAN AND REPLACE IN KIND IF DAMAGED OR REMOVED.
- AREAS OF SOD SHOWN ALONG OUTER DRIVE AISLE ARE <u>ESTIMATED</u>
 BASED ON PROPOSED DEMOLITION AREAS. REPLACE DISTURBED
- LAWN AREA WITH SOD AS NEEDED.

HATCH KEY:		
НАТСН	LANDSCAPE MATERIAL	
	MINERAL MULCH (RIVER GRAY ROCK)	
	ORGANIC MULCH (TO MATCH EXISTING)	
	SODDED LAWN (TO MATCH EXISTING LAWN)	



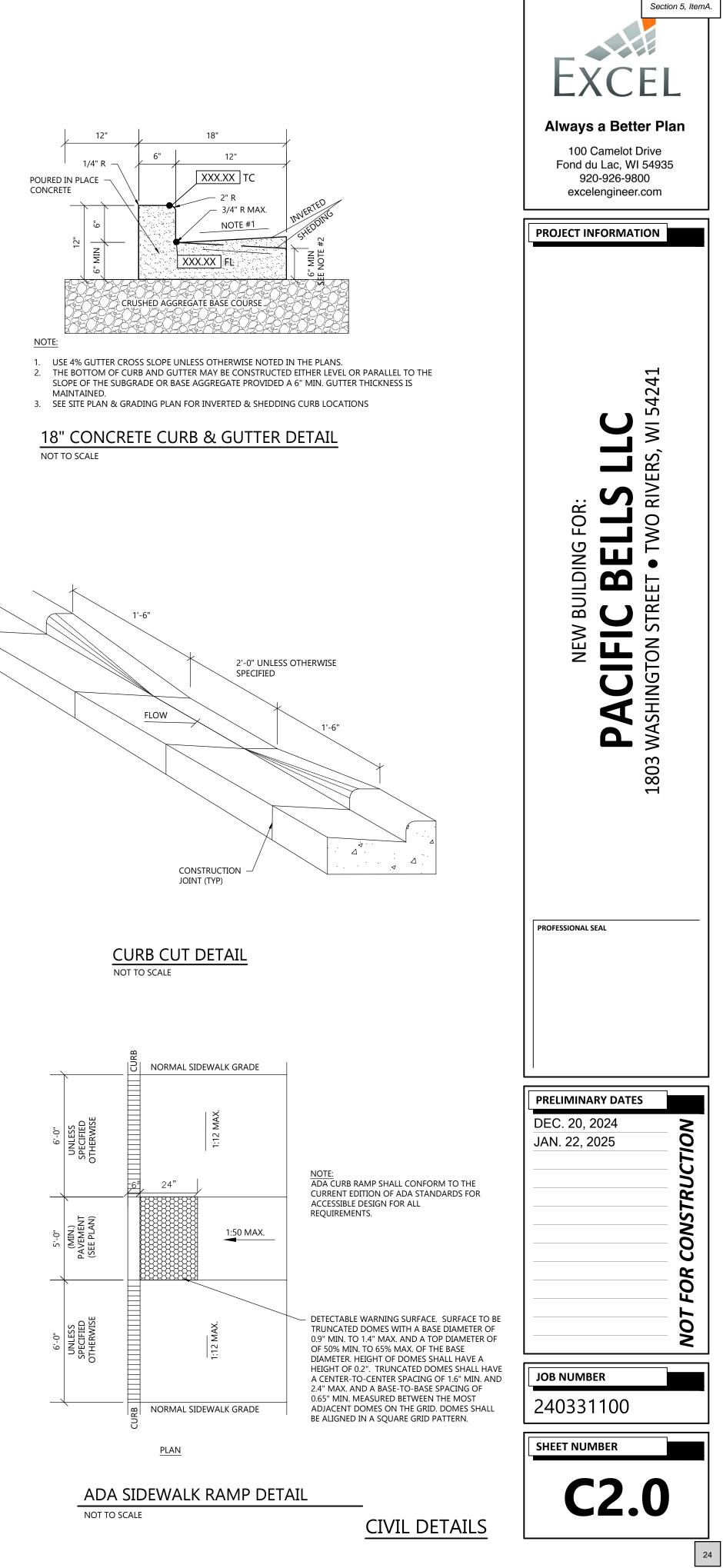


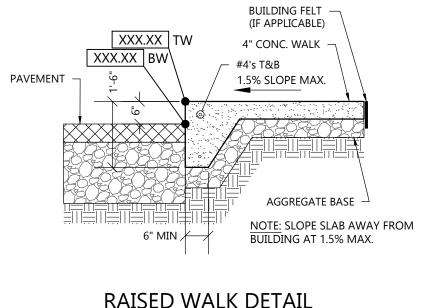
EXCEL Always a Better Plan 100 Camelot Drive Fond du Lac, WI 54935 920-926-9800 excelengineer.com	
NEW BUILDING FOR: PACIFIC BELLS LLC 1803 WASHINGTON STREET • TWO RIVERS, WI 54241	
PROFESSIONAL SEAL	
PRELIMINARY DATES JAN. 22, 2025	NOT FOR CONSTRUCTION
JOB NUMBER 240331100	
SHEET NUMBER	
C1.4	1

23

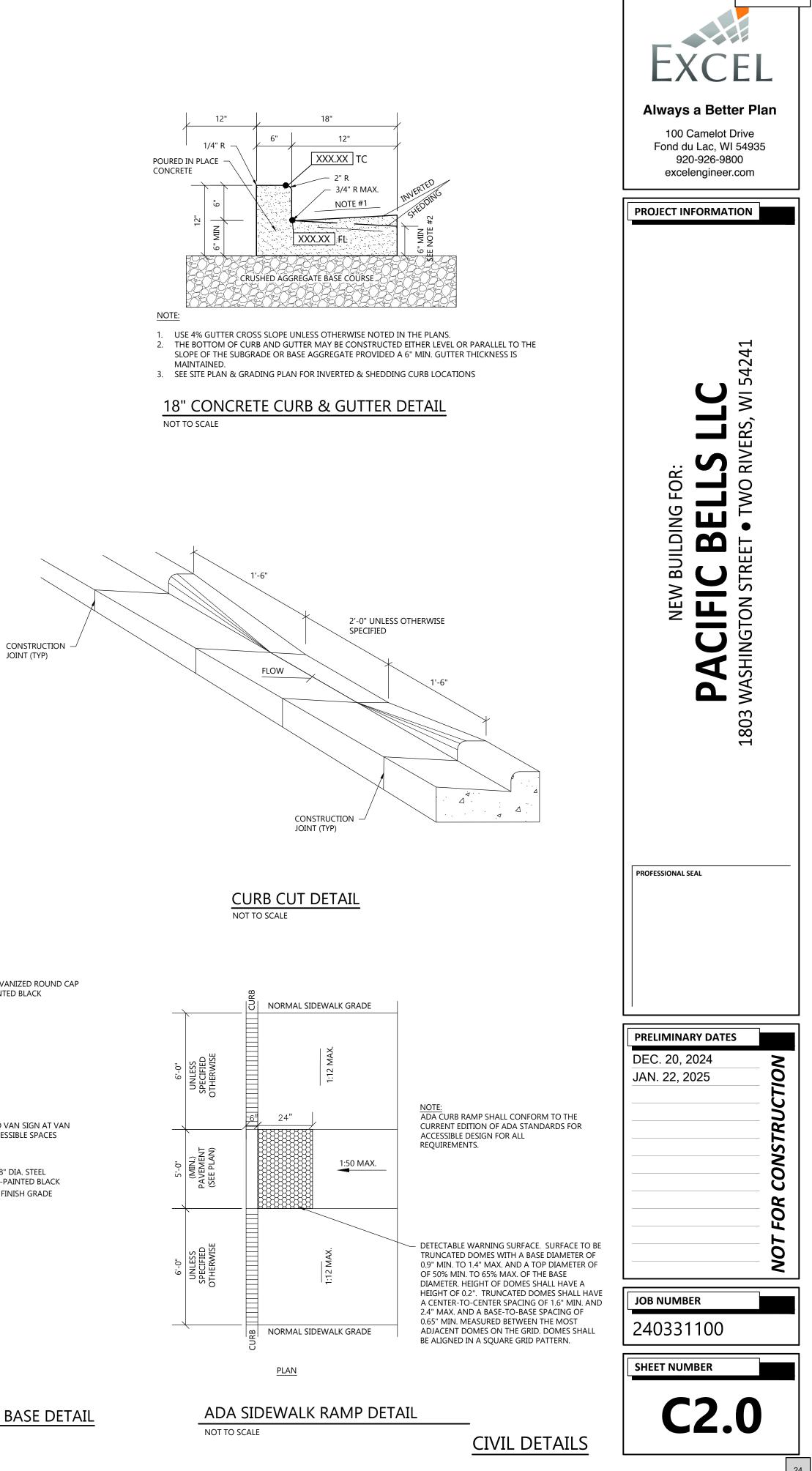
Section 5, ItemA.

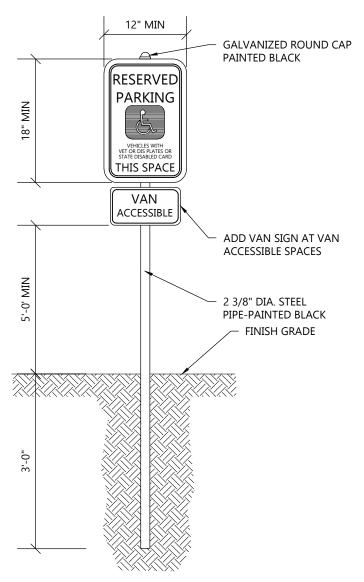
CIVIL LANDSCAPE AND RESTORATION PLAN

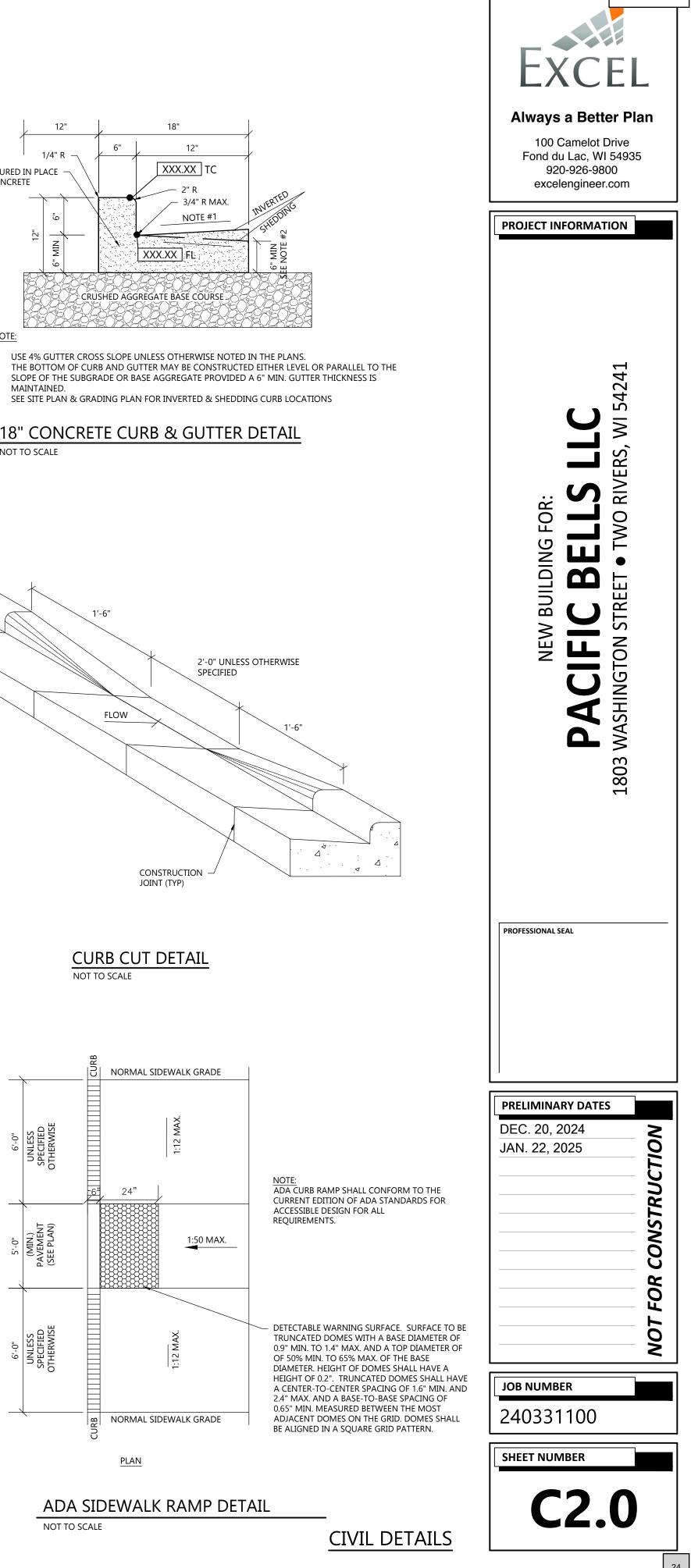






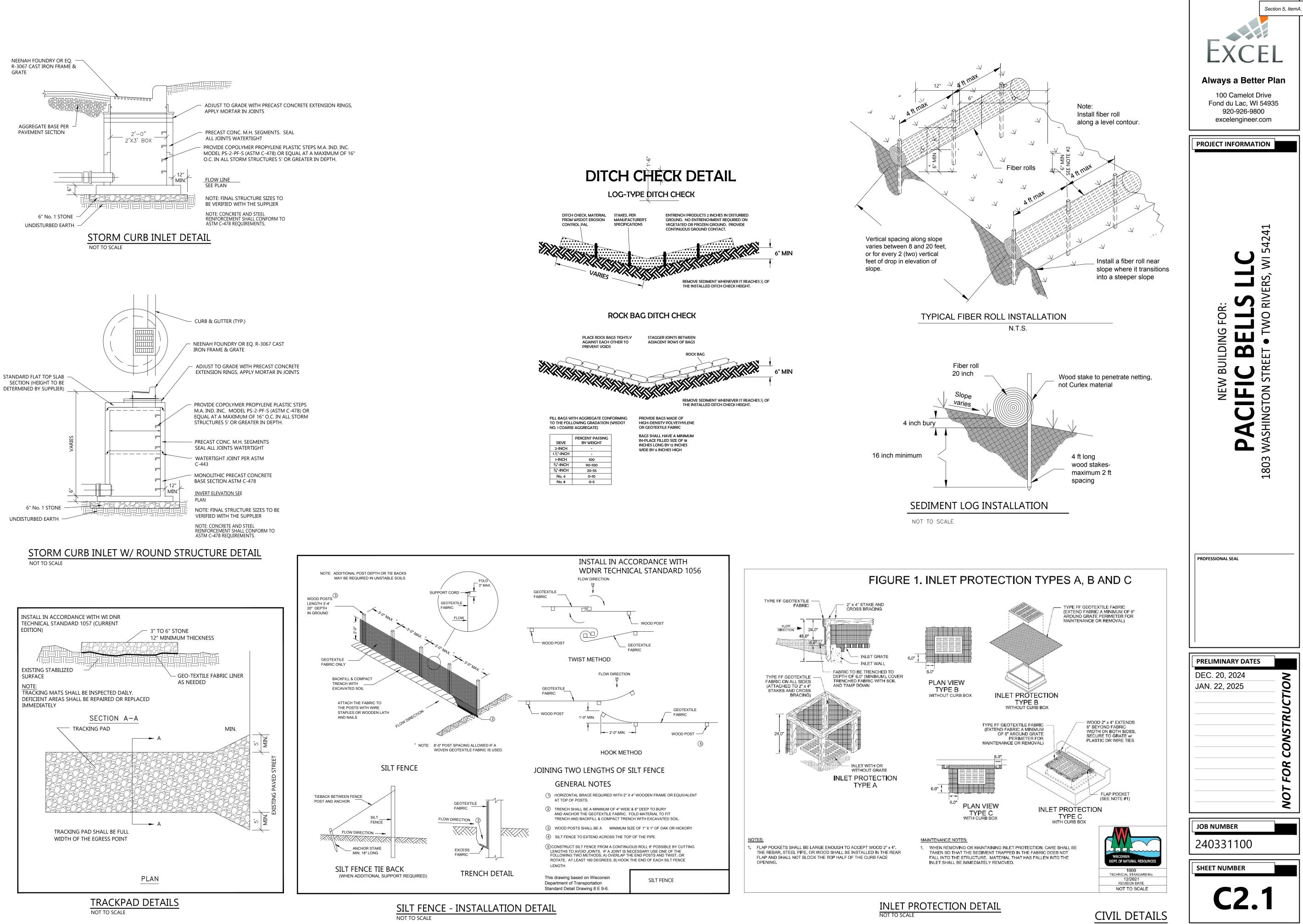




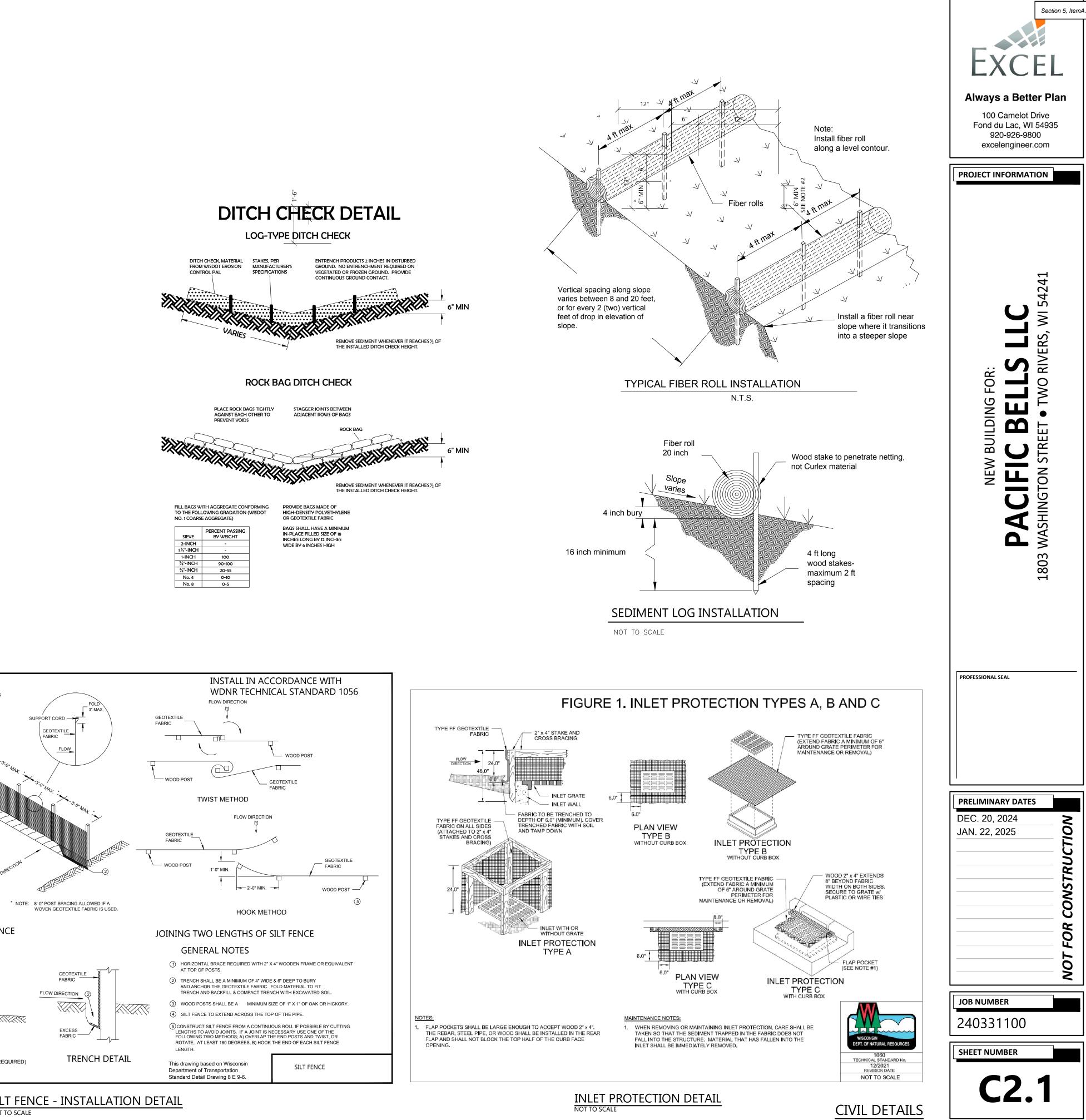


HANDICAP SIGNAGE WITHOUT CONCRETE BASE DETAIL

NOT TO SCALE









Prepared By:

Mirada Medium (MRM) Outdoor LED Area Light

🛞 💯 🏩 💻 🥮 🏨 IP66 IK08

OVER	VIEW	
Lumen Package	7,000 - 48,000	
Wattage Range	48 - 401	QUICK LINKS
Efficacy Range (LPW)	117 - 160	
Weight lbs(kg)	30 (13.6)	Ordering Guide

FEATURES & SPECIFICATIONS

- Construction
- Rugged die-cast aluminum housing contains factory prewired driver and optical unit. Cast aluminum wiring access door located underneath. Designed to mount to square or round available.

