



CITY COUNCIL MEETING

Monday, April 06, 2026 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. INTRODUCTION OF INVITED GUESTS

A. 26-046 Proclamation Honoring the Legacy of Kay Koach for an Extraordinary Lifetime of Service to the City of Two Rivers

B. Room Tax Commissioner Curt Andrews

6. PUBLIC HEARING

A. 26-047 Public Hearing on an Ordinance to Amend Section 10-4-13-A(1) of the City of Two Rivers Municipal Code Entitled "Signs not requiring a permit" to Regulate the Use of Construction and Alteration Signs

Summary: The City Council will hold a public hearing on a proposed amendment to Section 10-4-13, "Signs Not Requiring a Permit," to better regulate contractor construction signs. The Plan Commission reviewed this item and unanimously recommended approval at its March 9, 2026 meeting, following prior discussion and consensus to establish a more limited display timeframe. The amendment revises existing code, which currently allows contractor signs for up to 60 days annually, to instead require removal within 30 days after construction is completed or prior to occupancy, whichever occurs first. This change provides clearer enforcement standards and helps maintain neighborhood appearance while still allowing signs during active construction.

Recommended Action:

Motion to waive reading and adopt the ordinance

7. INPUT FROM THE PUBLIC

Limited to 3 minutes per person - Resident addresses are requested but are not required to be given

8. COUNCIL COMMUNICATIONS

Letters and other communications from residents

9. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES

10. CONSENT AGENDA

These titles will be read by the Council President and approved by a single Voice Vote. Any item may be pulled from the Consent Agenda for discussion and separate vote by any City Council member.

A. 26-048 Presentation of Minutes

1. City Council Work Session, March 30, 2026

B. 26-049 Minutes of Meetings

1. Room Tax Commission, December 10, 2025
2. Plan Commission, March 9, 2026

C. 26-050 Applications and Petitions

1. Temporary Class "B" Beer License for Two Rivers Fish Derby, Inc, for Two Rivers Fish Derby and Festival, Friday, July 17, Saturday, July 18, and Sunday, July 19, 2026 at Walsh Field, 2201 Polk Street
2. Temporary Class "B" Beer and Class "B" Wine License for Heart-A-Rama for the Heart-A-Rama event on Thursday, April 23, Friday, April 24, Saturday, April 25, Thursday, April 30, Friday, May 1, and Saturday May 2, 2026 at the Community House, 1710 W Park Street

D. 26-051 Appointment of Tracey Koach to a three-year term on the Plan Commission beginning April 30, 2026 and expiring May 1, 2029

E. 26-052 Resolution Authorizing Borrowing \$496,676 from WPPI Energy at 0% Interest for Critical Utility Infrastructure Projects

Summary: This Resolution authorizes the City to borrow \$496,676 from WPPI Energy at 0% interest to fund priority utility infrastructure and equipment projects, including electric meters, security upgrades, and generator repairs at the Water Filtration Plant. These investments are intended to enhance system reliability, improve facility security, and ensure critical backup power capabilities for essential water treatment operations.

F. 26-053 Official Newspaper Declaration and Bid

Summary: On March 23, 2026 city staff received a rate schedule from the Herald Times Reporter (HTR Media/Gannett) outlining legal advertising costs for publishing council proceedings and official notices, including pricing based on column inches, insertion rates, and affidavit fees. Staff requests the City Council approve the designation of the Herald Times Reporter as the City's official newspaper for the publication of required legal notices and proceedings.

RECOMMENDED ACTION FOR CONSENT AGENDA
Motion to approve the Consent Agenda as presented

11. CITY COUNCIL - FORMAL ITEMS

A. 26-042 Application for Facade Improvement Assistance by Cool City Motel, 3009 Lincoln Avenue

Summary: Brian Conjurski, applicant for the Cool City Motel, requests a facade improvement grant not-to-exceed \$17,536 for replacing 28 exterior doors and locking systems on the property. The Conjurskis acquired the property in 2025 and are making considerable improvements to guest rooms and common areas in anticipation of the 2026 summer season. Reimbursement funds for this grant will come from TID #11 (St. Peter the Fisherman / Vinton Construction TID).

Recommended Action:

Motion to approve the application and award the grant as recommended by City Staff

B. 26-054 Application for Facade Improvement Assistance by Lighthouse Inn, 1515 Memorial Drive

Summary: Jim Van Lanen Jr., applicant for the Lighthouse Inn, requests a façade improvement grant not-to-exceed \$10,000 for upgrading exterior lighting and signage on the property in preparation for the summer season. Reimbursement funds for this grant will come from TID #12 (Cobblestone Hotel / Sauve's Auto Service TID).