Electrical

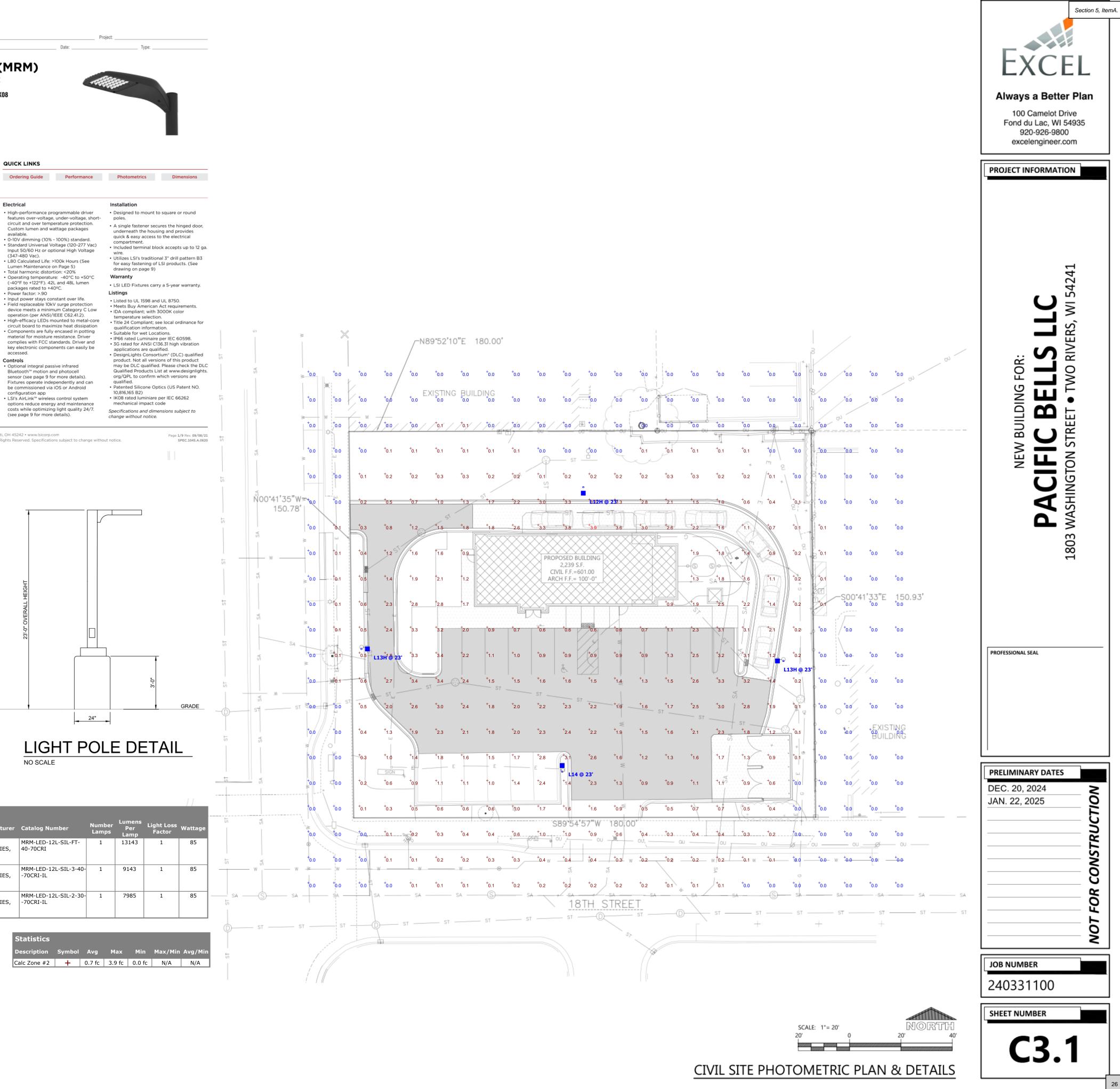
accessed.

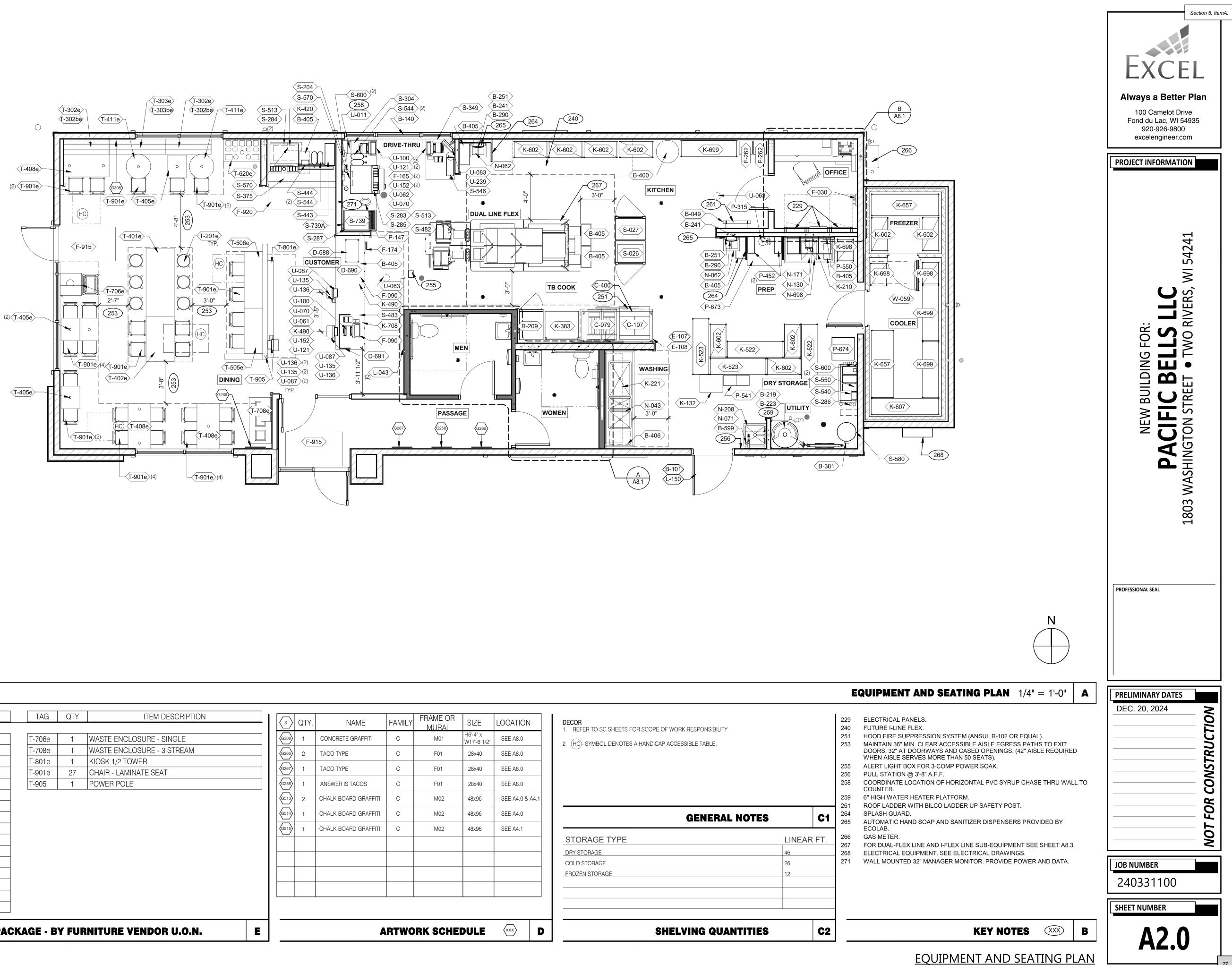
- poles. Fixtures are finished with LSI's DuraGrip' polyester powder coat finishing process. The DuraGrip finish withstands extreme weather changes without cracking or peeling. Other standard LSI finishes available. Consult factory.
- Shipping weight: 37 lbs in carton. Optical System
- State-of-the-Art one piece silicone optic sheet delivers industry leading optical control with an integrated gasket to provide IP66 rated sealed optical chamber in 1 component.
- Proprietary silicone refractor optics provide exceptional coverage and uniformity in IES Types 2, 3, 5W, FT, FTA and AM. Silicone optical material does not yellow or crack with age and provides a typical light
- transmittance of 93%. Zero uplight.
 Available in 5000K, 4000K, and 3000K color temperatures per ANSI C78.377. Also Controls Available in Phosphor Converted Amber with Peak intensity at 610nm.
- Minimum CRI of 70.
 Integral louver (IL) and house-side shield (IH) options available for improved backlight control without sacrificing street
- side performance. See page 3 for more details.

LSI Industries Inc. 10000 Alliance Rd. Cincinnati, OH 45242 • www.lsicorp.com (513) 372-3200 • ©2020 LSI Industries Inc. All Rights Reserved. Specifications subject to change without notice.

NO SCALE

Schedule				
Symbol	Label	Quantity	Manufacturer	Catalog
	L14	1	LSI INDUSTRIES, INC.	MRM-LED 40-70CR
	L13H	2	LSI INDUSTRIES, INC.	MRM-LED -70CRI-I
	L12H	1	LSI INDUSTRIES, INC.	MRM-LED -70CRI-I

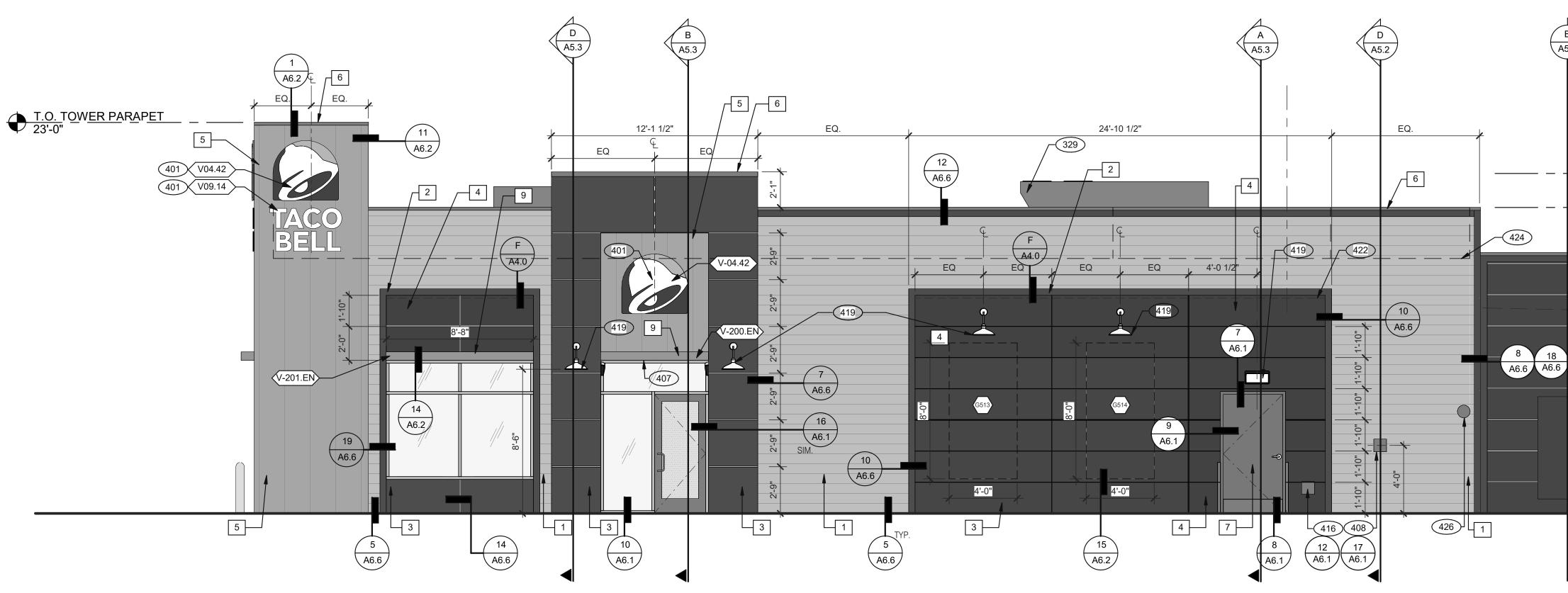


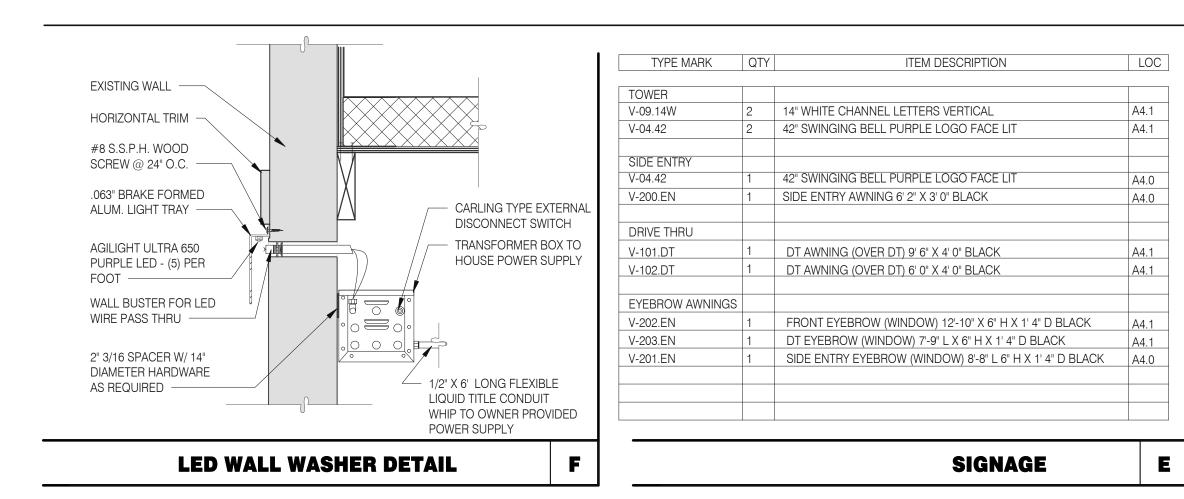


TAG	QTY	ITEM DESCRIPTION	TAG	QTY	ITEM DESCRIPTION		20	TY.	NAME	FAMILY	FRAME OR	SIZE	LOCATION
	4		T 700-	4			/ -				MURAL	H6'-4" x	
)-688		COUNTER MOUNT MOBILE SHELVING	T-706e		WASTE ENCLOSURE - SINGLE				CONCRETE GRAFFITI	С	M01	W17'-6 1/2"	SEE A8.0
)-690	1	SERVICE COUNTER	T-708e	1	WASTE ENCLOSURE - 3 STREAM	G266	6 2	2	TACO TYPE	С	F01	28x40	SEE A8.0
)-700	11	28.5" H CORE DRILL TABLE BASE	T-801e	1	KIOSK 1/2 TOWER	(G26	$\frac{1}{1}$						
-201e	6	BARREL BARSTOOL - 29 PURPLE WOOD SEAT	T-901e	27	CHAIR - LAMINATE SEAT				TACO TYPE	С	F01	28x40	SEE A8.0
-302be	2	BENCH BACK REST - 48"	T-905	1	POWER POLE	G258	8		ANSWER IS TACOS	С	F01	28x40	SEE A8.0
-302e	2	BENCH SEAT - 48"				G51:		2	CHALK BOARD GRAFFITI	С	M02	48x96	SEE A4.0 & A
-303be	1	BENCH BACK REST - 60"				G514	-						
-303e	1	BENCH SEAT - 60"					-		CHALK BOARD GRAFFITI	С	M02	48x96	SEE A4.0
-401e	1	HUB TABLE - 72" - HIGH TOP				G51	5 1		CHALK BOARD GRAFFITI	С	M02	48x96	SEE A4.1
-402e	1	HUB TABLE - 48" - ADA											
-405e	4	LAMINATE TABLE - 24 X 20 X 30 - 2 TOP											
-408e	3	LAMINATE TABLE ADA - 24 X 48 X 30 - 4 TOP											
-411e	2	SS TABLE - 24 DIA X 30 - 2 TOP											
-505e	1	COUNTER TOP - 48" X 20" X 30"											
-506e	1	COUNTER TOP - 60" X 20" X 30"											
-620e	1	CONDIMENT COUNTER - RECTANGLE											

FURNITURE PACKAGE - BY FURNITURE VENDOR U.O.N.

	GENERAL NOTES		C1
STORAGE TYPE		LINEAR	FT.
DRY STORAGE		46	
COLD STORAGE		26	
FROZEN STORAGE		12	
			1
	SHELVING QUANTITIES		C2





SYMBOL	ITEM/MATERIAL	MANUFACTURER	MATERIAL SPEC	ALT. MANUFACTURER SPEC 'A'	ALT. MATERIAL SPEC 'A'	ALT. MANUFACTURER SPEC 'B'	ALT. MATERIAL SPEC 'B'	COLOR	CONTACT INFO
1	SIDING - HORIZONTAL APPLICATION	JAMES HARDIE	ARTISAN V-GROOVE 144"L X 8.25"W; 7" EXPOSURE COMES PRIMED FOR PAINT	WESTLAKE ROYAL BUILDING PRODUCTS	TruExterior V-RUSTIC 192"L x 7.5"W; 7" EXPOSURE; PRIMED FOR PAINT	NICHIHA	TruExterior V-RUSTIC 192"L x 7.5"W; 7" EXPOSURE; PRIMED FOR PAINT	WORLDLY GRAY (SW7043), SEMI-GLOSS	
2	BUILDING TRIM	JAMES HARDIE	HARDIE TRIM 5/4 SMOOTH; 1"x5.5" PRIMED FOR PAINT	WESTLAKE ROYAL BUILDING PRODUCTS	TruExterior TRIM 5/4 x 6; 1" x 5.5" PRIMED FOR PAINT	NICHIHA	TruExterior TRIM 5/4 x 6; 1" x 5.5" PRIMED FOR PAINT	CYBERSPACE (SW7076), SEMI-GLOSS	REFER TO EXTERIOR
3	REVEAL PANEL **CONSULTANT TO REVISE REVEAL BREAKS FOR USING NICHIHA ILLUMINATION PANEL	JAMES HARDIE	HARDIE PANEL VERTICAL SIDING W/ ALUM TRIM FROM FRY REGLET AND/OR TAMLYN	N/A	USE HARDIE PANEL	NICHIHA	USE HARDIE PANEL	CYBERSPACE (SW7076), SEMI-GLOSS	FINISH VENDOR CONTACTS ON A7.2 FOR TACO BELL
4	REVEAL PANEL **CONSULTANT TO REVISE REVEAL BREAKS FOR USING NICHIHA ILLUMINATION PANEL	JAMES HARDIE	HARDIE PANEL VERTICAL SIDING W/ ALUM TRIM FROM FRY REGLET AND/OR TAMLYN	N/A	USE HARDIE PANEL	NICHIHA	USE HARDIE PANEL	SW PURPLE (TB2603C), SEMI-GLOSS	ONATIONAL ACCOUNT REPRESENTATIVES (DO NOT CALL
5	DRIVE THRU CORNER TOWER & ENTRY PORTAL RECESS	WESTERN STATES	T-GROOVE 24GA PAINTED 18" PANEL					WEATHERED RUSTIC	MANUFACTURER 1-800 OR GENERAL CONTACT
6	METAL PARAPET CAP		24GA GALVANIZED					CYBERSPACE (SW7076) KYNAR 500 COATING	NUMBERS AS YOU WILL NOT RECEIVE
7	HOLLOW METAL DOOR							SW PURPLE (TB2603C), SEMI-GLOSS	CORRECT INFORMATION TO BRAND SPECIFIED
8	NOT USED								PRODUCTS.
9	AWNINGS	BRAND APPROVED SIGNAGE VENDOR						BLACK (BY THE SIGNAGE VENDOR)	

*MUST SELECT ONE COMPLETE OPTION FOR #1 THROUGH #4 AND INCLUDE LETTER IN SYMBOL TAG IF CHOOSING 'A' OR 'B'

MISCELLANEOUS

A. SEE SHEET A1.1 "WINDOW TYPES" FOR WINDOW ELEVATIONS.

SEALERS (REFER TO SPECS)

A. SEALANT AT ALL WALL AND ROOF PENETRATIONS.
B. SEALANT AT ALL WINDOW AND DOOR FRAMES AND JAMB. DO NOT SEAL SILL @ WINDOWS.
C. APPLY NEOPRENE GASKET (CONT.) BETWEEN BUILDING AND CANOPY.

CRITICAL DIMENSIONS

A. REQUIRED CLEAR OPENING WIDTH TO ENSURE COORDINATION WITH STANDARD SIGNAGE/BUILDING ELEMENTS DIMENSIONS.

NOTE: NO EXTERIOR SIGNS ARE WITHIN THE SCOPE OF WORK COVERED BY THE BUILDING PERMIT APPLICATION. THE FRANCHISEE WILL COORDINATE THE SIGN INSTALLATION. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR PROVIDING REQUIRED BLOCKING, PROPER DIMENSIONS, ELECTRICAL AND MUST PROVIDE ACCESS TO SITE AND BUILDING FOR FRANCHISEE'S SIGN INSTALLER.

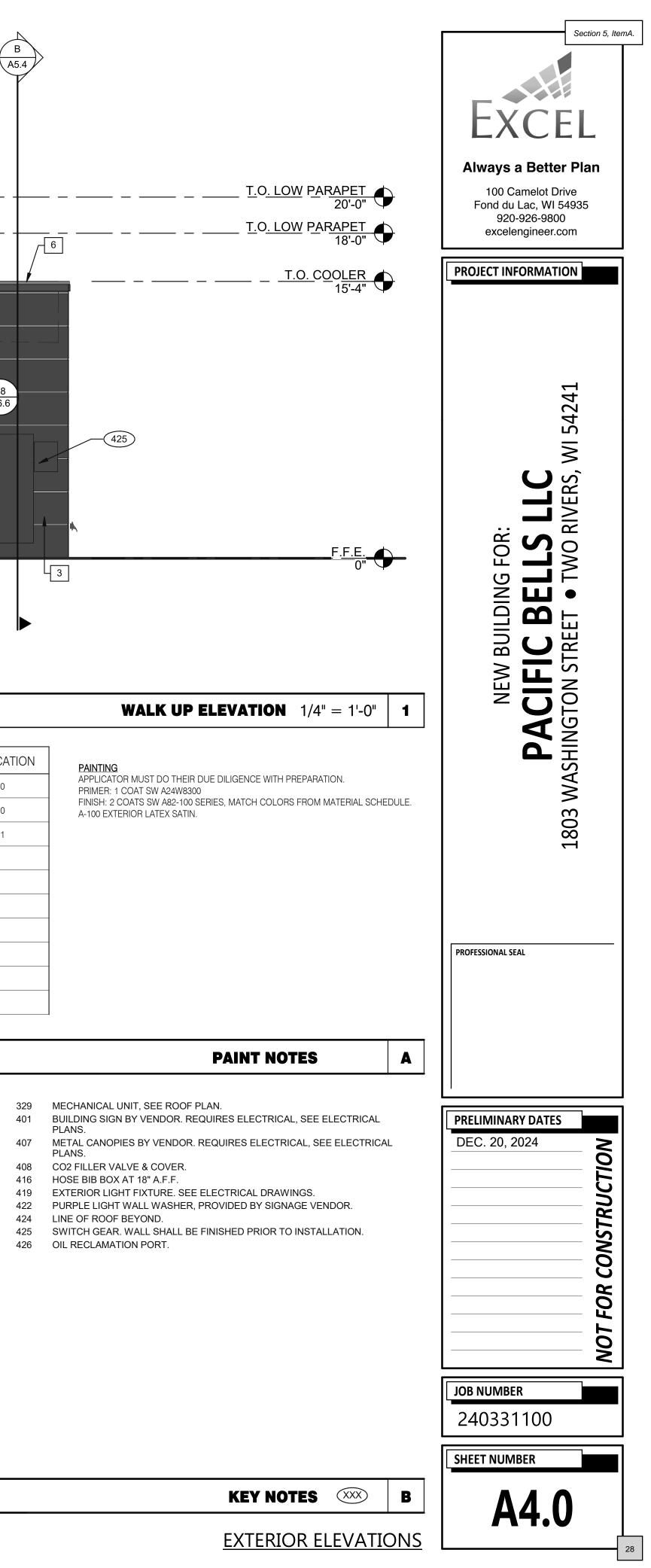
GENERAL NOTES

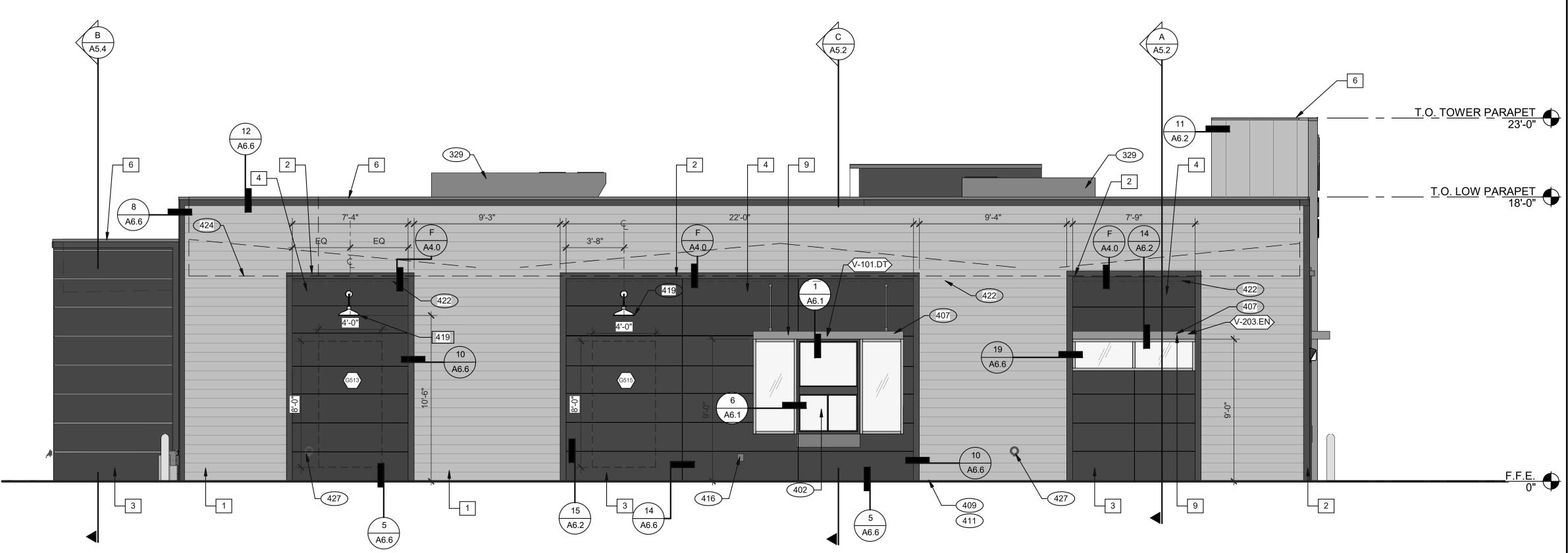
С

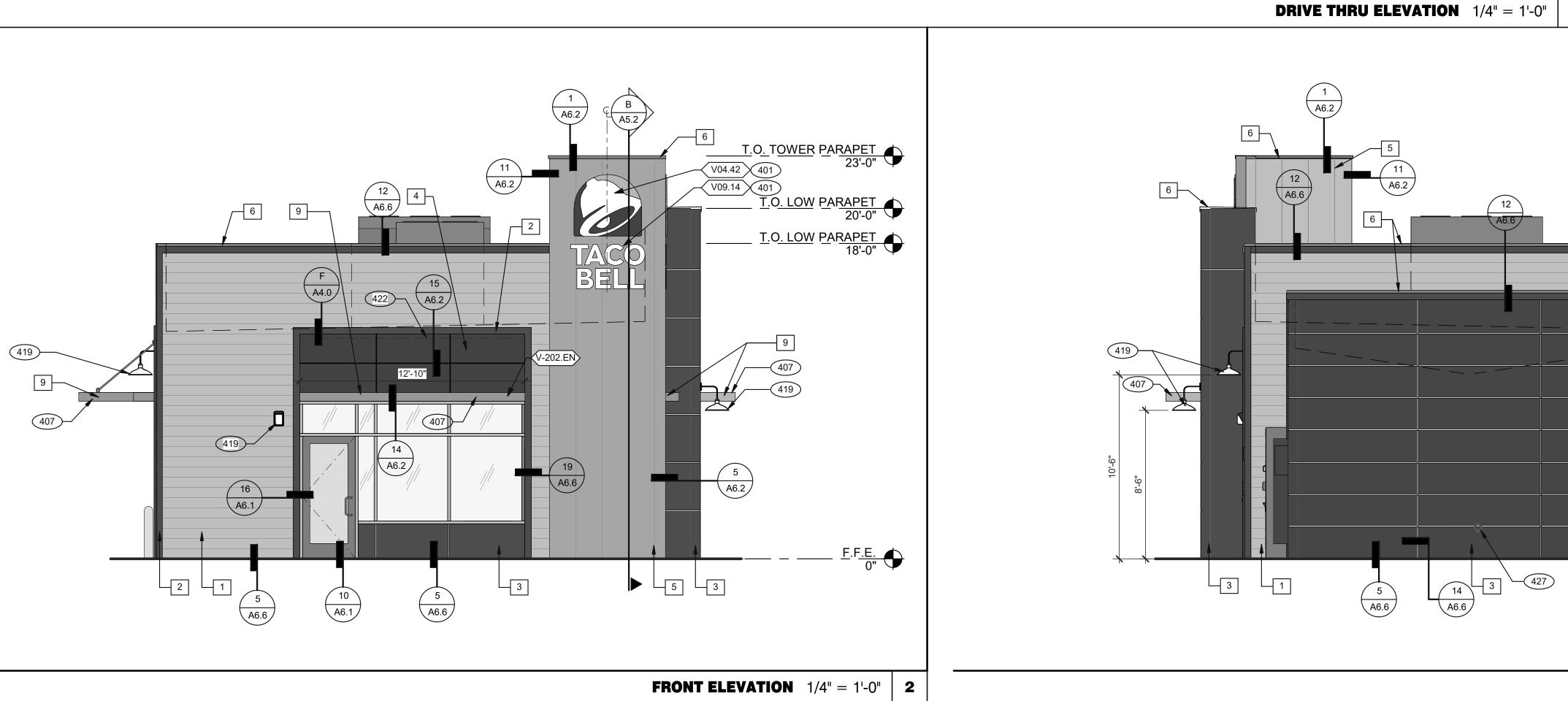
X	NAME	FAMILY	FRAME OR MURAL	SIZE	LOCATIO
(G513)	CHALK BOARD GRAFFITI	С	M02	48x96	A4.0
G514	CHALK BOARD GRAFFITI	С	M02	48x96	A4.0
(G515)	CHALK BOARD GRAFFITI	С	M02	48x96	A4.1

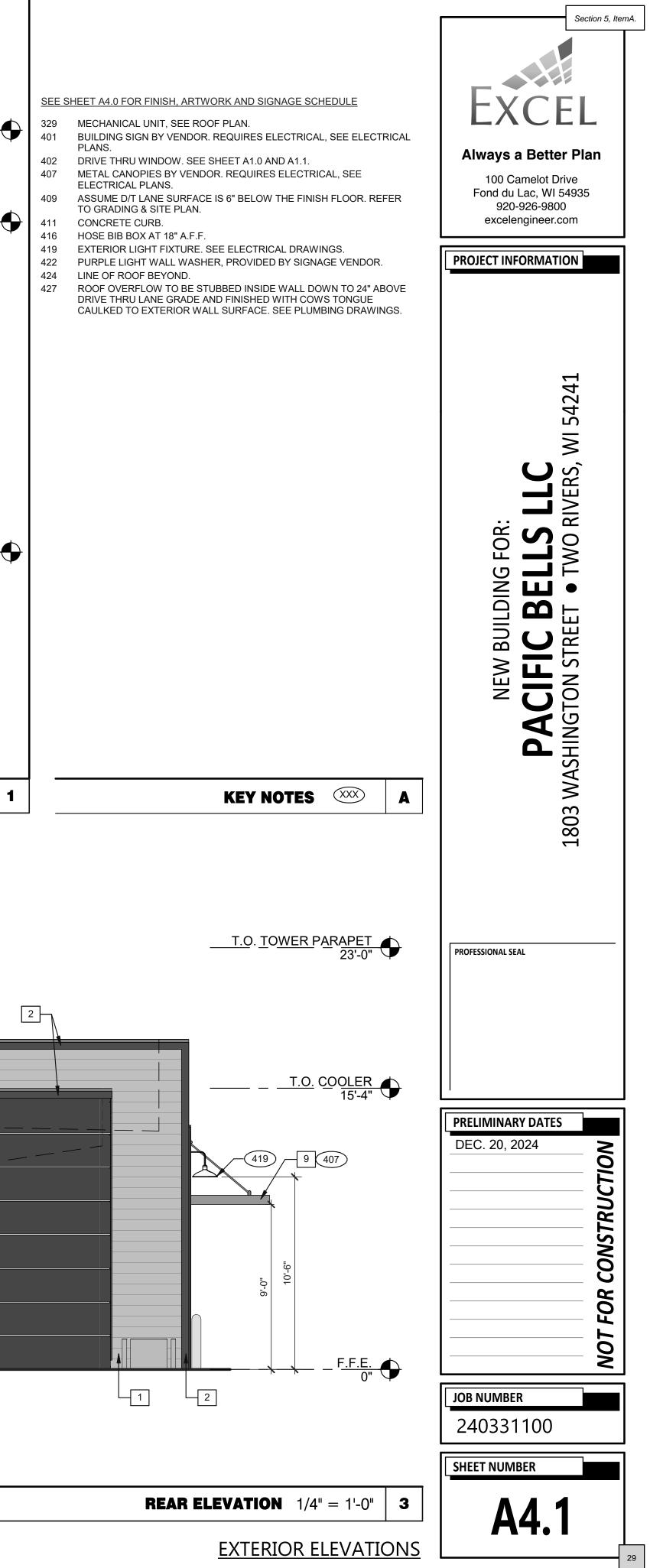
ALUMINUM TRIM PROFIL	ES [ALTERNATE SOURCE]				
DESCRIPTION	ITEM ID - MANUFACTURER				
SURROUND J CHANNEL TRIM	T2 - FRY REGLET JMS - TAMLYN				
URROUND VERTICAL TRIM	V2 - FRY REGLET W516RV - TAMLYN				
/ENT SCREEN	VST38 - TAMLYN				
SURROUND HORIZONTAL TRIM	W2 - TAMLYN				
SURROUND DRAINAGE FLASHING	XWF - TAMLYN				
SURROUND OUTSIDE CORNER	OC9 - FRY REGLET XOCR516 - TAMLYN				
SURROUND INSIDE CORNER TRIM	IC1 or IC21 - FRY REGLET XIC516 - TAMLYN				

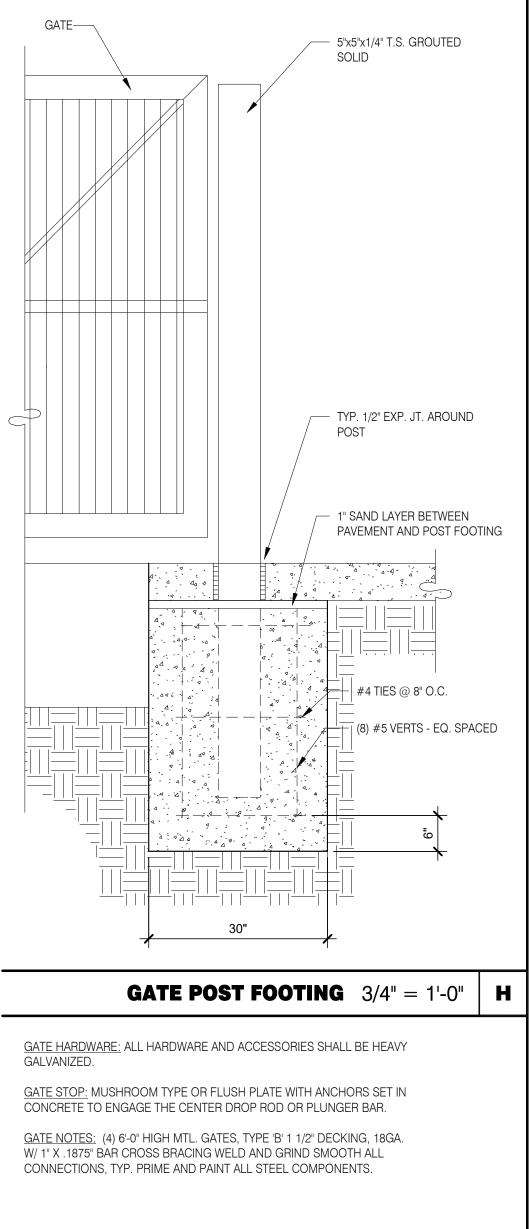
EXTERIOR FINISH SCHEDULE

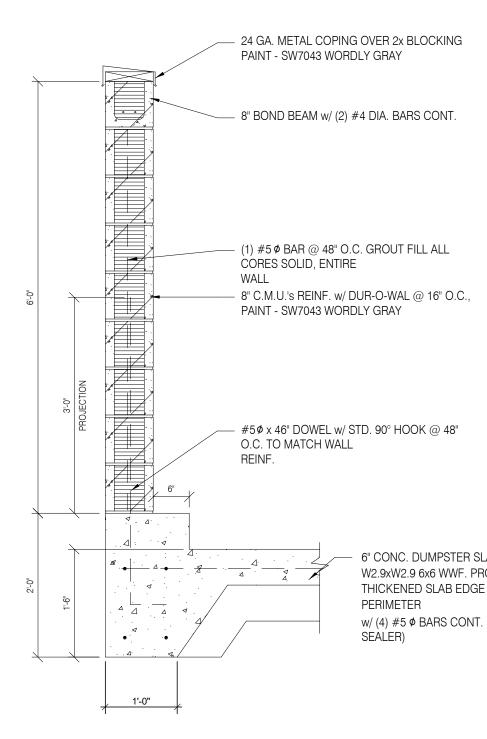


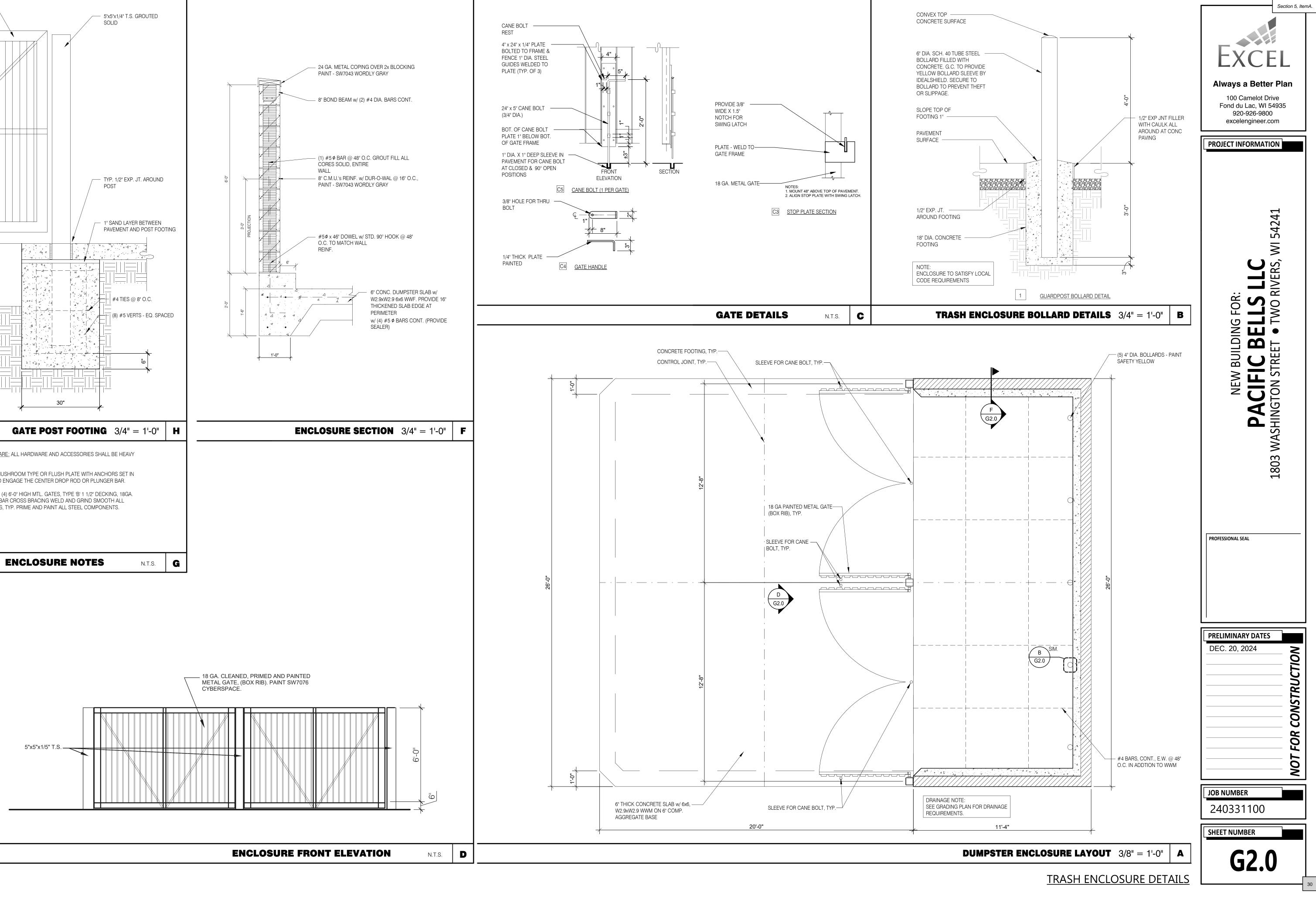














CITY COUNCIL MEETING

Monday, January 20, 2025 at 6:00 PM

Council Chambers - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. CALL TO ORDER

Council President Stechmesser called the meeting to order at 6:00 PM.

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL BY CITY CLERK

Councilmembers: Mark Bittner, Doug Brandt, Shannon Derby, Bill LeClair, Darla LeClair, Tim Petri, Bonnie Shimulunas, Scott Stechmesser, Adam Wachowski

ALSO PRESENT: Jeff Dawson, Library Director; Mike Mathis, Parks and Recreation Director; Kassie Paider, Finance Director; Matt Heckenlaible, Public Works Director; Joe Metzen, Tourism Director; Dave Murack, Fire Chief; Rick Powell, IT Supervisor; Brian Dellemann, Electric Utility Director; Ben Meinnert, Police Chief; Sean Griffin, City Attorney via phone, and Greg Buckley, City Manager

4. CONSIDERATION OF ANY COUNCIL MEMBER REQUESTS TO PARTICIPATE IN THIS MEETING FROM A REMOTE LOCATION

Motion made by Wachowski, seconded by Derby to approve councilmembers B. LeClair and Bittner to participate in this meeting from a remote location.

Motion carried with a roll call vote.

Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

5. PUBLIC HEARING

6. INPUT FROM THE PUBLIC

None.

7. COUNCIL COMMUNICATIONS

Letters and other communications from citizens

Councilmember Wachowski stated that he received the following concerns: sidewalks on the southside, an email about the arboretum, and was contacted about the planned construction on Memorial Drive and the concern for business access during that project.

8. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES

Councilmember D. LeClair reported on the Main Street Board stating they are teaming up with the new business Inky Blues for art in downtown. The Design Committee provided input to Plan Commission on Taco Bell and the design. The Board is working on banner art and the yarn bomb projects for 2025.

Councilmember Wachowski reported on the Advisory Recreation Board, stating that Parks and Recreation Director Mike Mathis provided the Board an update of department goals for 2025. One of their goals is looking to grow within themselves as a team and growing the programs; along with addressing beach parking. He congratulated the Parks and Recreation Director on being awarded the grant for Neshotah Park.

Councilmember Shimulunas reported on the Finance and Personnel Committee stating a new comp time policy was set in 2024, requiring that all comp time be taken as time off or pay in the year it is earned. A resolution will be coming to Council from the committee, regarding room tax payments for short-term rentals.

Council President Stechmesser reported on the City Manager Recrutiment and Selection meeting reporting it was a good informational meeting.

9. CITY MANAGER'S REPORT

- A. Invited Guests
- B. Status Update/Reports
 - 1. Staffing Updates

Mr. Buckley reported on the ongoing recruitments: City Manager – first meeting of selection committee with search consultants completed; City Planner/Community Development Director – accepting applications; Certified Water Operator – accepting applications; Recent Hires: Police Clerk/Evidence Custodian – announcement pending.

2. Recent Recognition of Police Officer (Former DNR Warden) Alek Henseler with Wisconsin Conservation Warden Valor Award

Mr. Buckley reported on January 10th 2025, one of the TRPD's newer officers, Alek Henseler, received the Wisconsin Conservation Warden Valor Award which was presented by Chief Conservation Warden Casey Krueger and Wisconsin Governor Tony Evers. Alek was previously employed as a Wisconsin DNR Warden. In July of 2022 Alek conducted a traffic stop and was violently attacked by the operator. As the award states, Alek "is awarded this certificate in recognition of his extraordinary heroism while being fully aware of imminent threat to his personal safety while conducting a traffic stop on July 15, 2022, which would ultimately turn into a fight for your life." Alek was commended for his bravery and courage during the incident.

3. April 2025 Council Election Candidates

Mr. Buckley reported five candidates for City Council have filed nomination papers that have been reviewed and approved by the City Clerk. Candidates are selected at random for ballot placement and will be listed in the following order: Andre Robitaille, Tim Petri (incumbent), Jeff Dahlke, Scott Stechmesser (incumbent), Bill LeClair (incumbent).

4. Election Updates: Spring Primary, February 18, 2025

Mr. Buckley reported that voters can visit MyVote to request an absentee ballot by mail. Absentee ballots will begin to be mailed on Tuesday, January 28. In-Person Absentee Voting at City Hall begins Tuesday, February 4, and ends Friday, February 14. Voting will be during regular business hours with an exception of Friday, February 14, until 5:00 PM.

5. Winter Sidewalk Clearing

Mr. Buckley reported that snow and ice must be removed from any public sidewalk within 24 hours from the time when the snow ceases to fall. For corner lots, this includes the sidewalk and any ramps. Do not shovel or blow snow into the street, or onto a neighboring property without the owner's permission.

32

6. Winter Parking Ban

Mr. Buckley reported that enforcement of the winter parking ban remains on hold.

7. Explore Two Rivers: New Marketing Materials

a. 2025 Manitowoc/Two Rivers Visitor Guide

Mr. Buckley reported the Visitor Guide in collaboration with Visit Manitowoc has been printed for 2025. Tourism Director addressed the new Visitor Guide with the Council.

b. Hike, Bike, & Paddle Brochure

Mr. Buckley reported brochures have been printed and are available highlighting outdoor recreation in the area. Mr. Metzen presented the Council with copies and offered comments.

8. Parks & Recreation Department and Grace Congregational Church receive

Forestry Focused Grant from, "Faith in Place" environmental organization Parks and Recreation Director Mike Mathis reported that Grace Congregational Church and the Parks & Recreation Department have worked together to apply for a forestry focused grant from "Faith in Place", a faith basted environmental organization. Grace Congregational will be receiving \$15,931 for the project. Funding will be used to plant 20 trees at Washington Park, support a forestry track Youth Apprentice position that will work with Parks & Recreation for the year, and cover additional administrative and planting costs. At least 15 dead or dying trees were removed from Washington Park in the last year.

9. Lead Water Service Lateral Replacement, 2024-25 Contract

Mr. Buckley reported on the status of the project stating: 74 – public water services replaced; 51 – public sewer laterals replaced; 13 – private water services replaced; 9 – private sewer laterals replaced. The contractor has paused construction for the cold winter days/nights and as such, there will be no updates until the weather warms up.

10. Sandy Bay Highlands Subdivision Phase 3

Mr. Buckley reported the contractor is braving the cold temperatures and has completed all of the sanitary sewer mainline and lateral work, all of the water main and water service work, & all of the storm sewer mainline and storm lateral work. Since the frost has penetrated a good 12-inches into the roadway area, the contractor is opting not to continue with the road grading and graveling until the weather warms up. The contractor will be working on the rough excavation of the stormwater management features (dry pond and bio-filters) in the upcoming weeks.

- 11. Community and Economic Development Update
- Mr. Buckley did not provide an update.

12. Brief Report on Tax Incremental Financing Districts in Two Rivers

Mr. Buckley reported the city has 12 active tax incremental districts (TID's). In terms of area, they cover a total of 486.11 acres, 12.47% of the city's total land area of about 3,897 acres. Nearly 2/3 of the acreage contained in TID's in made up of two TID's that were created for "greenfield" industrial development: Eggers Industries TID 9 (76.4 acres) and Woodland Industrial Park TID 14 (229.05 acres). The other TID's cover about 181 acres, or 4.6 percent of the city's land area. The equalized valuation (EV) of the increment being captured these TID's is \$42.2 million, about 4.6 percent of the city's total EV of \$918.8 million; the average for all WI municipalities is 7.2 percent.

13. Upcoming Events

a. Coffee with a Cop, 8:30 AM, Monday, January 27, 2025 at The High Lift coffee shop; 10:00 AM, Wednesday, February 5, 2025 at the Two Rivers Senior Center

- b. Two Rivers Parks and Recreation, "Zumba Classes," Wednesdays, January 22 March 5, 2025, 5:30-6:30 PM at the Community House
- c. Public Information Meeting on 2025 Harbor/16th/Emmet Street Project, Thursday, January 30, 2025, 5:00 PM 6:30 PM, City Hall Council Chambers
- d. Knights of Columbus, "Cornhole Tournament," Saturday, February 1, 2025, 8:00 AM 4:00 PM, in the Community House Gym
- e. Two Rivers Historical Society Fundraiser, "Polka Bowl," Sunday, February 2, 2025, 11:30 AM 6:00 PM, at Sepia Chapel
- f. Two Rivers Business Association Fundraiser, Saturday, February 8, 2025, 6:00 PM 9:00 PM at Sepia Chapel
- 12. Other
- C. Legislative/Intergovernmental Update

10. CONSENT AGENDA

<u>A.</u> <u>25-009</u> Presentation of Minutes City Council Regular Meeting, January 6, 2025

<u>Recommended Action:</u> Motion to waive reading and adopt the minutes

- B. 25-010 Minutes of Meetings
 - 1. Personnel and Finance Committee, October 24 & 29, 2024 and January 9, 2025
 - 2. Library Board, December 10, 2024
 - 3. Environmental Advisory Board, December 17, 2024
 - 4. Room Tax Commission, December 30, 2024
 - 5. Public Utilities Committee, January 6, 2025
 - 6. Public Works Committee, January 8, 2025
 - 7. Advisory Recreation Board, January 8, 2025
 - 8. City Manager Recruitment and Selection Committee, January 9, 2025
 - 9. Plan Commission, January 13, 2025

Recommended Action:

Motion to receive and file

- **<u>C.</u>** <u>**25-011**</u> Board and Committee Recommendations Requiring Council Action
 - 1. Plan Commission, January 13, 2025 -- Set a public hearing on application for a Conditional Use Permit application for Taco Bell with drive-through at Washington Street

<u>Recommended Action:</u> Motion to Set the Public Hearing for Monday, February 3, 2025 at 6:00 PM

D. 25-012 Department Reports, December 2024

- 1. City Clerk
- 2. Electric
- 3. Inspections
- 4. Library
- 5. Parks & Recreation
- 6. Public Works
- 7. Safety
- 8. Water
- 9.Tourism

Recommended Action: Motion to receive and file

<u>25-013</u> Applications and Petitions
 1. Application for Appointment of Agent change for Ultra Mart Foods, LLC dba Pick n' Save

Recommended Action:

Motion to approve the application and authorize issuance of the license

<u>RECOMMENDED ACTION FOR CONSENT AGENDA</u> Motion to approve the Consent Agenda with the various actions recommended

Motion carried with a voice vote.

Motion made by Derby seconded by Brandt

Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

11. CITY COUNCIL - FORMAL ITEMS

A. <u>25-014</u> Resolution Upon Retirement for Lisa Kuehn

<u>Recommended Action:</u> Motion to read and adopt the resolution

Motion carried with a roll call vote.

Motion made by Wachowski seconded by Shimulunas Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

B. <u>25-015</u> Consideration of Professional Services Agreement With Stantec Consulting Services for Grant-Funded Project, "Creating a Resilient Waterfront Parkland," Addressing Long-Term Planning for Shoreline Resiliency and Enhanced Public Access/Use of the Public Lakefront from the Harbor South Past the City Limits to the Vicinity of the Chamber of Commerce Property

<u>Recommended Action:</u> Motion to authorize the City Manager to execute the contract on behalf of the City

Motion carried with a roll call vote.

Motion made by Brandt seconded by Derby to table this item to the 1/27/2025 City Council Work Session.

Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

<u>C.</u> <u>25-016</u> First Amendment to Real Estate Purchase Option Agreement with Hawk Energy Storage, LLC, Regarding Possible Purchase of Property at Woodland Industrial Park for Battery Energy Storage System (BESS) facility

Recommended Action:

Motion to authorize the City Manager and City Clerk to sign the Amendment on behalf of the City

Motion carried with a roll call vote.

Motion made by Shimulunas seconded by D. LeClair to authorize the City Manager and City Clerk to execute the First Amendment to Real Estate Option Agreement and First Amendment to Memorandum of Real Estate Purchase Option Agreement as presented but with the addition of the stated amendment to Section 13.

Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

<u>D.</u> <u>25-017</u> Ordinance Amending Section 2-1-5 B(3) of the Code of Ordinances, to Allow the City Council to Designate by Resolution Alternate Locations for Central Count for Elections

Recommended Action:

Motion to waive reading and adopt the ordinance

Motion carried with a roll call vote.

Motion made B. LeClair by seconded by Bittner. Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

<u>E.</u> <u>25-018</u> Resolution Urging State Legislation to Require On-Line Booking Platforms to Provide More Detailed Information on Room Taxes Collected in and Remitted to the City

Recommended Action:

Motion to read and adopt, as recommended by the Personnel and Finance Committee

Motion carried with a voice vote.

Motion made by D. LeClair seconded by Shimulunas Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

12. FOR INFORMATION ONLY

- A. City Council Work Session, Monday, January 27, 2025, 6:00 PM
- B. City Council Regular Meeting, Monday, February 3, 2025, 6:00 PM
- C. City Council Regular Meeting, Monday, February 17, 2025, 6:00 PM
- D. Council Listening Session, Wednesday, February 19, 2025, 6:00 PM at Lester Public Library

13. ADJOURNMENT

Motion to dispense with the reading of the minutes of this meeting and adjourn this meeting at 7:25 PM.

Motion carried with a voice vote.

Motion made by Wachowski seconded by Derby. Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

Respectfully submitted,

Amanda Baryenbruch City Clerk

37

Tuesday, August 06, 2024 at 6:00 PM

Council Chambers - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. CALL TO ORDER

The meeting was called to order by Committee Chairman Shimulunas at 6:00.

2. ROLL CALL

Personnel & Finance Committee Members present were Bonnie Shimulunas, Mark Bittner, and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director.

3. REVIEW GENERAL FUND BUDGET STATUS AS OF JUNE 30, 2024

City Manager Buckley and Finance Director Paider reviewed the status of the General Fund Budget as of June 30, 2024

4. BRIEF DISCUSSION OF STATUS OF OTHER CITY FUNDS AT MID-YEAR

City Manager Buckley and Finance Director Paider reviewed the status of the Utility Budgets and Debt Service Budget as of June 30, 2024.

5. REVIEW JUNE OVERTIME REPORT

Reviewed June's overtime report. Police Department is running very high on overtime due to missing child case earlier in the year.

6. DISCUSS CALENDAR FOR 2025 BUDGET REVIEW AND ADOPTION

Finance Director Paider reviewed the proposed schedule for Budget review meetings.

7. DISCUSS CITY MANAGER SUCESSION PROCESS

Discussion of using a Recruitment Firm to find the next city Manager. City Manager Buckley discussed reaching out to a few firms and giving their summary to committee members for review.

8. SET NEXT MEETING DATE

Next meeting August 13, 2024, at 6:00pm.

9. ADJOURNMENT

Motion was made by Wachowski, seconded by Bittner, to adjourn meeting at 7:15pm. Motion carried.

Respectfully Submitted,



Wednesday, October 30, 2024 at 6:00 PM

Council Chambers - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. Call to Order

Meeting was called to order at 6:00pm.

2. Roll Call

Personnel & Finance Committee Members present were Mark Bittner and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director; and Matt Heckenlaible, Public Works Director. Also present was Scott Stechmesser, City Council Member.

Personnel & Finance Committee Members not present were Bonnie Shimulunas.

3. Discussion of Proposed Services Agreement with Representatives of the Blue Heron Condominium Association; Recommendation to City Council on That Agreement

Discussion of proposed services agreement with representatives of the Blue Heron Condo Association took place. There was discussion about the language and timing of camera inspection of the pipes.

4. Review of Special Revenue Funds Budgets

City Manager Buckley reviewed the special revenue funds. Property in some of the TIF's has decreased in value, lowering property tax revenue for the funds. Further review into the TIF value changes will be carried out. TIF 15 is budgeted to spend \$750,000 for potential apartment development.

5. Wrap Up Review of Capital Budgets Nothing was presented for Capital Budgets, to be reviewed at future meeting.

6. Upcoming Meetings:

Tuesday, November 5 at 8:00 AM for Review of Fire and EMS Budgets Wednesday, November 6 at 6:00 PM for Interviews with City Manager Recruitment Firms

7. Adjournment

Motion was made by Bittner, seconded by Wachowski, to adjourn meeting at 8:15pm. Motion carried.

Respectfully Submitted,



Thursday, November 14, 2024 at 6:00 PM

Committee Room - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. Call to Order

The Meeting was called to order by Committee Member Wachowski at 6:02pm.

2. Roll Call

Personnel & Finance Committee Members present were Mark Bittner and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director; and Dave Murack, Fire Chief. Also present was Scott Stechmesser, City Council Member. Personnel & Finance Committee Members not present were Bonnie Shimulunas.

3. Wrap Up Review of the Following 2025 Budgets; Recommendations to City Council A. General Fund

City Manager Buckley reviewed; the general fund increased spending of 3.48% which is within the expenditure restraint max of 3.7%

B. Debt Service Fund

Debt service fund will draw down its fund balance to keep taxes steady. Fund balance is from debt issued in 2024 at a premium.

Motion was made by Bittner, seconded by Wachowski, to recommend the debt service budget. Motion carried.

C. Special Revenue Funds

City Manager Buckley discussed the decrease in property values in the TIFs. Discussion of allocating time of full-time staff to fund 261 Concessions.

Motion was made by Bittner, seconded by Wachowski to recommend Special Revenue Budgets with allocations of full-time staff to Fund 261. Motion carried.

D. Capital Projects Funds, Including Borrowing Plan

City Manager Buckley presented the Capital Projects Funds. Tax supported borrowing of \$2.07 million, with total general obligation borrowing of \$3.47 million. Committee Member Wachowski would like to try and get tax supported borrowing below \$2 million.

4. Recommendation to City Council Regarding 2024 Property Tax Levy, In Support of the 2025 Budget

Nothing presented, will be presented at future meeting.

5. Reminders:

Budget Hearing- Monday, November 25, 2024 6:00 PM City Council Vote on 2025 Budget- December 2, 2024, 6:00 PM Next meeting Tuesday November 19, 2024, 8:00am

6. Adjournment

Motion was made by Bittner, seconded by Wachowski, to adjourn meeting at 8:45pm. Motion carried.

Respectfully Submitted,



Tuesday, November 19, 2024 at 8:00 AM

Committee Room - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. Call to Order

The meeting was called to order by Committee Chairman Shimulunas at 8:17am.

2. Roll Call

Personnel & Finance Committee Members present were Bonnie Shimulunas, Mark Bittner, and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director.

3. Wrap Up Review of the Following 2025 Budgets; Recommendations to City Council A. General Fund

City Manager Buckley presented a few changes needed to the General Fund Budget: an increase to the attorney fees (\$6,960) and an increase to the transfer to Information Systems (\$9,073). This will be paid for by adjusting Parks & Rec and Public Works budgets down. He also recommends upping the levy to a 0% increase, currently -0.36% (\$19,929) and put towards contingency. Motion made by Bittner, seconded by Wachowski, to recommend General Fund Budget with

changes discussed and adding \$19,929 to contingency. Motion carried.

B. Debt Service Fund

Not presented.

C. Special Revenue Funds

Special Revenue funds were reviewed.

Motion made by Bittner, seconded by Wachowski, to recommend Special Revenue budgets. Motion carried.

D. Capital Projects Funds, Including Borrowing Plan

City Manager Buckley presented updated CIP list, now with tax supported borrowing below \$2 million. Discussion about funding PD Canine vehicle equipment and reducing DPW Garage by \$20,000. Motion made by Bittner, seconded by Wachowski, to recommend Capital Projects budgets with adjustment discussed. Motion carried.

4. Recommendation to City Council Regarding 2024 Property Tax Levies, In Support of the 2025 Budget

A. General Fund

- **B. Debt Service**
- C. Library

City Manager Buckley presented the proposed property tax levies; General City \$2,288,033, Debt Service \$2,551,538, and Library \$681,790.

Motion made by Bittner, seconded by Wachowski to recommend property tax levies presented to the City Council. Motion carried.

5. Reminders

Budget Hearing- Monday, November 25, 2024 6:00 PM

City Council Vote on 2025 Budget- December 2, 2024, 6:00 PM

6. Adjournment

Motion was made by Wachowski, seconded by Bittner, to adjourn meeting at 9:06am. Motion carried.

Respectfully Submitted,

Haidu



PLAN COMMISSION SPECIAL MEETING

Monday, January 22, 2025 at 5:30 PM

Section 10, ItemB.

Council Chambers - City Hall, 3rd Floor 1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. CALL TO ORDER

Greg Buckley called the meeting to order at 5:30 PM.

2. ROLL CALL

Present: Greg Buckley, Rick Inman, Kay Koach, Kristin Lee, Matt Heckenlaible, and Adam Wachowski.

Also Present: Alex Muhl and Recording Secretary Adam Taylor.

3. ACTION ITEMS

A. Review of Site and Architectural Plan for the construction of a Taco Bell restaurant at 1803 Washington Street, submitted by Pacific Bells (applicant) and CEHOG I LLC (owner).

This item was tabled from the previous January 13, 2025, Plan Commission Meeting. The plans have been updated to address the previous concerns. The building has been shifted over 10 feet to the east, to allow for a better view of the mural. The drive through has been reduced to one singular lane and has shifted accordingly. The landscape plan has been revised to include more green space as well as plantings along both the eastern edge and the NW corner of the lot. There were previous concerns alluding to the exit onto Washington Street. The applicant explained that there is enough space for cars to queue before turning left, so that this won't be an issue. There are an estimated 46 vehicles an hour on site at the peak traffic hour. If this does become an issue in the future, it will be handled by the City Council. The plans also addressed the concerns of the Main Street Committee. The light poles are at a height of 23 feet and the trash operations will enter and exit onto 18th Street.

The City Council will be adding a condition to the Conditional Use Permit for the drive-through to define a deadline for the time allotted for a building permit to be approved.

A motion was made to approve the plan as presented.

Motion made by Wachowski, seconded by Inman.

Roll Call Vote: Voting Yea: Buckley, Inman, Lee, Heckenlaible, Wachowski. Voting Nay: Koach Motion Carried

4. ADJOURNMENT

Motion to adjourn at 5:57 PM. Motion made by Wachowski, seconded by Koach. Respectfully submitted, Adam Taylor, Recording Secretary

CITY OF TWO RIVERS BUSINESS AND INDUSTRIAL DEVELOPMENT COMMITTEE AND COMMUNITY DEVELOPMENT AUTHORITY REGULAR MEETING Tuesday, January 28, 2025, 5:15 PM 3rd Floor City Committee Room – City Hall

1. Call to Order

In the absence of BIDC and CDA Chair Greg Coenen, the meeting was called to order by BIDC and CDA Vice Chair Keith Lyons at 5:15 PM.

2. Roll Call

BIDC members present were Tracey Koach, Keith Lyons, Shannon Derby, Dave Kalista and Scott Stechmesser. BIDC members absent and excused: Tom Christensen, Greg Coenen, Betty Bittner and Dan Wettstein. Mr. Buckley noted that there was a quorum of the BIDC present (5 of 9 members).

CDA members present were Shannon Derby, Dave Kalista, Tracey Koach, Keith Lyons and Scott Stechmesser. CDA members absent and excused: Betty Bittner and Greg Coenen. Mr. Buckley noted that there was a quorum of CDA present (5 of 7 members).

Others present were Gregory Buckley, City Manager.