Recommended Action:

Motion to approve the application and award the grant as recommended by City Staff

C. 26-055 New Combination Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Uncorked Book Lounge LLC at 1610 Washington Street for Agent Carrie Paczkowski for a period ending June 30, 2026

Summary: The Uncorked Book Lounge will be a unique and welcome addition to downtown Two Rivers, offering a refined space that blends a love of literature with a vibrant social experience. This liquor license will allow Uncorked Book Lounge LLC to serve fermented malt beverages, liquor, and wine in their establishment.

Recommended Action:

Motion to authorize the City Clerk to issue the license pending approval of inspections and background check

D. 26-056 Competitive Bid Award for Contract 1-2026 for Water Main Improvements on State Highway 42/Lincoln Avenue in the Base Bid Amount of \$349,985, Plus a 10% Contingency, in the Total Amount Not-to-Exceed \$384,983.50

Summary: A competitive bid opening on March 26, 2026 resulted in Vinton Construction Company being identified as the lowest responsible bidder for this community investment project at a cost of \$349,985. This water infrastructure project includes replacement of approximately 2,200 feet of main along STH 42/Lincoln Avenue. Funding will primarily be supported through the WDNR Safe Drinking Water Loan Program to maintain and improve critical water infrastructure.

Recommended Action:

Motion to award the contract to Vinton Construction Company of Manitowoc, based on its lowest qualified bid, in the amount of \$349,985.00

E. 26-057 Ordinance to amend Section 3-1-15 and Section 1-2-1 of the Municipal Code of the City of Two Rivers regarding Fire Department Third-Party ALS Lift Assist Fees

Summary: The proposed ordinance formalized current procedures regarding a lift assist fee to address the growing number of non-injury EMS calls, including over 330 fall-related responses in 2025 and continued activity so far in 2026. A portion of these calls, particularly from licensed healthcare facilities, require no medical treatment or transport but still utilize City fire department

personnel and equipment. This has a real impact on emergency readiness and generating non-reimbursable costs. The proposed ordinance would codify the current practice of billing third-party facilities \$250 per lift assist when no injury or medical necessity exists. This will place responsibility on organizations with trained staff and equipment on-site, instead of relying on the property taxpayer to lift patients that are under their care. This approach aligns with practices in other communities and supports cost recovery efforts while also maintaining response to true emergencies.

Recommended Action:

Motion to waive reading and adopt the ordinance

F. 26-058 Ordinance to amend Title 2, Chapter 2-4 of the Municipal Code of the City of Two Rivers regulating Municipal Judges and Title 1, Chapter 1-2 of the Municipal Code Regarding Municipal Court Fees

Summary: This ordinance authorizes an adjustment from \$38 to \$48 for municipal court fees, as authorized by Wisconsin law, to help recover the cost of operating the City's court system. By ensuring that a greater share of court-related expenses are covered by users of the system rather than the General Fund, this reduces reliance on property tax dollars. In doing so, it supports the City's strategic goal of maintaining services while minimizing the financial burden on local taxpayers.

Recommended Action:

Motion to waive reading and adopt the ordinance

G. 26-059 Code of Conduct for City of Two Rivers Elected Officials

Summary: At its Work Session on March 30, 2026, the City Council reached consensus on a revised Code of Conduct for City elected officials that establishes clear expectations for ethical behavior, professional conduct, and interactions with City staff, the public, and fellow Council members. This updated version has been streamlined for clarity and usability, reducing the document from 14 pages to 4, which is more consistent with common practice among peer communities. While the previous version was thorough, it was overly detailed and included requirements such as sworn complaints, notarization, affidavits, and quasi-judicial hearing procedures that created unnecessary barriers and complexity. This new version returns to the basics. Nothing is weakened, but expectations are clarified by consolidating the policy into a format that is easier to understand, apply, and enforce.

Recommended Action:

Motion to waive reading and adopt the 2026 Code of Conduct

H. 26-060 Professional Services Agreement with SafeStep LLC for Sidewalk Safety Services in the Amount Not-to-Exceed \$40,000

Summary: This is a proposed pilot program for a new way for the City to manage its sidewalk replacement program. A proposed Professional Services Agreement with SafeStep LLC for sidewalk safety services in an amount not-to-exceed \$40,000. This program utilizes a cost-effective saw-cutting method to correct minor sidewalk trip hazards, allowing the City to address significantly more locations than traditional full replacement. The approach is expected to improve ADA accessibility, reduce liability risk, and extend the life of existing infrastructure, while maximizing the impact of limited capital dollars.