3. Approval of Meeting Minutes

For the BIDC, Koach moved, supported by Derby, to approve the minutes of the December 27 special meeting, as presented. The motion was approved by voice vote, without dissent.

For the CDA, Koach moved, supported by Derby, to approve the minutes of the December 27 special meeting, as presented. The motion was approved by voice vote, without dissent.

4. CDA Action Items

A. Consider Any Offers Received for lots in Sandy Bay Highlands Subdivision. Mr. Buckley reminded CDA members that the listing agreement for Sandy Bay Phase 3 allows an exception to listing for lots the CDA places under contract with licensed homebuilders for the development of spec homes, if such purchase contracts are entered into by January 31, 2025.

He reported that he recently received two offers, each addressing two lots in Phase 3, from Lakeshore Residential, LLC, which over the past three years has constructed five spec homes in the subdivision. Copies of the offers, along with a map showing the locations of the lots in question, were provided to the CDA members.

The City Manager pointed out that Offer #1 is for Block 4, Lots 15 and 16, fronting Rawley Court. Offer #2 is for Block 4, Lots 19 and 20, which abut Lots 15 and 16 immediately to the north, with frontage on Sandy Ridge Drive. Each of the lots is priced at \$57,900; the offers reflect 10 percent off the list price, or \$52,110 for each lot. The CDA will not, however, be paying a realtor commission, which would be at least 12 percent per lot, per the terms of the listing agreement.

Terms of the offers call for closing by March 5, 2025 on Lots 15 and 16, by September 10, 2025 on Lots 19 and 20. Closing date on each can be extended until the CDA can affirm to the purchaser that graveled and graded streets and all utilities serving the lots are in place.

BIDC and CDA January 28, 2025 Page 2

Mr.Buckley stated that, based on this conditions, the closing on Lots 15/16 could end up being extended until sometime in May; he does not see the street/utilities contingency impacting the September closing date. Each offer also provides for a \$2,000 earnest money deposit by the buyer.

Mr. Buckley also identified some minor changes that he proposed to the language of each of the offers, pertaining to the street/utilities contingency.

Following discussion, Derby moved, supported by Koach, to authorize execution of the two purchase agreements, with the changes proposed by the City Manager; further, that the authorized signatory for the CDA on these offers, on any future full-price offers for Phase 3 lots, and on any closing documents associated with sale of the Phase 3 lots may be either CDA Chair Greg Coenen, CDA Vice Chair Keith Lyons, or City Manager Greg Buckley.

The motion was approved by voice vote, without dissent.

Mr. Buckley noted that he had reached out to other area builders regarding the availability of Phase 3 lots for spec homes, but the proposals from Lakeshore Residential, LLC were the only ones received. He also reported that that the sale of Block 4, Lot 14, previously approved by the CDA, is scheduled for January 31, 2025.

4. Information Only

The City Manager provided a brief update on various development projects, including:

Proposed Apartments at 3000 Forest Avenue Pop-Start Pizza Restaurant on 22nd Street Violet Inn development at the former Elks Lodge on 16th Street Sauve's Automotive expansion Proposed Taco Bell on Washington Street

Following discussion, Lyons moved, supported by Koach, to authorize the release of mortgage, contingent upon receipt of payment in the amount of \$32,000. The motion was approved by voice vote, without dissent.

5. Adjournment

Koach moved, supported by Derby, to adjourn the BIDC meeting at 5:40 PM. The motion was approved by voice vote, without dissent.

Koach moved, supported by Derby, to adjourn the CDA meeting at 5:40 PM. The motion was approved by voice vote, without dissent.

Respectfully submitted,

Gregory E Buckley

City Manager

Form

AB-220

License(s) Requested		F		
Temporary "Class B" Wine	Temporary Class "B" Beer	License Fees	\$	10.00
		Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Information					
1. Organization Name					
WO KIVENS Main "	Street				
2. Organization Permanent Address					
	Street				
3. City Two Rivers		4. State	5. Zip Code 54241		
6. Mailing Address (if different from permanent a	ddress)				
PO Box 417 Two	DRIVENS, WI SHOHL				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	ation/Incorporation		
39-1884042	1996	WI			
10. Phone 930-794-1482 11. Email disector @ two rivers mains treat-com					
12. Organization type (check one)					
🗌 Bona Fide Club 📄 Church	Fair Association/Agricultural Socie	ety 🗌 Veter	an'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?					
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
Barten	Joseph	President	420-621-1437
Pigton	Kristine	Vice President	920-555-2630
Kumbalek	Devin	Secretary	426-487-3732
Meissner	Nicholas	Treseaure	920-482-3712

 $Continued \rightarrow$

Part C: Event Information				Section 10, ItemC.	
1. Name of Event (if applicable)	2				
The Great TRivia (contest				
2. Dates of Operation			3. Hours of O		
3/14/2025			5pm.	- 10 pm	-
4. Premises Address	1				
1710 W. Park Stree	+				
5. City			6. State	7. Zip Ce	
Two Rivers			WI	548	141
8. County	9. Governing Munic		🗌 Village	10. Aldermani	ic District
Manitowoc	of: TWO				
11. Organizer of Event (if not the named applicat	nt)	12. Email and/or Phone Nun	-	zer of Event	
Two Rivers Main Street		720-901-976	13		
13. Organizer Website	i	14. Event Website			
WWW. two civers Main Stret	t. Com				
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.					
Serving + Staving Alcohol	in the gyu	h,			
					_

Part D: Attestation

Who must sign this application?

• one officer or director of the nonprofit organization

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

Last Name	First Name		M.L.
Ring	Jason		ρ
Title	Email	Pł	none
Director	disretor @ two sivelsn	nain street. ion	906-794-1482
Signature		Date	
Toson Kin		1/15/2	035
		r	

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				

Form

AB-101

D	Section 10, ItemC.
L 1	

Agent Type (check one)		
Original (no fee)	Successor (\$10 fee for municipal licensees only)	

Part A: Business Informa	tion		ۇپ			
1. Legal Business Name (individua						
Two Rivers	Main Street					
2. Business Trade Name or DBA						
3. Entity Type (check one)						
	Limited Liability Company	y Corporation	X Nonprofit Organization			
4. Alcohol Beverage Business Aut	horization (check one)	5. If successor agent, provide Sta	te Permit or Municipal Retail License Number			
🕅 Municipal Retail Licer	ise 🔲 State Permit					
6. Describe the reason for appoint	ing a successor agent, if successo	r is checked above.				

Part B: Agent Information						
	. First Name			3. M.I.		
Ring	Jason			P		
4. Email 💙			5. Phone			
director Ctwo rivers main street. com 920-794-1482						
6. Home Address						
615 Buchholz Street						
7. City	8. State	9. Zip Code	10. Age			
TWO RIVENS	WI	5424				
11. Drivers License/State ID Number		12. Drivers License/State	e ID State of Issuance			
R520-4357-7296-01		WI				

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	🗌 No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

Continued \rightarrow

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Part D: Business Attestation					Section 10, ItemC.
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certif on behalf of the entity. If I am appointing a su I understand that I may be prosecuted for su any person who knowingly provides materially if convicted.	d liability com fy that I am au uccessor ager bmitting false	pany with full authority and cor uthorized by the above-named o at, I rescind all previous agent a e statements and affidavits in co	ntrol of the pr entity to author ppointments to nnection with	emises and orize this ir for this prer this applic	d of all alcohol idividual to act mises. Further, ation, and that
Last Name		First Name			M.I.
King		Jason			P
Title	Email			Phone	
Director	directo	v C two rivers main Str	act.com	920-79	14-1482
Signature			Date		
Tosen hu			1/15/	2005	
					,

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	First Name	M.I. <i>O</i>
King	Josen	
Signature	Date	1
5 03- × 12		5/2025
		/-



NOTE:

THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR PICNICS & GATHERINGS

* * * * * *

The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

Main

Organization

Josnik

Signature

Printed Name

Date





Form AB-100		Alcohol Beverage Individual Questionnaire	Section 10, ItemC.
All individuals involv	ed in the alcohol beve	rage business must complete this form, including:	
 sole proprietor all partners of a partnership 		 all officers, directors, and agent of a corporation or nonprofit organ members and agent of a limited liability company 	nization

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 sol	e proprietor)			
1. Legal Business Name (individual name if sol Two Rivros Molin	Strect			
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	2. First Name			3. M.I.
Kumbalek	Devin			Μ
4. Relationship to Business (Title)	5. Email		6. Phone	
Secretary kumbalekd@shorelinecu.org 920-482-373				2-3732
7. Home Address		-		
1923 Lincoln St				

1020 EINOUTI OL			
8. City	9. State	10. Zip Code	11. Date of Birth
Two Rivers	WI	54241	05/31/1998
12. Drivers License/State ID Number		13. Drivers License/Sta	ite ID State of Issuance
K514-1739-8691-08		WI	

Part C	: Address History								
1. Do yo	ou currently reside in	Wisconsin?		ar aar		Sorton Sort Sort So	• ** ***** *** ***	X Ye	es 🗌 No
If yes	to 1 above, how long	j have you c	ontinuously lived	in Wisc	onsin pric	or to the date of ap	oplication?	Years 24	Months
2. List in	n chronological order	all of your a	ddresses within th	ne last 5	years. A	ttach additional sh	neets if necessar	у.	
Previous	Address 1			City			State	Zip Code	
2532	34th St			Two	o River	S	WI	54241	
Previous Address 2 1325 S 9th St			City Ma	^{City} Manitowoc			Zip Code 54220		
Previous Address 3		City		State	Zip Code				
Previous Address 4		City		State	Zip Code				
Previous	Previous Address 5		City St		State	Zip Code			
3. List a	Il states and counties	you have liv	ved in as an adult	. Attach	additiona	al sheets if necess	ary.		
State WI	County Manitowoc	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

Part D: Criminal History			Section 1	0, ItemC.
1. Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state			. 🗌 Yes	X No
If yes to question 1, please list details of each conviction	n below. Attach additio	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	No
 Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed. 	nother state's laws or	any county or municipal	. 🗌 Yes	X No

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 11	Date
I) ein Kimbralek	01/16/2025

AB-100	Alcohol Beverage Individual Questionnaire						
			a contration of a				
n nen n bormagn nogheanne i			Parridual Queston				
Part A. Business Information							
Tesis F. UTas Ma							
	neisšių – ie li		🔲 Čorgenation	X	Nonpretri On	Janizahu	
Part B: Individual Informatio	n						
Bacten		13 Fred Minter	seph			B	
Bound of Director	5 D	seph. Backen	e gmail, com		920 - let	1-14;	
10100 Francis Co	erk Road						
Two Rivers		D State UI	54241		4/1/8	9	
13350 - 4828 - 91	21-09		\mathcal{U} Dirychy License St \mathcal{U}	oo III Siile	ci (ssuance		
Part C: Address History							
$\mathbb{D}_{\mathbb{C}(Y_{max})}$, initially relate in Wise					XYe		
					75 Teans	Manpa	
10200 Francis Creek		Two Riv		Slat WI	5420		
The Products (PAR 1		700 100		Sied	Zie Gone	11	
					2.p Cose		
erequire in Addition (Stále	Zo Code	-	
$(\phi_{i},\phi_{i}) \in \operatorname{Ad}(\operatorname{Perh}_{i}) \cong$				Store	Zin Göde		
L st all states and counting , cu	nave lived in as an adul	Attach additional s	heets if necessary				
	WI Brown				County		

Continue

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Part D: Criminal History			Section	10 ItomC
 make volumever been convicted of any riteries for violation of any testeral. Wiscon similar or an 				10, ItemC.
If yes to question 1 please list details of ear	ch conviction belliw. Attach a	dational sheets as needed		
er - Undrämter volgted			Cancelion	(Dialar)
		Was sentence completed?	C Yes	ti ing
Livi (Incrance vinated			Convertion	Date
Plenin Indised		Was sentence completed?	Yes	∏ No
saw Shamanni Violated			Currention	Bate
		Was sentence completed?	T Yes	
 Are charges for any offenses currently per- beverages (for violation of any tederal. Wis undinances?) 			u Nes	X No
If yes to injection 2, describe nature and s shows as needed	lates of existing private's use	ng the space below. Attach additiona		

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under provider that any intervention each of the above questions completely and including in the dusiness due to any involvement in apotier ter of the alcohor beverage industry as a restricted investor. Luberistand that any inverse instead contrary to Wis. Stat. Chapter 125 shall be vora industry penalty of state law infuritier understand that must be provided for submitting false statements and affidavits in connection with this application, and that any person who know must provide materially laise information on this application may be required to forfell not more than \$1.000 if convicted.

Date 1-22-2025 2-6

Form AB-10	00	Alcohol Beverage Individual Questionnaire						Section 10, Item(
All individuals	involved in the	alcohol bev	erage business m	ust cor	nplete thi	s form, including	:	
 sole proprie all partners 	etor of a partnership		 all officers, dir members and 	rectors agent	, and age of a limite	ent of a corporation ad liability compa	on or nonprofit o any	organization
Your alcohol b	oeverage applica	ition or rene	wal is not comple	ete until	all requir	red Individual Qu	estionnaires are	e submitted.
Part A: Bu	siness Inform	ation						
Tuso	ade Name (individu Rivers I		ole proprietor) Strect			<i>v</i>		
3. Entity Type	(check one) roprietor	Partnershi	p 🗌 Limited	l Liabilii	ty Compa	ny 🗌 Corp	oration 🕅	Nonprofit Organization
Part B: Ind	lividual Inform	ation						
1. Last Name Pigeon					^{rst Name} Kristine			3. M.I. T
	to Business (Title)		5. Email		0			6. Phone
	ce President		Kristine	e.pige	eon@ya	ahoo.com		920-973-0074
7. Home Addre 3246 S	₅ss S. County Ro	I.P						
8. City	b. obuilty No				9. State	10. Zip Code		11. Date of Birth
Denm	ark				WI	54208	;	05/25/1975
	ense/State ID Num 5187-5685-0					13. Drivers Lice	nse/State ID State	e of Issuance
Part C: Ad	dress History							
1. Do you cu	rrently reside in \	Visconsin?	a.48.90.00.00.	.127 c		e		
If yes to 1	above, how long	have you c	ontinuously lived i	in Wisc	onsin pric	or to the date of a	pplication?	Years Months 49
	-	all of your a	ddresses within th	e last 5	years. A	ttach additional sl	heets if necessa	ry,
Previous Addre	ess 1 County Rd.	D		City			State	Zip Code
JZ40 5. Previous Addre		P		City	enmark		WI State	54208 Zip Code
Previous Addre	ess 3			City			State	Zip Code
Previous Addre	ess 4			City			State	Zip Code
Previous Addre	ess 5			City			State	Zip Code
3. List all sta	tes and counties	you have liv	ved in as an adult.	Attach	additiona	al sheets if neces	sary.	
State Cou WI E	^{inty} Brown	State	County		State	County	State	County
State Cou WI N	^{inty} Ianitowoc	State	County		State	County	State	County

Part D: Criminal History	Section 1	0 ItomC		
1. Have you ever been convicted of any offenses (exclud	0	0,		
for violation of any federal, Wisconsin, or another state	e's laws or of any coun	ty or municipal ordinances?	. 🗌 Yeş	X No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	T Yes	
	U. *	was sentence completed?		
Law/Ordinance Violated	Location		Conviction (Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
2. Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?.			. 🗌 Yes	🗙 No
If yes to question 2, describe nature and status of persheets as needed.	nding charges using th	ne space below. Attach additional		
			<u>`</u>	
				= 1

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	^ _	$\wedge \cdot$	Date
Kris	ting	Figeon	01/16/2025

Form	
AB-1	00

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 Inf	ormation			
1. Legal Business Name (ir	dividual name if sole pr	oprietor)		
Two Kives,	Main St	rect		
2. Business Trade Name or	DBA			
3. Entity Type (check one)				
Sole Proprietor	Partnership	Limited Liability Company	Corporation	🔀 Nonprofit Organization
				<u> </u>

Part B: Individual Information					
1. Last Name Meissner		2. First Name	Nicholas		3. M.I. A
4. Relationship to Business (Title) Treasurer	5. Email	nmeissner9	4@gmail.com	6. Phone	72 6246
7. Home Address				(920)9	73-6316
719 Lowell St					
^{8. City} Two Rivers		9. State	10. Zip Code	11. Date of 6	Birth
Two Rivers		W	54241	06/2	1/1994
12. Drivers License/State ID Number			13. Drivers License/State	ID State of Issuance)
M256-6219-4221-02			Wiscons	in	

Part C: Address History									
1. Do you currently reside in Wisconsin? No									
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years Months									
								30	6
2. List in	n chronological order all	of your a	ddresses within the	e last 5	years. A	ttach additional sh	neets if necessary	/.	
Previous	Address 1			City	_		State	Zip Code	
7	19 Lowell St			1	wo Ri	vers	VI VI	54241	
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		State	Zip Code		
3. List all states and countles you have lived in as an adult. Attach additional sheets if necessary.									
State	County	State	County		State	County	State	County	
WI	Manitowoc								
State	County	State	County		State	County	State	County	

Continued \rightarrow

			-	
Part D: Criminal History			Section 1	0, ItemC.
 Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state 	ding traffic offenses unl e's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	Yes	No 🗸
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
Law/Ordinance Violated	Location		Conviction [Date
Penalty Imposed	4	Was sentence completed?	Yes	🗌 No
Law/Ordinance Vlolated	Location	-	Conviction [Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
2. Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?.	another state's laws or	any county or municipal	Yes	V No
If yes to question 2, describe nature and status of per sheets as needed.	nding charges using th	e space below. Attach additional		

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 Multolu Date 1.22.25 merson

AB-220

License(s) Requested		F	ees	
		License Fees	\$	10.00
Temporary "Class B" Wine	🔀 Temporary Class "B" Beer	Background Check	\$	
	,	Total Fees	\$	10.00

Part A: Organization Information					
1. Organization Name					
Two Rivers Main "	Street				
2. Organization Permanent Address					
1608 Washington	Street				
3. City		4. State 5. Zip Code			
TWO KINEIS		WI 5424			
6. Mailing Address (if different from permanent a	ddress)	A 1			
	S RIVENS, WI SHOHI				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation			
39-1884042	1996	WI			
10. Phone	11. Email	A			
930-794-1482	director @ two rivers.	noinstreat - com			
12. Organization type (check one)					
🗌 Bona Fide Club	Fair Association/Agricultural Socie	ety 🗌 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?					
14. Wisconsin Seller's Permit Number (if applicab	le)				

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
Barten	Joseph	President	420-621-1437
Pigton	Kristine	Via President	920-553-2630
Kumbalek	Revin	Secretary	920-487-3732
Meissner	Nicholas	Tresease	920-482-3712

 $Continued \rightarrow$

61

Part C: Event Information					Section 10, ItemC.
1. Name of Event (if applicable)	1	Quality			
Cool City Classic Con S)how and	Cirige			
2. Dates of Operation			3. Hours of O		
6/27/2025 and 6/28	/2025		Spm-	10pm, -	7 am - L pm
4. Premisės Address					
1700 Washington St.					
5. City			6. State	7. Zip Co	
Two Rivers			WI	542	341
8. County	9. Governing Munic		🗌 Village	10. Aldermani	c District
Manitowoc	of: TWO	Rivers			
11. Organizer of Event (if not the named application	nt)	12. Email and/or Phone Nu	mber for Organiz	zer of Event	
Two Rivers Main Street		420-901-97	43		
13. Organizer Website		14. Event Website			
WWW. two cives Main Street	ct. Com				
 15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol will be Stored + Served in the Park Park Park IIm. 					

Part D: Attestation

Who must sign this application?

• one officer or director of the nonprofit organization

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

Last Name	First Name			M.I.
Ring	Jason			ρ
Title	Email		Phone	
Director	director @ two siversmo	in street. ion	926-79	4-1482
Signature		Date	2	
Toson Kin		1/15/	2025	

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

Form

AB-101

Alcohol Beverage Appointment of Agent

D	Sect	ion	10,	Item	IC.
-	 	7-6	<u> </u>		

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)
Two Rivers Main Street
2. Business Trade Name or DBA
3. Entity Type (check one)
Limited Liability Company 🔲 Corporation 🔀 Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
Municipal Retail License 🔲 State Permit
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information						
	2. First Name			3. M.I.		
Ring	Jason			P		
4. Email 💙			5. Phone			
director Ctwo rivers main street. com 920-794-148						
6. Home Address						
615 Buchholz Street						
7. City	8. State	9. Zip Code	10. Age			
TWO RIVENS	WI	54241	41			
11 Drivers License/State ID Number	12. Drivers License/Sta	te ID State of Issuance	3			
R520-4357-7296-01		IW				

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	🗌 No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire?</i>	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

 $\textit{Continued} \rightarrow$

Part D: Business Attestation			Section 10, ItemC.
corporation, nonprofit organization, or limited beverage activities on such premises. I certi on behalf of the entity. If I am appointing a su I understand that I may be prosecuted for su	The Undersigned , authorize the above-named individual to d liability company with full authority and control of the p fy that I am authorized by the above-named entity to author accessor agent, I rescind all previous agent appointments abmitting false statements and affidavits in connection with y false information on this application may be required to for	premises a norize this for this pr h this appl	nd of all alcohol individual to act emises. Further, lication, and that
Last Name Ding	First Name		M.I. P
Title	Email	Phone	
Director	director @ two rivers main Street. 10m	920-7	794-1482
Signature	Date 1/15	12025	
~			

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	First Name		M.I.
Ring	Josen		P
Signature		Date	
E JOZE HZ		1/15/2025	





1717 E. Park Street P.O. BOX 87 Two Rivers, WI 54241-0087

NOTE:

THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR PICNICS & GATHERINGS

* * * * * *

The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

Norm

Organization

Signature

Printed Name

1086

Date





Form AB-100	Alcohol Beverage Individual Questionnaire	Section 10, ItemC.
All individuals involved	d 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 Inf	ormation			
1. Legal Business Name (in Two R. Mus	idividual name if sole pr	oprietor) rect		
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		2. First Name			3. M.I.	
Kumbalek		Devin			M	
4. Relationship to Business (Title) 5. Email				6. Phone	6. Phone	
Secretary kumbale		kd@shorelinecu.org		920-482	920-482-3732	
7. Home Address						
1923 Lincoln St						
8. City		9. State	10. Zip Code	11. Date of	Birth	
Two Rivers		WI	54241	05/31/1	998	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		e	
K514-1739-8691-08			WI			

Part C:	Address History							
1 Do yo	ou currently reside in V	Wisconsin?	era ber ser ter sa	• • • • •	101 • 1080	((a) (a) (b) (b) (c) (a) (a) (b)	• SE• SE• Ge= SS•	Yes No
If yes	to 1 above, how long	have you c	ontinuously lived	in Wisco	onsin pric	or to the date of ap	oplication?	Years Months 24
2. List in	n chronological order a	all of your a	ddresses within th	ne last 5	years. A	ttach additional sh	eets if necessar	у.
	Address 1			City			State	Zip Code
2532	34th St			Two	o River	S	WI	54241
	Previous Address 2 1325 S 9th St		City Ma	^{City} Manitowoc		State WI	Zip Code 54220	
Previous Address 3		City	City		State	Zip Code		
Previous Address 4		City		State	Zip Code			
Previous Address 5		City	City		State	Zip Code		
3. List a	Il states and counties	you have li	ved in as an adult	. Attach	additiona	al sheets if necess	ary.	
State WI	County Manitowoc	State	County		State	County	Státe	County
State	County	State	County		State	County	State	County

Part D: Criminal History	Section 1	0, ItemC.		
1. Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state		X No		
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed	1	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
 Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed. 	nother state's laws or	any county or municipal	. 🗌 Yes	X No

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 11	Date
I) un Kuntralek	01/16/2025

AB	100			hol Bever al Questic	Section 10, Item			
			nge na simo a mi		s form including.			
	munitibus a ferramination - secondaria ta 5 võest o _s a secondaria sõimik konstants. Eriste en						nanitalies.	
							submitted	
	Business Informa							
	S BOURD A	<u>\</u> a_n_5	street					
	Гакалин халан 18 Резриниц — Па	Partnershim			ny 📑 Sarao	nation 🔀 A	Innorofii Organizatkir	
Part B.	Individual Informa	ation						
Baction				1 Stree Name	Joseph		B	
	addressed of a				n @ gmail.	Com	920-621-143	
10	Loo Francis	Courk			0		annen var enandervanne van den fankenskelijkelijkelijkensken v	
Two Rivers				UI	5424		4/1/89	
13350 - 4828 - 9121 - 09					of issuance			
					ωI			
	Address History	Visconain'i				ann an	X Yes	
' yes	to T spove how long	have you no	obmoously level (u to the date of ap	plication?	Velus Months	
2 Listin	r caronologicaliardel a	a of your ad	Research will a th		hach additional sh	epts Cherussan	35	
10200	Francis Creek	Road		Two 1	liars	Surp.	54241	
	Palstada 2						640 E6680	
							Zip Node	
- Increase Antimeses 4						Zip Coo+		
TRYIDUS PROTEESS D						Zip Gode		
	Il states and counties	ynio have line	d mais in paul	Alters addition	al sheets if necess			
WI Maniford WI Brown			Brown	(Care)	с≥⊞ник		Courts	
0								

			Section 10, ItemC
Make and end international distances of neurophysical distances.			
If yes to question if please with detailed	Pleach porvision bollow. Altern	articlional sheets as needed	
ci Ordinarte visiales			Сина слен Дан
		Was sentence completion?	TYES TIN
			Convertion Date
uilinty, imposed		Was sentence completen?	Ves -
			Conversion Date
		Was servence completion?	Tres to
Developed in the wolation of any lederal insurances 7 If yes to question 2, describe aalure a	Wisconsit it and her states a		Ves X N
Developed for violation of any lederal introduced 7	Wisconsit it and her states a	ws or any county or municipal	Ves 🕅 N
Developed in the wolation of any lederal insurances 7 If yes to question 2, describe aalure a	Wisconsit it and her states a	ws or any county or municipal	Ves 🕅 N
Developed in the wolation of any lederal insurances 7 If yes to question 2, describe aalure a	Wisconsit it and her states a	ws or any county or municipal	Ves X N
Developed in the wolation of any lederal insurances 7 If yes to question 2, describe aalure a	Wisconsit it and her states a	ws or any county or municipal	Ves 🕅 N
Developed in the wolation of any lederal insurances 7 If yes to question 2, describe aalure a	Wisconsit it and her states a	ws or any county or municipal	Ves X N

READ CAREFULLY BEFORE SIGNING. Under paratherit and have answered each of the above questions completely and intentially incentity that that that not provided from participation in this business due to any involvement in another nex of the alconol, invertige industry as a restricted investor. Funders and that any incense issued contrary to Wis. Stat. Chapter 125 shall be void and/e penals of state law. Turther understand that any incense issued contrary to Wis. Stat. Chapter 125 shall be void with this application, and that any person who know not v provides materially take information on this application may be required to torted not more than \$1,000 information.

Cate 1-22-7025

Form AB-100	Alcohol Beverage Individual Questionnaire	Section 10, ItemC.	
All individuals involved in the a	Accolor Develage Section 10 ItemC		
 sole proprietor 	 all officers, directors, and agent of a corporation or nor 	norofit organization	

- sole proprietorall 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 Inf	formation			
1. Legal Business Name (ir Two River	ndividual name if sole pr s Moi In St	oprietor) rect		
2. Business Trade Name of	r DBA	1.*		
3. Entity Type (check one)				
Sole Proprietor	Partnership	Limited Liability Company	Corporation	X Nonprofit Organization

1. Last Name Pigeon		2. First Name Kristine			3. M.I. T
4. Relationship to Business (Title) Vice President	Relationship to Business (Title) 5. Email			6. Phone 920-973	3-0074
7. Home Address 3246 S. County Rd. P					
8. City Denmark		9. State WI	10. Zip Code 54208	11. Date of 1 05/25/1	
12. Drivers License/State ID Number P250-5187-5685-07		13. Drivers License/State	e ID State of Issuance	9	

Part C: Address History									
1. Do you currently reside in Wisconsin?									
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 49 Months									
2. List in	n chronological order a	ll of your a	ddresses within th	e last 5	years. A	ttach additional sł	neets if necessary	<i>.</i>	
Previous	Previous Address 1				City			Zip Code	
3246 S. County Rd. P				De	Denmark			54208	
Previous Address 2			City	City			Zip Code		
Previous Address 3			City	City			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 Brown	State	County		State	County	State	County	
State WI	County Manitowoc	State	County		State	County	State	County	

Part D: Criminal History			Continue du	0. #am0
1. Have you ever been convicted of any offenses (exclud	Section 10			
for violation of any federal, Wisconsin, or another state	Yes	X No		
If yes to question 1, please list details of each conviction	on below. Attach addition	onal 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 No
2. Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	. 🗌 Yes	X No
If yes to question 2, describe nature and status of per sheets as needed.	nding charges using th	e space below. Attach additional		
		×.		

Signature	\sim \wedge ·	Date
this tin	Q Figeon	01/16/2025

Form				
Α	B-	1	0	0

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 Inf	ormation			
1. Legal Business Name (ir		oprietor)		
Juso Kives	Main St	rect		
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 Meissner		2. First Name	Nicholas		3. M.I. A
4. Relationship to Business (Title) Treasurer	5. Email nmeissner94		94@gmail.com (920		73-6316
7. Home Address 719 Lowell St		<u>.</u>			
^{8. City} Two Rivers		9. State	10. Zip Code 54241	11. Date of E 06/2	lirth 1/1994
12. Drivers License/State ID Number			13. Drivers License/State	ID State of Issuance	
M256-6219-4221-02			Wiscons	in	

Part C	: Address History								F#
1. Do y	ou currently reside in W	/isconsin?	aa. pr.u	w	3 70 . 29 .			🔽 Ye	s 🗌 No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 30 6									
2. List i	n chronological order a	l of your a	ddresses withi	in the last 5	years. A	ttach additional sh	neets if necessary	1.	1
Previous	Address 1			City			State	Zip Code	
7	'19 Lowell St			-	rwo Riv	vers	VVI	54241	
Previous Address 2			City	City		State	Zip Code		
Previous Address 3			City	City		State	Zip Code		
Previous Address 4			City	City		State	Zip Code		
Previous Address 5		City	City		State	Zip Code			
3. List all states and countles you have lived in as an adult. Attach additional sheets if necessary.									
State WI	County Manitowoc	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

Part D: Criminal History					
1. Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state	ty or municipal ordinances?	. 🗌 Yes	No 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	🗌 Ņo	
Law/Ordinance Violated	Location		Conviction	Date	
Penalty Imposed	*	Was sentence completed?	🗋 Yes	🗌 No	
Law/Ordinance Vlolated	Location		Conviction I	Date	
Penalty Imposed		Was sentence completed?	🗌 Yes	🗌 No	
2. Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or an ordinances?	nother state's laws or	any county or municipal	. 🗌 Yes	V No	
If yes to question 2, describe nature and status of pen sheets as needed.	ding charges using th	e space below. Attach additional			

Date 1.22.25 Signature nucoen merson

License(s) Requested License 10.00 Temporary "Class B" Wine Temporary Class "B" Beer Background Check \$ 10.00 Total Fees \$ 10.00 \$ 10.00 \$

Part A: Organization Information				
1. Organization Name				
Two Rivers Main	Street			
2. Organization Permanent Address				
1608 Washington	Street			
3. City		4. State	5. Zip Code	
TWO KIVEIS		WI	54241	
6. Mailing Address (if different from permanent a	ddress)			
PO Box 417 Two	DRIVEY, WI SHOHL			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	ation/Incorporation	
39-1884042	1996	WI		
10. Phone	11. Email			
930-794-1482	director @ two rivers,	nounctree	f-com	
12. Organization type (check one)		,,,=		
Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization				
Lodge/Society Achamber 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?				
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
Barten	Joseph	President	420-621-1437
Pigton	Kristine	Vice President	920-555-2630
Kumbalek	Devin	Secretary	426-487-3732
Meissner	Nicholas	Trejeaurer	420-482-3712
	~		

 $Continued \rightarrow$

Part C: Event Information					Section 10, ItemC.
1. Name of Event (if applicable)					
2. Dates of Operation	Slucs Frestl	Val			
2. Dates of Operation			3. Hours of O	peration	
7/13/3035 4. Premises Address			10an	n - 10	fm
4. Premises Address					
1700 Washington	Street				
5. City			6. State	7. Zip Co	ode
Two Rivers			WI	542)41
8. County	9. Governing Munic	ipality 🔂 City 🔲 Town	Village	10. Aldermani	c District
Manitowoc	of: TWO	RIVENS			
11. Organizer of Event (if not the named application	nt)	12. Email and/or Phone Num	ber for Organiz	er of Event	
Two Rivers Main Street		720-901-974	13		
13. Organizer Website		14. Event Website			
WWW, two cives Main Street	ct. Com				
15. Premises Description - Describe the bui stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	ds are kept. Descr of records may of	ribe all rooms within the bu ccur only on the premises o	ilding, includir described in t	ng living quar his applicatio	ters. Authorized n. Attach a map
or diagram and additional sheets if nece Alcohol Will BT Storn	d and so	NOR IN THE			
Part D: Attestation					-

Who must sign this application?

• one officer or director of the nonprofit organization

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

Last Name	First Name	M.1.
Ring	Jason	ρ
Title	Email	Phone
Director	dispetor @ 7 worivers main st	1tet-10m 926-794-1482
Signature	Dat	
Tosen Kin		1/15/2025

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

Form

AB-1	01
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D	Section	10,	ltemC

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 proprieto		
Two Rivers Main St	reet	
2. Business Trade Name or DBA		
3. Entity Type (check one)		
Limited Liability	ty Company 🔲 Corporation	🔀 Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide Sta	ate Permit or Municipal Retail License Number
Municipal Retail License		
6. Describe the reason for appointing a successor agent,		
beschbe the reason for appointing a successor agent,	I Successor is checked above.	

Part B: Agent Information						
1. Last Name	2. First Name			3. M.I.		
Ring	Jason			. P		
4. Email			5. Phone			
elisector @ two rivers main street co	m		920-79	4-1482		
6. Home Address						
615 Buchholz Street						
7. City	8. State	9. Zip Code	10. Age			
TWO RIVERS WI SHAH 41						
11. Drivers License/State ID Number		12. Drivers License/Stat	e ID State of Issuance	9		
R520-4357-7296-01		WI				

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	🗌 No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire?</i>	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

Continued $\xrightarrow{\sim}$

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Part D: Business Attestation		Section 10, ItemC.			
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	First Name	M.I.			
KING	Jason	Г — Г			
Title J	Email	Phone			
Director	director @ two rivers main street, com	920-794-1482			
Signature	Date				
Hosen bur	1/15/.	2025			

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 Ring	First Name	M.I. P
Signature	Date	115/2025





NOTE:

THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR PICNICS & GATHERINGS

* * * * * *

The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

Moin

Organization

Josuf

Signature

Printed Name

Date

Form AB-100	Alcohol Beverage Individual Questionnaire	Section 10, ItemC.
All individuals involved i	n the alcohol beverage business must complete this form, including:	

	sole	nron	rioto	
•	SOLG	prop	rieto	ſ

- 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 Inf	ormation					
1. Legal Business Name (individual name if sole proprietor) Two Rivers Moin Street						
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		2. First Name			3. M.I.
Kumbalek		Devin			M
4. Relationship to Business (Title)	5. Email			6. Phone	
Secretary	kumbale	kd@shoreli	necu.org	920-482	2-3732
7. Home Address					
1923 Lincoln St					
8. City		9. State	10. Zip Code	11. Date of I	Birth
Two Rivers		WI	54241	05/31/1	998
12. Drivers License/State ID Number			13. Drivers License/Sta	te ID State of Issuance	3
K514-1739-8691-08			WI		

Part C	: Address History								
1 _e Do yo	ou currently reside in	Wisconsin?	sa sa settarata	• es• es	0.055	5. · · · · · · · · · · · · · · ·	• 630 • 63• • 63• • 500	X Ye	s 🗌 No
If yes	to 1 above, how long	g have you c	ontinuously lived	in Wisc	onsin prie	or to the date of ap	oplication?	Years 24	Months
2. List in	n chronological order	all of your a	ddresses within th	ne last 5	years. A	ttach additional sh	neets if necessar	у.	
	Address 1			City			State	Zip Code	
2532	34th St			Tw	o River	S	WI	54241	
Previous Address 2 1325 S 9th St				^{City} Manitowoc			State WI	Zip Code 54220	
Previous	Address 3			City		State	Zip Code		
Previous	Address 4			City		State	Zip Code		
Previous	Address 5			City Sta		State	Zip Code		
3. List a	Il states and counties	you have li	ved in as an adult	. Attach	addition	al sheets if necess	sary.		
State WI	County Manitowoc	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

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Part D: Criminal History			Section 1	0, ItemC.
1. Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	's laws or of any coun	ty or municipal ordinances?		X No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal 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 beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	. 🗌 Yes	X No
If yes to question 2, describe nature and status of per sheets as needed.	nding charges using th	ne space below. Attach additional		

6/2025

AB	-100			hol Bever al Questin			Sectio	n 10, ItemC.
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k In			· All Three Mi	ins of ap	ent of incorporation est hability company	in month o	vijanizakon	
Part A:	Business Informat	tion						
	Bussieres Notice andreasan AC Fritzens M Ass. Fritzenski fritzin							
	de Proprietor	Partneishir		Сарину Соторя	iny 🔲 Corpor	anon 🕅	Nonprofit Org	ເອັກຜູລິມັດຄ
Part B	: Individual Informa	tion	Allen er besten hagen en annen en oppregenen, son och som efter verare en annen er som verare				***************************************	
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1.0%	Two Rivers			UI	54241		4/1/80	9
	Insurante State (D Numb	-					1	
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Part C		9121 -	09			erstelo II. Stave	Ve	s 🔲 No
Part C	350 - 4828 -	9121 -		e Willions n pre	wΙ		X Ye	s No
Part C Dov	350 - 4628 - Address History	9121 -	ontinuousiy Level (\mathcal{W} \mathcal{I} w to the date of app	lication?	X Ye 35	
Part C Doy Vyer	350 - 4528 - Address History	9121 -	ontinuousiy Level (W T	lication?	X Ye 35	Month
Part C Day Vyer	350 - 4828 - Address History Decoment y reside in W 10 - norwe how long i normanologica under al Actives Francis Creek	9121 -	ontinuousiy Level (A Pass - Carl	W T	lication? ets -L hecessar	X Ye Teans 35 Y	Months
Part C	350 - 4828 - Address History Decoment y reside in W 10 - norwe how long i normanologica under al Actives Francis Creek	9121 -	ontinuousiy Level (A Pass - Carl	W T	ets il necessar	20 Ye 35 Y 210 Cose 5424	Months
Part C	350 - 4828 - Address History	9121 -	ontinuousiy Level (Two 1	W T	ets il necessar Sm.P W I State	X Ye Treats 35 Y Zip Coole Zip Coole	Months
Part C Day yes Cost of I cost of I cost of Partonics	350 - 4828 - Address History	9121 -	ontinuousiy Level (Two 1	W T	ets il necessar Sime W I State State	Zip Code Zip Code Zip Code	Month
Part C Day yes Cost of Cost of Cost of	350 - 4828 - Address History Li correct y reside in W 10 I some how long i Address 1 Address	9121 -	ontinuousiy, Ive J (larestes with the		W T In to the date of app Itach additional she Qians	lication? ets -L hecessar State ULT State State State State	Zie Code Zie Code Zie Code Zie Code	Month
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			Section 10, ItemC.
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		Was sentence completed?	C Yes C N
If vestio messor 2 coscope halute a		sing the share below. Attach addition	i vest X ∾
Il ves to megnon 2 descripe halute h sheets as needed	nd status of Lending charges a	sing the space below. Attach addition:	
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Form AB-100	Alcohol Beverage Individual Questionnaire					Section 10, Iten			
All individuals involv	ved in the alc	ohol beve	rage business mu	st cor	nplete this	form, including:			
sole proprietor all partners of a p	artnership		 all officers, dire members and a 					rganization	
our alcohol bevera	ige applicatio	n or rene	wal is not complete	e until	all require	ed Individual Que	stionnaires are	submitted.	
Part A: Busines	s Informati	on							
1. Legal Business Na Two Rin 2. Business Trade Na	Thus M	name if sol のいへ	e proprietor) Strect						
2. Business Trade Na	IME OF UBA								
3. Entity Type (check		artnership) 🗌 Limited L	.iabilit	y Compar	ny 🗌 Corpo	ration 🕅 1	Nonprofit Organizatic	
Part B: Individu	al Informat	ion							
1. Last Name Pigeon					rst Name K ristine			3. M.I. T	
4. Relationship to Bu			5. Email				6	S. Phone	
	resident		kristine.	pige	on@ya	hoo.com		920-973-0074	
7. Home Address 3246 S. Co	ounty Rd. I	C							
8. City					9. State	10. Zip Code		1. Date of Birth	
Denmark 12. Drivers License/S					WI	54208	05/25/1975		
P250-5187						13. Drivers Licen	se/State ID State	or issuance	
Part C: Address	History								
1. Do you currently		sconsin?			· 8· 2/2/• • 8		20**53*53*53*	Yes	
If yes to 1 above	e, how long ha	ave you co	ontinuously lived in	Wisco	onsin prio	to the date of ap	plication?	Years Months 49	
2. List in chronolog	ical order all o	of your ad	dresses within the	last 5	years. At	ach additional she	eets if necessar	y.	
Previous Address 1				City			State	Zip Code	
3246 S. Cou	inty Rd. P				enmark		WI	54208	
Previous Address 2				City			State	Zip Code	
Previous Address 3				City		State	Zip Code		
Previous Address 4				City St		State	Zip Code		
Previous Address 5				City State 2			Zip Code		
3. List all states an	d counties yo	u have liv	ed in as an adult. A	L	additional	sheets if necessa			
State County WI Brow		State	County		State	County	State	County	
State County	owoc	State	County		State	County	State	County	

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Continu	
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	00

Part D: Criminal History			
 Have you ever been convicted of any offenses (exclusion for violation of any federal, Wisconsin, or another state 	Section 10, ItemC.		
If yes to question 1, please list details of each convict	ion below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	_	Was sentence completed?	. Yes .No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	1.0	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 agains beverages) for violation of any federal, Wisconsin, or ordinances?	another state's laws or	any county or municipal	. 🗌 Yes 🗶 No
If yes to question 2, describe nature and status of pe sheets as needed.	ending charges using t	he space below. Attach additional	
Part E: Attestation			

Signature	^	$\wedge \cdot$	Date	
Kris	ting	Figeon	01/16/2025	

Form				
Α	B	-1	00	

Alcohol Beverage Individual Questionnaire

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 inf				
1. Legal Business Name (in Two Rivers	dividual name if sole pr Main St	oprietor)		
2. Business Trade Name or	DBA			
3. Entity Type (check one)				
Sole Proprietor	Partnership	Limited Liability Company	Corporation	X Nonprofit Organization