Recommended Action:

Motion to waive reading and adopt the Safe Step Sidewalk agreement in the amount not-to-exceed \$40,000

12. CITY MANAGER'S REPORT

13. FOR INFORMATION ONLY

- City Council Regular Meeting, Monday, April 20, 2026, 6:00 PM
- City Council Reorganizational Meeting, Tuesday, April 21, 2026, 5:30 PM
- City Council Work Session, Monday, April 27, 2026, 6:00 PM

14. CLOSED SESSION

The City Council reserves the right to enter into Closed Session, pursuant to Wisc. Stats 19.85(1)(c). Considering employment, promotion, compensation or performance evaluation data of a management level employee over which the Council has jurisdiction or exercises responsibility.

15. RECONVENE IN OPEN SESSION

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

16. 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 clerk@two-rivers.org 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.

**Proclamation Honoring the Legacy of Kay Koach
for an Extraordinary Lifetime of Service to the City of Two Rivers**

WHEREAS, Kay Koach has dedicated an extraordinary lifetime of service to the City of Two Rivers, including 28 years on the Plan Commission and 13 years on the City Council from 2005 to 2018; and

WHEREAS, Kay served as the first female City Council President and was a long-serving voice on the Council for over a decade, providing steady leadership and strong advocacy for the community; and

WHEREAS, as a long-time resident of Two Rivers, Kay has demonstrated an unwavering commitment to her community through her service, volunteerism, and deep care for the well-being and appearance of the City; and

WHEREAS, Kay has also contributed regionally through her service on the Manitowoc Area Visitor & Convention Bureau Board and through her continued support of local institutions, including the Lester Public Library; and

WHEREAS, Kay is widely known as a strong, no-nonsense leader and a true “Two Rivers character,” whose presence has been felt at countless community events and whose passion for baking has brought joy to many, including members of the City’s Police and Fire Departments; and

WHEREAS, above all, Kay Koach’s legacy is defined by her deep love for Two Rivers and its people, and the countless lives she has positively impacted over the years;

NOW, THEREFORE, I, Kyle Kordell, City Manager of the City of Two Rivers, Wisconsin, on behalf of the City Council and the residents of Two Rivers, do hereby honor and recognize Kay Koach for her decades of dedicated service, her leadership, her generosity, and her lasting contributions to the community, and extend our deepest gratitude and appreciation for all she has done to make Two Rivers a better place.

Dated this 6th day of April, 2026

Scott Stechmesser, City Council President

Kyle Kordell, City Manager

CITY OF TWO RIVERS

ORDINANCE

An Ordinance to amend Section 10-14-13-A(1) of the Municipal Code of the City of Two Rivers regarding construction and alteration signs:

The Council of the City of Two Rivers, Wisconsin, ordains as follows:

SECTION 1. Section 10-14-13-A(1) of the Municipal Code of the City of Two Rivers, Wisconsin, is hereby amended to read as follows:

A. Construction and alteration signs.

(1) At residential construction and alteration project sites. With the property owners' permission, at sites where a building permit has been issued for construction of a new dwelling or a new accessory building or for additions or alterations to the exterior of an existing dwelling or accessory building, four nonilluminated contractor's signs not more than four feet in height and six square feet in area may be displayed in the front yard or street side yard of the property during the actual time of **construction and shall be removed within 30 days after completion of construction or prior to occupancy after construction, whichever is sooner.** This provision, however, shall not apply to premises occupied by the contractor. Such signs as are herein permitted shall conform to all other applicable provisions of this Code.

SECTION 2. This ordinance shall take effect and be in force from and after its passage and publication as required by law.

Adopted by the Council of the City of Two Rivers, Manitowoc County, Wisconsin this _____ day of _____, 2026.

Scott Stechmesser
President, City Council

Kyle Kordell
City Manager

Attest:

Amanda Baryenbruch, City Clerk

Approved as to form and legality:

Sean P. Griffin
City Attorney



TWO RIVERS
WISCONSIN

CITY COUNCIL WORK SESSION

Monday, March 30, 2026 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 DEPUTY CITY CLERK

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

Also Present: Police Chief Ben Meinnert, Public Works Director Matt Heckenlaible, IT Assistant Dave Dassey, City Manager Kyle Kordell, City Attorney Andrew Adams (via telephone)

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

None.

5. INPUT FROM THE PUBLIC

Limited to 3 minutes per person - Resident addresses are requested but are not required to be given
None.

6. DISCUSSION ITEMS

A. Revised Code of Conduct for Elected Officials

Summary: Review and discussion of a proposed revision to the Code of Conduct for City elected officials. This revision is intended to promote ethical governance, civility, and clarity of roles under the Council-Manager form of government. The proposed draft outlines expectations for professional behavior, public engagement, and interactions with staff and the community.

The current version of the Code of Conduct is thorough but overly long and legalistic. Its detailed enforcement and complaint procedures create a formal, quasi-judicial process that could escalate conflicts rather than promote civil resolution. A revised Code of Conduct can better focus on clear expectations, civility, and roles, while remaining practical, accessible, and aligned with the Council's day-to-day work.

-Council and staff reviewed a revised Code of Conduct for elected officials, which has been streamlined to improve clarity and usability while maintaining core standards. The revision shifts from a formal, courtroom-style process to a more practical, peer-review approach. Council discussed concerns with vague language, use of electronic devices during meetings, and enforcement provisions, ultimately supporting removal or modification of certain sections, including language related to device restrictions and potential removal of members. Additional

clarification was requested regarding public participation in complaint hearings, with consensus that only the complainant and their witnesses should speak. Staff will incorporate feedback and bring the revised policy back for formal consideration at an upcoming meeting.

B. Review of Sanitary Sewer Credit Policy

Summary: The City will review a comparison of Two Rivers' current sanitary sewer credit policy with those of other communities, highlighting differences in eligibility, credit amounts, and administrative approaches. This discussion will provide context on how other municipalities handle leak-related billing adjustments and the range of policy options available. Council direction will be sought regarding potential updates to the City's existing policy.

-Council and staff reviewed the City's sanitary sewer credit policy, focusing on how to balance fairness to residents experiencing unexpected leaks with the financial sustainability of the utility fund. Staff outlined current eligibility requirements, recent credit requests, and how other communities handle similar situations. Discussion centered on whether to make the policy more or less flexible, with general support for maintaining the existing sewer credit policy while exploring improvements to billing practices. Council expressed interest in enhancing customer notifications, especially for high usage, considering safeguards for automatic payments to prevent unexpected account withdrawals, and adding clearer communication about the policy on utility bills. Staff will evaluate potential billing and notification adjustments for future consideration.

7. ACTION ITEMS

A. 26-045 Resolution Adopting Three-Year Harbor Development Statement of Intentions for 2027-2029

Summary: The City will review the Three-Year Harbor Development Statement of Intentions and outline priority projects including harbor dredging, seawall reconstruction, and a future breakwater extension to improve navigation safety and support downtown redevelopment investment. Council consideration is requested to approve the resolution adopting the plan for submission to the Wisconsin Department of Transportation for planning and funding eligibility purposes.

-Council considered a resolution adopting the three-year Harbor Development Statement of Intentions for 2027-2029, a required planning document for Wisconsin DOT harbor funding eligibility. Staff emphasized that approval does not commit the City to any projects but positions it to pursue future grant funding. The statement includes three proposed projects: harbor dredging, seawall reconstruction near the Hamilton property, and a breakwater extension. Discussion focused on project costs, funding sources, harbor safety concerns, and potential environmental impacts, particularly related to dredging and seawall work. Staff also provided updates on coordination with the U.S. Army Corps of Engineers and upcoming studies, noting that dredging remains the top priority while other projects are longer-term opportunities.

Recommended Action:

Motion to waive reading and adopt the resolution

Motion made by Wachowski, seconded by B. LeClair

Motion carried with a roll call vote.

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

8. FOR INFORMATION ONLY

- **City Council Regular Meeting**, Monday, April 6, 2026, 6:00 PM
- **Public Hearing** on an ordinance to amend Section 10-4-13 entitled "Signs not requiring a permit" to regulate the use of contractor construction signs. Monday, April 6, 2026, 6:00 PM

9. CLOSED EXECUTIVE SESSION

The City Council reserves the right to enter into Closed Session, pursuant to Wisc. Stats 19.85(1)(c). Considering employment, promotion, compensation or performance evaluation data of a management level employee over which the Council has jurisdiction or exercises responsibility.

Motion made by B. LeClair, seconded by Bittner to enter into closed session at 7:19 PM.

Motion carried with a roll call vote.

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

10. RECONVENE IN OPEN SESSION

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

Motion made by Derby, seconded by B. LeClair to reconvene in open session at 8:12 PM.

Motion carried with a voice vote. All in favor.

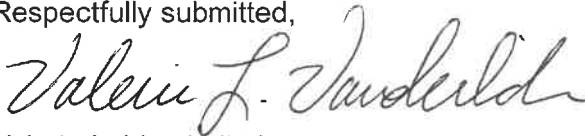
11. ADJOURNMENT

Motion to dispense with the reading of the minutes of this meeting and adjourn at 8:12 PM.

Motion made by D. LeClair, seconded by Derby

Motion made with a voice vote. All in favor.

Respectfully submitted,



Valerie L. Vanderlinden
Deputy City Clerk



**TWO
RIVERS**
WISCONSIN

ROOM TAX COMMISSION MEETING

Wednesday, December 10, 2025, at noon

3rd floor Committee Meeting Room
Two Rivers City Hall
1717 East Park Street
Two Rivers, WI 54241

MINUTES

1. **CALL TO ORDER** at 12:07PM
2. **ROLL CALL** In attendance: Bill LeClair, Rick Carey, Mark Bittner, & Kyle Kordell. Attending remotely Curt Andrews. Quests: Bonnie Shimulunas & Will Finfrock. Staff: Kassie Paider, Jeff Sasche, Mike Mathis, & Joe Metzen.
3. **APPROVE MINUTES FROM OCTOBER 2025 MEETINGS**

Motion made to approve minutes for October 2025 by Bill LeClair, seconded by Kyle Kordell, motion carried.

4. **REVIEW 2025 YTD TOURISM & ROOM TAX BUDGET TO ACTUAL**
 - a. **Including year-end forecasting**

Tourism Director Joe Metzen provided a room tax year over year revenue tax chart with corresponding events that may have impacted revenue in the corresponding year. An example was given of the 2025 NFL Draft which when budgeting for 2025 was planned to have a significant impact on the revenue in the month of April 2025. The city of Two Rivers did not see significant bookings in hotels and STRs during the Draft and therefore the budget goals for the month were not met. This is an example of events that are being tracked on an annual basis to more effectively budget in future years.

Joe Metzen, then provided a forecast of revenue and expenses for the remainder of 2025. In net, revenue was down significantly from what was budgeted for in 2025. Of note, Two Rivers began to see the downturn in monthly room tax revenue starting in April 2025. The impact of tariffs and economic uncertainty has had an impact across the state and is not unique to Two Rivers. It was noted that the Room Tax Reserve Fund will end in 2025 with a forecasted balance of \$62,299. This is below RTC's Reserve Fund goal of \$90,000 and action steps will be looked at the Q1 2026 meeting to adjust the 2026 budget based on 2025-year end data and the revenue brought in in Q1 of 2026.

5. REVIEW AND APPROVE FINAL 2026 BUDGET

The proposed budget for 2026 was then presented to RTC for a final vote. Before the vote took place there was a review of each line item with discussion on where there may be savings in 2026. Rick Carey brought up the need for the City Manager position to be a standing position on the RTC and in the case of RTC budget approval the City Manager may need to recuse themselves from a vote of that nature to avoid a conflict-of-interest situation. It was agreed upon by the RTC that a Conflict-of-Interest Policy for the Commission should be developed with a completion date of the Q1 2026 meeting for review. Rick Carey and Joe Metzen will take the lead in developing the Conflict-of-Interest Policy. It was also noted that this policy will be in line with the Conflict-of-Interest Policy Explore Two Rivers Board members sign each year.

A motion was made by Rick Carey that a Conflict-of-Interest policy will be created for the RTC and that until this policy has been approved and adopted by the Room Tax Commission the City Manager shall recuse themselves from voting on any budgetary issues. The Room Tax Commission acknowledges that they are an economic development partner with the City of Two Rivers and operate within separation guidelines and funding restrictions established by state statutes. Motion was seconded by Curt Andrews. Curt Andrews called for a roll call vote. Ayes: Carey, Andrews, Bittner, LeClair Nays: None Abstain: Kordell

After further review of the 2026 RTC budget a motion was made by Rick Carey to adopt the 2026 budget as presented with the stipulation to provide \$5,000 in additional funding to the Wayside and Trails expense line