Part B: Individual Information					
1. Last Name Meissner		2. First Name	з. м.і. А		
4. Relationship to Business (Title) Treasurer	5. Email	nmeissner94	4@gmail.com 6. Phone (920)97		73-6316
7. Home Address 719 Lowell St					
^{8. City} Two Rivers		9. State	10. Zip Code 54241	11. Date of E 06/2	^{8irth} 1/1994
12. Drivers License/State ID Number			13. Drivers License/State	ID State of Issuance	
M256-6219-4221-02			Wiscons	in	

Part C	: Address History								94 1
1. Do y	ou currently reside in V	Visconsin?	*****	• • • • • • •	(••)••			···· 🗸 Ye	s 🗌 No
If ye	s to 1 above, how long	have you o	continuously liv	ved in Wisc	onsin prid	or to the date of ap	oplication?	Years	Months
								30	6
2. List I	n chronological order a	ll of your a	ddresses with	in the last 5	years. A	ttach additional sh	eets if necessary	/.	
Previous	Address 1			City			State	Zip Code	
-	719 Lowell St				Two Ri	vers	VVI	54241	
Previous	s Address 2			City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
Previous Address 4				City	City		State	Zip Code	
Previous Address 5			City	City		State	Zip Code		
3. List a	all states and counties y	/ou have li	ved in as an a	dult. Attach	addition	al sheets if necess	ary,		
State	County	State	County		State	County	State	County	
WI	Manitowoc								
State	County	State	County		State	County	State	County	

			-	
Part D: Criminal History			Section 1	0, ItemC.
 Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state 			. 🗌 Yes	No 🛛
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	w/Ordinance Violated Location			
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 [)ate
Penalty Imposed		Was sentence completed?	Yes	🗌 No
2. Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	Yes	V No
If yes to question 2, describe nature and status of pen sheets as needed.	ding charges using th	e space below. Attach additional		

Signature Mullolu Date 1.22.25 merson

AB-220

License(s) Requested	Fees			
		License Fees	\$	10.00
Temporary "Class B" Wine	🔀 Temporary Class "B" Beer	Background Check	\$	
	, ,	Total Fees	\$	10.00

Part A: Organization Information						
1. Organization Name						
TWO RIVERS Main "	Street					
2. Organization Permanent Address						
1608 Washington	Street					
3. City Two Rivers		4. State 5. Zip Code				
6. Mailing Address (if different from permanent a	ddress)					
	PO BOX 417 TWO RIVERS, WI SHAHI					
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation				
39-1884042	1996	WI				
10. Phone 930-794-1482	11. Email clifector @ two rivers.	noinstreat-com				
12. Organization type (check one)						
🗌 Bona Fide Club 🗌 Church	Eair Association/Agricultural Socie	ty 🗌 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?						
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
Barten	Joseph	President	420-621-1437
Pigton	Kristine	Vice President	920-555-2630
Kumbalek	Revin	Secretary	426-487-3732
Meissner	Nicholas	Trojeaure	420-482-3712

Continued \rightarrow

Part C: Event Information						Section 10, ItemC.
1. Name of Event (if applicable)						
Ethnic Fest						
2. Dates of Operation				3. Hours of O		
9/20/2025				10 an	n - 🔞	pm
4. Premises Address	. 1					
1760 Washington	Street					
5. City				6. State	7. Zip C	
Two Rivers				WI	54	241
8. County	9. Governing Munic	cipality 🔂 City	🗌 Town	Village	10. Aldermai	nic District
Manitowoc	of: TWO	RIVEVS				
11. Organizer of Event (if not the named applica	nt)	12. Email and/o	r Phone Nur	mber for Organiz	zer of Event	
Two Rivers Main Street		920-9	01-97	43		
13. Organizer Website		14. Event Webs	ite			
WWW. two civers Main stre	ct. com					
15. Premises Description - Describe the bui stored, or consumed, and related recor- alcohol beverage activities and storage or diagram and additional sheets if nece Alcohol will be Store	ds are kept. Desci of records may o	ribe all rooms w ccur only on the	ithin the bu premises	uilding, includi described in t	ng living qua his applicati	arters. Authorized

Who must sign this application?

• one officer or director of the nonprofit organization

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

Last Name	First Name			M.I.
Ring	Jason			ρ
Title J	Email		Phone	
Director	disretor@twosivelsmo	ain street. Lon	926-79	4-1482
Signature		Date	4	
stason Kin		1/15/	2025	

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

.

Form

AB-101

Section 10, ItemC.

Agent Type (check one)	
Original (no fee)	Successor (\$10 fee for municipal licensees only)

Part A: Business Informa	ition			
1. Legal Business Name (individua	al name if sole proprietor)			
Two Rivers	Main Street			
2. Business Trade Name or DBA				
3. Entity Type (check one)				
	Limited Liability Company	Corporation	Nonprofit Organization	
4. Alcohol Beverage Business Aut	horization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number		
🔁 Municipal Retail Licer	nse 🔲 State Permit			
6. Describe the reason for appoint	ing a successor agent, if successor	is checked above.		

Part B: Agent Information					
1. Last Name	2. First Name		3. M.I.		
Ring	Jason		ρ		
4. Email I			5. Phone		
director @ two rivers main street. a		920-794-1482			
6. Home Address					
615 Buchholz Street					
7. City	8. State	9. Zip Code	10. Age		
TWO RIVENS	WI	54241	41		
11. Drivers License/State ID Number		12. Drivers License/State	e ID State of Issuance		
R520-4357-7296-01		WI			

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	🗌 No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

 $Continued \rightarrow$

Part D: Business Attestation	Section 10, ItemC.			
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the corporation, nonprofit organization, or limited liability company with full authority and control of the premises and beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this inc on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this prem I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application any person who knowingly provides materially false information on this application may be required to forfeit not mor if convicted.				
Last Name	First Name		M.I. p	
Title	Email		Phone	
Director	clirector @ two rivers	main street. rom	920-794-1482	
Signature	•	Date /15 /	2035	
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	First Name	M.L.
Ring	Josen	۲ ۲
Signature	Date	
- Come Hi		15/2025



NOTE:

THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR **PICNICS & GATHERINGS**

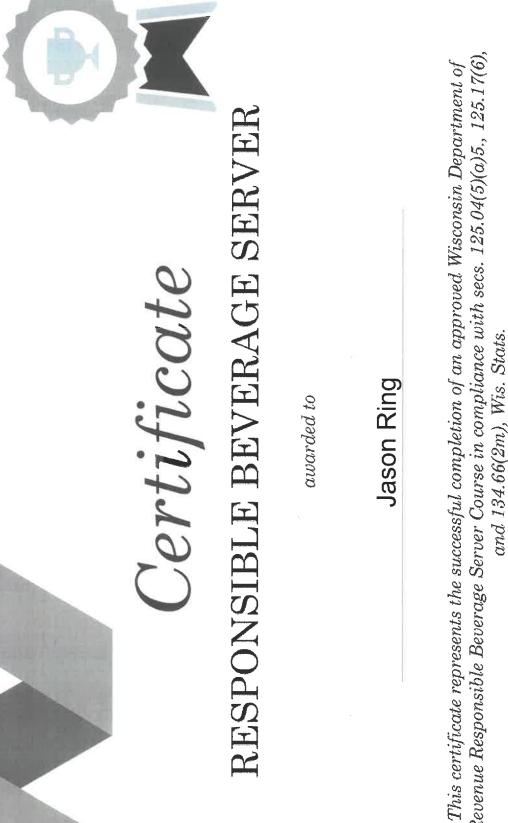
The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

Moun Organization

Signature

Printed Name

Date



Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Training Date 07/31/2024

www.Wisconsin-Bartending.com **Training Provider**



AB-100			nol Bever al Questic		e		Section 10, Item
		nedes par succession					
							na-diad
art A: Business Informa	ition						
Two p. vin A	Morin						
	Partivien					X	
art 8. Individual Inform	ation						
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Bound of Direc	fors	بعطي	ph. Backr	e gn	nail, com		920 - 621 = 14
10 Leo Francis	Creek			1			1000-000
Two R. N.S			UI	S	4241		4/1/89
13350 - 4828-	9121 -	09			ers Leonosciataic WII	10 Suni	
					<i>w</i> +		
Part C. Address History							X Yes
Part C. Address History Discussion ment y reside in y			Viewanské pro				Yes C
Part C. Address History Brand Coment, reside a v Cart of the source how long Cart of the Linguist Under a	save you a			e të the da	te of natifical c		35
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Part C. Address History	in of Abric ad		as 5 leaty A	r to the da	te of natifical c	WI	120 Conte 54241
Part C. Address History 2 and 1 some non-leng List of one this ocal order 10200 Francis (reek	in of Abric ad		Tuo 1	r to the da	te of natifical c	ссыза -corя WI Inco	35 Alberton Alb Charr S4241 Zie Coarr
Part C. Address History	in of Abric ad		Tươ 1	r to the da	te of natifical c	North State	35 Alberton 35 Ab Charr S4241 2 to Charr 2 to Charr 2 to Charr
Part C. Address History	C Rood		Tươ 1	r to the da	te of institucation	State	Alberton 35 Ab Crew 54241 2 a Coste 2 a Coste
Part C. Address History Discussion ments, reside to y Tyles to 1 spoke now long Ust at the tablecar order a	C Rood		Tươ 1	r to the da	te of institucation	State	Alterna 35 Alterna 35 Alterna 35 35 32 32 32 32 32 32 32 32 32 32 32 32 32

Part D: Criminal History			Section 1	0, ItemC.
maye you even been convicted of any t for violation of any federal. Wisconsin			Yes	No.
It yes to duration * please is) details o	of each conviction/beltw-Altach ad	doitional sheets as needed		
man catholic a rugigied			Conviction	Date
		Was sentence completed?	T Yes	[] N0
Liss Ontrinance located	. maters		Cor when	Date
Per any impactor		Was sentence completed?	Ves	
where a number of placed	Creation		Canoiction	Date
Penally Imposed		Was sentence completed?	Yes	The
2 Are charges for any effenses currently personales for violation of any federal ordinances?			Ves	(X) No
If yes to question 2, describe halure a sheets as needed	and status of the long charges user	ng the space below Attach additional		1.
-				

Cate 1-22-7025 15 E

Form			
Α	B	-1	00

Α	lco	hol	Bev	erage	
Indiv	idu	ial C	Ques	tionnair	e

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	n			
1. Legal Business Name (individual n	ame if sole proprietor			
Two Rivers Mi	nin Strect			
2. Business Trade Name or DBA				
3. Entity Type (check one)				
Sole Proprietor	rtnership 🗌 l	imited Liability Company	Corporation	X Nonprofit Organization
Part B: Individual Informati	on			
1. Last Name		2. First Name		3. M.I.
Kumbalek		Devin		M

4. Relationship to Business (Title)	5. Email		6. Phone
Secretary	kumbalekd@shoreli	necu.org	920-482-3732
7 Home Address			
1923 Lincoln St			
8. City	9. State	10. Zip Code	11. Date of Birth
Two Rivers	WI	54241	05/31/1998
12. Drivers License/State ID Number		13. Drivers License/Sta	ate ID State of Issuance
K514-1739-8691-08		WI	

Part C: Address History									
1. Do yo	1. Do you currently reside in Wisconsin?								
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?, Years 24									
2. List ir	n chronological order a	Ill of your a	ddresses within	the last 5	years. A	ttach additional sh	eets if necessar	y.	
Previous	Address 1			City			State	Zip Code	
2532 3	34th St			Two	o River	s	WI	54241	
	Address 2			City			State	Zip Code	
1325 \$	S 9th St			Ma	nitowoo	0	WI	54220	
Previous Address 3		City	City		State	Zip Code			
Previous Address 4		City		State	Zip Code				
Previous	Address 5			City	City State			Zip Code	
3. List a	Il states and counties	you have liv	ved in as an adu	ult. Attach	additiona	al sheets if necess	ary.		
State WI	County Manitowoc	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

Part D: Criminal History				
			Section 1	0, ItemC.
 Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state If yes to question 1, please list details of each conviction 	's laws or of any coun	ty or municipal ordinances?	. 🗌 Yes	X No
Law/Ordinance Violated	Location		Conviction	Date
	Coodion		Conviction	Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	No No
 Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed. 	nother state's laws or	any county or municipal	. 🗌 Yes	X No
				in a

Signature 11	Date
I) ein Kunbalek	01/16/2025

FormAlcohol BeverageAB-100Individual Questionnaire		Section 10, ItemC.
All individuals involve	in the alcohol beverage business must complete this form, including:	
sole proprietorall partners of a partners	 all officers, directors, and agent of a corporation or nonprofit org members and agent of a limited liability company 	anization

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 so	ple proprietor)					
Two Rivers Main	Strect					
2. Business Trade Name or DBA		×.				
3. Entity Type (check one)						
Sole Proprietor Partnersh	ip 🗌 Limited L	iability Company	Corporation	🔀 Nonprofi	t Organization	
Part B: Individual Information					~2	
1. Last Name		2. First Name			3. M.I.	
Pigeon		Kristine			Т	
4. Relationship to Business (Title)	5. Email	1	6. Phone			
Vice President	kristine.	ine.pigeon@yahoo.com			920-973-0074	
7. Home Address						
3246 S. County Rd. P						
8. City		9. State	10. Zip Code	11. Date o	f Birth	

Denmark	WI	54208	05/25/1975
12. Drivers License/State ID Number		13. Drivers License/Stat	e ID State of Issuance
P250-5187-5685-07			

Part C:	Part C: Address History								
1. Do yo	1. Do you currently reside in Wisconsin? No								
If yes	If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?								
2. List in	n chronological order all	of your a	ddresses within the	last 5	years. At	ttach additional sl	neets if necessary	/.	
Previous	Address 1			City			State	Zip Code	
3240	6 S. County Rd. F)		De	enmark		WI	54208	
Previous	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	
WI	Brown								
State WI	County	State	County		State	County	State	County	
VVI	Manitowoc								

Contin

Part D: Criminal History			Section 10	ItomC
1. Have you ever been convicted of any offenses (exclud	ding traffic offenses un	ess related to alcohol beverages)	Section 10,	
for violation of any federal, Wisconsin, or another state	. 🗌 Yes	X No		
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction Da	ate
Penalty Imposed		Was sentence completed?	Yes	No No
Law/Ordinance Violated	Location		Conviction Da	ate
Penalty Imposed				— —
	27	Was sentence completed?	∐ Yes	∐ No
Law/Ordinance Violated	Location		Conviction Da	ate
Penalty Imposed				
renary imposed		Was sentence completed?	Yes	🗌 No
2. Are charges for any offenses currently pending against				
beverages) for violation of any federal, Wisconsin, or a ordinances?			. 🗌 Yes	X No
If yes to question 2, describe nature and status of pe	nding charges using th	he snace below. Attach additional		
sheets as needed.	inding onarges using i	ie space below. A trading additional		
		6		

Signature	\wedge \bigcirc	\triangle	Date
Knes	tin	reen	01/16/2025

Form	Alcoh
AB-100	Individua

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 Inf	ormation			
1. Legal Business Name (ir Two River)	Main St	opriator) rect		
2. Business Trade Name or	DBA			
3. Entity Type (check one)				
Sole Proprietor	Partnership	Limited Liability Company	Corporation	X Nonprofit Organization

Part B: Individual Information					
1. Last Name Meissner		2. First Name	Nicholas		3. M.I. A
4. Relationship to Business (Title) Treasurer	5. Email 6. Phone (920)				73-6316
7. Home Address 719 Lowell St					
^{8. City} Two Rivers		9. State WI	10. Zip Code 54241	11. Date of 6 06/2	Birth 1/1994
12. Drivers License/State ID Number M256-6219-4221-02			13. Drivers License/State ID State of Issuance Wisconsin		}

Part C: Address History								541
1. Do you currently reside in Wi	sconsin?	x	æ.æœ	. Papara, 4	a		🟹 Ye	s 🗌 No
If yes to 1 above, how long h	ave you d	continuously lived i	n Wisco	onsin prid	or to the date of an	polication?	Years	Months
30 6						6		
2. List in chronological order all	of your a	ddresses within the	e last 5	years. A	ttach additional sh	eets if necessary	l.	
Previous Address 1			City			State	Zip Code	
719 Lowell St			Т	wo Ri	vers	WI I	54241	
Previous Address 2			City			State	Zip Code	
Previous Address 3		City	City		State	Zip Code		
Previous Address 4			City	City		State	Zip Code	
Previous Address 5			City	City		State	Zip Code	
3. List all states and countles you have lived in as an adult. Attach additional sheets if necessary.								
State County	State	County		State	County	State	County	
WI Manitowoc								
State County	State	County		State	County	State	County	
A								

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Part D: Criminal History	Section 1	10, ItemC.		
 Have you ever been convicted of any offenses (exclu for violation of any federal, Wisconsin, or another sta 	iding traffic offenses un te's laws or of any coui	less related to alcohol beverages) hty or municipal ordinances?	. 🗌 Yes	
If yes to question 1, please list details of each convict	tion below. Attach addit	ional sheets as needed.		
Law/Ordinance Violated	Location			Date
Penalty Imposed		Was sentence completed?	🗋 Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	🗌 No
Law/Ordinance Violated	Location		Conviction [Date
Penalty Imposed		Was sentence completed?	🗌 Yes	🗌 No
 Are charges for any offenses currently pending again beverages) for violation of any federal, Wisconsin, or ordinances? If yes to question 2, describe nature and status of pe sheets as needed. 	another state's laws or	any county or municipal	🗌 Yes	V No
		-		ų.

Signature Mulholu Date 1.22.25 messne

CITY OF TWO RIVERS 1717 EAST PARK STREET PO BOX 87 TWO RIVERS WI 54241-008 Receipt No: 2.096210 Jan 28, 2025 THE GREAT TR TRIVIA CONTEST LICENSES & PERMITS BUSINESS & OCCUPATION 10.00 LICENSE 100-44130 BUSINESS OR OCCUPATION ------Total: 10.00 THE COOL CITY CLASSIC CAR SHOW LICENSES & PERMITS BUSINESS & OCCUPATION 10.00 LICENSE 100-44130 BUSINESS OR OCCUPATION -----Total: 10.00 BRIAN LEE FESTIVAL LICENSES & PERMITS BUSINESS & OCCUPATION 10.00 LICENSE 100-44130 BUSINESS OR OCCUPATION Total: 10.00 there are also from the same and other time and toke and other the same time and the same time and the same are same and the same area and ETHNIC FEST LICENSES & PERMITS BUSINESS & OCCUPATION 10.00 LICENSE 100-44130 BUSINESS OR OCCUPATION ----Total: 10.00 PSN -OTHER 40.00 Payor: ETHNIC FEST Total Applied: 40.00 -----Change Tendered: .00 01/28/2025 1:03 PM

		For Municipal
Form	Alcohol Beverage License	Municipality City of Tw
AB-200		License Period

Application

Section	10,	ItemC.

vo Rivers 3 2025

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

Class "A" Beer	50.00	Class "B" Beer	\$	100.00
"Class A" Liquor	500.00	Class B" Liquor	\$.	275.00
Class A" Liquor (cider only) \$	0.00	Reserve "Class B" Liquor	\$.	

"Class C" Liquor (wine only) \$ 100.00

Fees				
License Fees	\$			
Background Check Fee	\$-0.00 20.00			
Publication Fee	\$ 20.00			
Total Fees	\$315.00			

Part A: Premises/Business Information	*		1921			
1. Legal Business Name (individual name if sole proprie	etorship)					
Pizzeria Inizio	LIC					
2. Business Trade Name or DBA						
Pop-Start Pizza						
3. FEIN	4. Wisconsin	w 500 cm				
99-4213774	99-4213774 WI-00632817					
5. Entity Type (check one)	-1	_				
Sole Proprietor Partnership	Limited Liability Company		orporation	Nonprofit Organization		
	. Date of Organization		8. Wisconsir	DFI Registration Number		
Wisconsin	1/50/2024		F090	1420		
9. Premises Address						
10.35 abry St.			11. State	12. Zip Code		
TWOO RIVERS			WT_	54241		
	. Governing Municipality: X City	Town		15. Aldermanic District		
Manitowoc	of: Two Rivers			N/A		
	'. Premises Email		18. Web	osite		
920-242-1369	justin Coopsta	rtoiza	a www	w. popstartpizza.ca		
19. Premises Description - Describe the building or bui	Idings where alcohol beverages ar	e produce	d, sold, stored	l, or consumed, and related records		
are kept. Describe all rooms within the building, incl only on the premises described in this application. A						
				2 Storage rooms where		
End + 1-quor will be stored. Pas						
the service & but area which				h		
20. Mailing Address (if different from premises address)	n is open to the	Jacs	ent o	ining rooma		
, , , , , , , , , , , , , , , , , , , ,						
21. City			22. State	23. Zip Code		
Part B: Questions						
1. Has the business (sole proprietorship, partners	hip. limited liability company.	or corpora	ation) been c	convicted of		
violating federal or state laws or local ordinanc						
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		Ti	rial Date		
Penalty Imposed		Was ser	tence com	oleted? Yes No		
		**43 301	iterioe comp			

105

Section 10, ItemC.

2. Are charges for any offenses pending a beverages.	against the business? Exc	clude traffic offens	ses unless related to alco	phol 🗌 Yes 🕅 No
If yes, describe the nature and status of	of pending charges using	the space below.	Attach additional sheets	as needed.
2. In the configuration of the state of the	efficere directore momb	are agent ampli	waaa awaara ar athar	rolated
 Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restrict 	stor with any interest in a	an alcohol bevera	ge producer or distribute	or? 🗌 Yes 📈 No
		1 851 1		
4. Is the applicant business owned by an If yes, provide the name(s) and FEIN(s	other business entity? s) of the business entity of	wners below. Atta	ch additional sheets as r	needed.
4a. Name of Business Entity		4b. Business Enti	IY FEIN	
5. Have the partners, agent, or sole prop this license period? Submit proof of co	rietor satisfied the respon	sible beverage se	erver training requiremen	it for ⊠Yes □ No
6. Is the applicant business indebted to a				
7. Does the applicant business owe past	due municipal property ta	axes, assessment	s, or other fees?	🗌 Yes 🔀 No
Part C: Individual Information				
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, directo managers, and agent of a limited liability comp	rs, and agent of a corporatio pany. Attach additional sheets	n or nonprofit organ s if necessary.	ization, all partners of a par	tnership, and all members,
Include Form AB-100 for each person listed be			gent by including Form AB-	101. Phone
Last Name	First Name	Title		
Uliness Hulsey	Justin Nathan	C)wher wher	920-242-1369
Hulsey	Nathan	(Junel	414-232-4843
•				
Part D: Attestation		1. 0. 1. 1. 1.	Real You have	
	al partner of a partnership			member of an LLC
READ CAREFULLY BEFORE SIGNING: Unit I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during is revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on	business and not on behalf of ense(s), if granted, will not be to, purchasing alcohol bevo nspection will be deemed a my license issued contrary for hitting false statements and this application may be requ	of any other individuable assigned to another ages from state a refusal to allow insisto Wis. Stat. Chapta affidavits in connectured to forfeit not not not a first and the state of the st	al or entity seeking the lice ther individual or entity. I a juthorized wholesalers. I ur pection. Such refusal is a m er 125 shall be void under tion with this application, an	Inse. Further, I agree that the gree to operate this business inderstand that lack of access hisdemeanor and grounds for penalty of state law. I further ind that any person who know-
Last Name UNESS	1	Name		M.
Owner	Email	n ulness	Equail.com	Phone 920-242-1369
Signature P. Uher	53	C	Date 2	
Part/E: For Clerk Use Only Date Application Was Filed With Clerk Licer	se Number		Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional I	License Issued (if applicable)
AB-200 (N. 03-24)		2 -		F

Form AB-200 Instructions

Alcohol Beverage License Application

Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

Specific Instructions

License Period:

 Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

License Requested and License Fees:

- · Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., "Class A" and a Class "B").
- For descriptions of each of the alcohol beverage licenses and their authorizations, see <u>Publication 302</u>, Information for Wisconsin Alcohol Beverage and Tobacco Retailers, and Fact Sheet 3101, Licenses for Retail Sale of Alcohol Beverages.
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

Part A: Premises/Business Information

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 4: Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see <u>Seller's Permit Common Questions</u>.
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6-7: Provide the state and date of organization of the legal entity.
- Box 8: Provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution's Corporate Records Search.
- Boxes 9-19: All requests for "premises" information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 19: Describe the premises in detail. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.

Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.

• Box 20-23 Provide the mailing address for the business, if different from the address in boxes 9-12.

Part B: Questions

 Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.

- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or distributor, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: If the applicant is owned by another business entity, provide the legal entity name(s) and FEIN(s) of all upstream entity ownership. Attach an organizational chart if possible. Include all persons involved in upstream entity ownership in the table in Part C and submit Form AB-100 for each of those persons with this application.
- Question 5: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully
 complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of
 the following applies. Submit the associated document with this application.
- · The applicant is renewing a license, or
- Within the past two years:
 - a. The applicant held a manager's or operator's (bartender) license.
 - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.

Note: To learn about your responsibility to complete the responsible beverage server requirement, please review <u>Publication 302</u>, *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*.

- Question 6: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 7: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

Part C: Individual Information

• Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managers, members, or the agent. Include ownership information as identified in Part B, Question 4.

Example: Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application.
- Include an Alcohol Beverage Individual Questionnaire (Form AB-100) for each person listed in this section with the submission of this application.

Part D: Attestation

· Read the attestation carefully, then sign and date.

Part E: For Clerk Use Only

- "Date license granted" means the date the municipal governing body approves the license to be issued.
- "Date license issued" means the date the municipal clerk issues the license certificate document.

Completion and Submission of AB-200

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- · In addition to Form AB-200, include:
 - · Form AB-100, Alcohol Beverage Individual Questionnaire, for all individiuals listed in part C
 - · Form AB-101 Alcohol Beverage Appointment of Agent, for corporation, nonprofit organizations, and LLC applicants
 - · License and publication fees as required by your municipality

- Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 5
- Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

Note: See <u>Publication 206</u>, Sales Tax Exemptions for Nonprofit Organizations, for information on when a nonprofit organization may be exempt from holding a seller's permit.

• All other information and documents required by your municipality

NOTE: You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use <u>Form TTB F 5630.5d</u>, *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

Open Records

This application is an open record under Wisconsin law (sec. <u>19.35</u>, Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of alcohol beverage licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov) Write: DORAlcohol@wisconsin.gov Call: (608) 264-4573

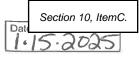
Resources Provided by the Department of Revenue

License frequently asked questions

Publication 302 Information for Wisconsin Alcohol Beverage and Tobacco Retailers Publication 309 Retail Alcohol Beverage Licensing Guide for Municipalities Fact Sheet 3101 Licenses for Retail Sale of Alcohol Beverages Fact Sheet 3103 Licensed or Permitted Premises Description Fact Sheet 3116 Reserve "Class B" Liquor Licenses Fact Sheet 3118 "Class B" Liquor License Quotas

Form		
Α	B-1	00

Alcoho	ol Beverage
ndividual	Questionnaire



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
 members and agent of a limited liability company
- all partners of a partnership

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

Part A: Business Inf	ormation			
1. Legal Business Name (in	idividual name if sole pr	oprietor)		
Pizzeria	Inizio L	LC		
2. Business Trade Name or	DBA			
Pop-Start	- Pizza			
3. Entity Type (check one)				
Sole Proprietor	Partnership	Limited Liability Company	Corporation	Nonprofit Organization

Part B: Individual Information				Contained and the second second
1. Last Name		2. First Name		3. M.I.
Ulness		Justin		P
4. Relationship to Business (Title)	5. Email			6. Phone
Owner	Justin	nulness (aquail.com	
7. Home Address				
628 S. Liberty St			(
8. City		9. State	10. Zip Code	11. Date of Birth
Vailders		WT	54245	9.14.1988
12. Drivers License/State ID Number			13. Drivers License/State ID St	ate of Issuance
4452-4358-8334-0	5		Wisconsin	

Part C: Address History			SUM		12.2			
1. Do you currently reside in Wisconsin	?	eers i				iter iter a	··· 🕅 Ye	es 🗌 No
If yes to 1 above, how long have you	continuously lived in	Wisco	onsin prio	to the date of a	pplicatior	1?	Years 7	Months
2. List in chronological order all of your	addresses within the	last 5	years. Att	ach additional s	heets if n	ecessary	<i>'</i> .	
Previous Address 1		City	. D			State	Zip Code	1 = .
628 5 Liberty	St		lades	3		WI	5424	15
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. A	Attach	additiona	I sheets if neces	sary.			
State County State	County		State	County		State	County	
CA Napa 30	_ Charlesto	n						
State County State	- Charlesto County		State	County		State	County	
LA Urleans WI	Manitowo	C						

Part D: Criminal History	PLUM BARRA	2	Sectio	on 10, Item(
 Have you ever been convicted of any offenses (excludit for violation of any federal, Wisconsin, or another state If yes to question 1, please list details of each conviction 	's laws or of any count	ty or municipal ordinances?	. 🗌 Yes	M
Law/Ordinance Violated	Location		Conviction [Date
	Loodion			
Penalty Imposed		Was sentence completed?	. 🗌 Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	🗌 No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	🗌 No
 Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed. 	nother state's laws or	any county or municipal	. 🗌 Yes	ÌX №

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	1 Hora	Date 15.2025
Jush	Cress	

Form AB-100 Instructions

Alcohol Beverage Individual Questionnaire

Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent,* Form AB-200, *Alcohol Beverage License Application,* or an alcohol beverage permit application.

Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, Alcohol Beverage Appointment of Agent to the issuer of the authorization.

Specific Instructions

Date

· Date the form in the top right corner.

Part A: Business Information

- · Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on any license application (Form AB-200) or existing license certificate.

Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

• Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part E: Attestation

• Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- · Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov) Write: DORAlcohol@wisconsin.gov Call: (608) 264-4573

Resources Provided by the Department of Revenue

License frequently asked questions Publication 302 Information for Wisconsin Alcohol Beverage and Tobacco Retailers Publication 309 Retail Alcohol Beverage Licensing Guide for Municipalities Fact Sheet 3101 Licenses for Retail Sale of Alcohol Beverages Fact Sheet 3103 Licensed or Permitted Premises Description Fact Sheet 3116 Reserve "Class B" Liquor Licenses Fact Sheet 3118 "Class B" Liquor License Quotas

Form	Alcohol Beverage	Date
AB-100	Individual Questionnaire	

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
 members and agent of a limited liability company
- · all partners of a partnership

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 p	proprietor)		
Pizzena Traz	io UC		
2. Business Trade Name or DBA			
Pop-Stort Pizz	a 18	227	
3. Entity Type (check one)			
Sole Proprietor Partnership	X Limited Liability Company	Corporation	Nonprofit Organization
	1		
Part B: Individual Information			
1. Last Name	2. First Name		3. M.I.
Hulsen	Nath	an	W-T
4. Relationship to Business (Title)	5. Email	1	6. Phone
awner	nwt.hulsey	egmail. u	n 414-232 4843
7. Home Address	J		
1317 Oriole Dr.			
8. City	9. State	10, Zip Code	11. Date of Birth
Manitoroc	w/	5420	4/23/89
12. Drivers License/State ID Number		13. Drivers License/State ID	State of Issuance
H420-6398-9143-	01	Wisconsin	

Part C: Address History					energy and a state of	
1. Do you currently reside in Wisconsin?	1. Do you currently reside in Wisconsin?					
If yes to 1 above, how long have you continuously lived in	Wisc	onsin prior	to the date of appli	cation?	Years Months	
2. List in chronological order all of your addresses within the	last 5	years. Att	ach additional shee	ts if necessary	1.	
Previous Address 1	City			State	Zip Code	
1317 Onle Dr	N	anito	na	W	5/220	
Previous Address 2	City		6	State	Zip Code	
532 E Otien St	M	Iwny	na kle	w/	53207	
Previous Address 3		Citý		State	Zip Code	
Previous Address 4	City			State	Zip Code	
Previous Address 5		City Sta		State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.						
State County Milwald	P	State	County	State	County	
State County State County		State	County	State	County	

114

AB-100 (N. 03-24)

Part D: Criminal History			
 Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state If yes to question 1, please list details of each conviction 	's laws or of any coun	ty or municipal ordinances?	. 🗌 Yes 🔂 No
Law/Ordinance Violated	Location	Shar sheets as needed.	Conviction Date
	Location		Conviction Date
Penalty Imposed		Was sentence completed?	
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
beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed.			Yes 📉 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if converted.	ating in this business of d that any license issu y be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the alcohol er 125 shall be void davits in connection
Signature Malland	1	Date 1/15/25	

Form AB-100 Instructions

Alcohol Beverage Individual Questionnaire

Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, Alcohol Beverage Appointment of Agent to the issuer of the authorization.

Specific Instructions

Date

• Date the form in the top right corner.

Part A: Business Information

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on any license application (Form AB-200) or existing license certificate.

Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

• Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part E: Attestation

• Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- · Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov) Write: DORAlcohol@wisconsin.gov Call: (608) 264-4573

Resources Provided by the Department of Revenue

License frequently asked questions Publication 302 Information for Wisconsin Alcohol Beverage and Tobacco Retailers Publication 309 Retail Alcohol Beverage Licensing Guide for Municipalities Fact Sheet 3101 Licenses for Retail Sale of Alcohol Beverages Fact Sheet 3103 Licensed or Permitted Premises Description Fact Sheet 3116 Reserve "Class B" Liquor Licenses Fact Sheet 3118 "Class B" Liquor License Quotas



Alcohol Beverage Appointment of Agent

Date 1 • 15 • 2025

Agent Type (check one)	
Original (no fee)	Successor (\$10 fee for municipal licensees only)

Par	rt A: Business Inf	ormation			
1. Le	egal Business Name (ir	ndividual name	if sole proprietor)		
1	fizzeria .	Inizic	, LLC	₩	·
2. B	usiness Trade Name or				
F	op-Start	Pizzo	2		
3. Ei	ntily Type (check one)	۲ X I	imited Liability Company	Corporation	Nonprofit Organization
4. AI	Icohol Beverage Busine	ess Authorizati	on (check one)	5. If successor agent, provide Sta	te Permit or Municipal Retail License Number
	💢 Municipal Retai	l License	State Permit		
6. D	escribe the reason for a	appointing a su	iccessor agent, if successor	is checked above.	

Part B: Agent Information				
1. Last Name	2. First Name			3. M.I.
Ulness	Justi	1		Ρ
4. Email			5. Phone	
justin ulness@gmail.com			920-24	2-1369
6. Home Address				
628 S Liberty St.				
7. City	8. State 9.	Zip Code	10. Age	
Valders	WI	3/242	36	
11. Drivers License/State ID Number		12. Drivers License/State ID S		
4452-4358-8334-05		Wisconsin	\land	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement?	🗌 No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire?</i>	🗌 No
3. Have you been a Wisconsin resident for at least 90 continuous days?	🗌 No

 $\textit{Continued} \rightarrow$

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 UNRESS	First Name Justin	мÞ
Owner	Email Justinulness@gmail.com	Phone 920-242-1369
Signature Chess	Date 10/5	5.2025

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	First Name	M.I.
Signeture	Date 1	15.2025

Form AB-101 Instructions

Alcohol Beverage Appointment of Agent

Who must complete Form AB-101?

State law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

Where do I submit Form AB-101?

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

Specific Instructions

Date:

• Date the form in the top right corner.

Agent Type:

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- · Select successor agent if you are reporting a change of agent during the licensing or permitting period.

Part A: Business Information

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- · Box 3: Check one entity type to indicate how the business is legally organized.
- Note: This business information must match the information on the license or permit application.
- · Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

Part B: Agent Information

• Provide all requested personal information.

Part C: Agent Questions

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
 - · The applicant is renewing a municipal alcohol beverage retail license, or
 - Within the past two years:
 - a. The applicant held a manager's or operator's (bartender) license.
 - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following
 permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt
 Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol,
 Industrial Alcohol, and Industrial Wine.
 - If you are applying to be the agent of one of these exempt permittees, answer "yes" to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review <u>Publication 302</u>, Information for Wisconsin Alcohol Beverage and Tobacco Retailers.
- Question 2: Appointed agents must submit Form AB-100, Alcohol Beverage Individual Questionnaire, in addition to this form.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

Part D: Business Attestation

• An authorized representative should sign, date, and provide requested personal information on behalf of the business.

Part E: Agent Attestation

• The agent being appointed should read the attestation carefully, then sign and date.

Assistance

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov) Write: DORAlcohol@wisconsin.gov Call: (608) 264-4573

6504 Bridge Point Parkway, Suite 100 Austin, TX 78730 www.360training.com	This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.	Official Signature	Image: Second state with the second state withe second state with the second state with the second st	Wisconsin Responsible Beverage Server Training	is awarded this certificate for	This certifies that	TRAINING	Section 10, Item	
0training.com	letion of an approved 25.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.	·	rulicate # 1-00632817	r Training					

JOINT POWERS AGREEMENT BETWEEN MANITOWOC COUNTY JOINT DISPATCH CENTER AND

(Insert municipality)

WHEREAS, Manitowoc County and municipalities located within the boundaries of Manitowoc County have implemented an Enhanced 911 System for the purpose of providing emergency services, including fire-fighting, law enforcement, ambulance, medical, and other emergency services, to residents of the county and the municipalities; and

WHEREAS, Wis. Stat. 256.35(9) requires that public agencies implementing such an Enhanced 911 System shall annually enter into a Joint Powers Agreement; specifies that the Joint Powers Agreement shall be applicable on a daily basis; and states that the Joint Powers Agreement shall provide that if an emergency services vehicle is dispatched in response to a request through the Manitowoc County Enhanced 911 System, such vehicle shall render its services to the persons needing the services, regardless of whether the vehicle is operating outside of the vehicle's normal jurisdictional boundaries; and

NOW, THEREFORE, in consideration of the mutual agreements, conditions, and promises contained herein, Manitowoc County and the above listed municipality (hereinafter referred to as "the Municipality") agree as follows:

- 1. This Agreement shall become effective on March 1, 2025 and shall continue in effect and be applicable on a daily basis for a period of one year thereafter.
- 2. If an emergency services vehicle operated by the Municipality (or operated by an agency with which the Municipality contracts) is dispatched in response to a request through the Manitowoc County Enhanced 911 System, such vehicle (whether owned and operated by the Municipality or by a contracting agency) shall render its services to the persons needing the services regardless of whether the vehicle is operating outside of the vehicle's normal jurisdictional boundaries or outside of the boundaries as defined by the contract between the Municipality and the contracting agency.
- A copy of this Agreement shall be filed with the Wisconsin Department of Justice and the Wisconsin Department of Administration as required by Wis. Stat. 256.35(9)(c).

MANITOWOC COUNTY JOINT DISPATCH CENTER

Signature: Signature: _____

By: Rhonda Green	Ву:
Title: Emergency Services Director	Title:
Date: 11/03/2024	Date:

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Municipality Name: <u>City of Two Rivers</u>
Municipal Head of Emergency Management In accordance with Wis. Stat. §323.14 the governing body of each city, village, or town shall designate a municipal head of emergency management services.
Name: <u>Dave Murack – Fire Cheif</u>
Address:2122 Monroe Street
Cell Phone: <u>General # 920-793-5521</u> Home Phone:
Email:dmurack@two-rivers.org
Does your municipality have a municipal Emergency Operations Plan? \Box No $~{f X}$ Yes
Chief Elected Official
Name: <u>Scott Stechmesser – Council President</u>
Address: <u>1717 East Park Street, Two Rivers</u>
Cell Phone: _920-980-1693 Home Phone:
Email: <u>_sstechmesser@two-rivers.org</u>
Road Supervisor / Head of Public Works
Name:Matthew Heckenlaible – Public Works Director / City Engineer
Address: _1717 East Park Street, Two Rivers
Cell Phone:920-973-8068 Home Phone:920-217-5501 (Cell)
Email:mheckenlaible@two-rivers.org

Critical Infrastructure

Do you have an identified location for an Emergency Operations Center (EOC)?* \Box No \underline{X} Yes * Do not list the County EOC, which may be available to municipalities, but may also be in use for County level operations during a disaster that impacts more than just your municipality.

- If yes, provide the internet service provider(s) for the EOC: <u>Spectrum</u>
- If yes, provide the landline phone provider for the EOC: <u>Spectrum</u>
- If yes, does the EOC have a backup generator: \Box No <u>X</u> Yes
- If yes, does the generator power the electrical components of the heating system : \Box No **X** Yes
- If yes, What fuel type does the heating system use: <u>X</u> Natural gas Propane Other

Does your municipality store any diesel fuel?
No X Yes, if yes: average quantity in gallons: _____

- Can this fuel be pumped/dispensed without electricity? X No \Box Yes
- If no, does the pump have a backup generator? \Box No X Yes

Does your municipality store any regular gasoline? X No Section 11, ItemA.

- Can this fuel be pumped/dispensed without electricity? \Box No \Box Yes <u>N/A</u>
- If no, does the pump have a backup generator? □ No □ Yes <u>N/A</u>

Do any of your municipal building(s) have an emergency generator? \Box No \underline{X} Yes, if yes:

Building Name	Building Address	Generator Fuel Type?	Does the Generator Power Electrical Components of the Building's Heating?	Heating Fuel Type?
	1717 East Park Street, Two Rives, 54241	Natural	Yes	Natural
City Hall		Gas		Gas
	1415 Lake Street, Two Rivers, 54241	Natural	Yes	Natural
Electrical / DPW Shops		Gas		Gas
Wastewater Plant	1401 Lake Street, Two Rivers, 54241	Natural	Yes	Natural
		Gas		Gas
Water Treatment	1415 Lake Street, Bldg #3, Two Rivers,	Diesel	Yes	Natural
	54241			Gas
Fire Department	2122 Monroe Street, Two Rivers, 54241	Natural	Yes	Natural
		Gas		Gas

Do you provide a municipal electric supply? \Box No \underline{X} Yes

• If yes, provide the name <u>and</u> cell phone number of the individual in charge of your municipal electric service: <u>Brian Dellemann – Director 920-323-0385</u>

Do you provide a municipal water supply? \Box No <u>X</u> Yes

- If yes, do you have backup generator(s) installed or available to ensure water supply during an extended power outage? □ No <u>X</u> Yes
- If yes, provide the name <u>and</u> cell phone number of the individual in charge of your municipal water supply: <u>Andrew Sukawaty Director 920-973-8080</u>

Do you provide a municipal wastewater service? \Box No **X** Yes

- If yes, do you have backup generator(s) installed or available at lift stations or other facilities to ensure wastewater service during an extended power outage?

 No X Yes (Portable)
- If yes, provide the name <u>and</u> cell phone number of the individual in care of your municipal wastewater service: _____ Dave Casebeer 920-973-0287 ______

Does your municipality have a location(s) identified to store debris following a disaster? \Box No \underline{X} Yes

• If yes, list those location(s): <u>Temporary disposal locations</u>: <u>DPW Shop, New Cemetery, Vietnam</u> <u>Veteran's Park; If just tree damage – Mntwc Co – Woodland Yard Waste Site</u>

Does your municipality store a supply of sandbags?
No <u>X</u> Yes, if yes: average quantity: <u>20 filled</u>, <u>1,000 empty (winter sand available)</u>

Do any locations within your municipality experience recurring flooding? X No \Box Yes, if yes, list them: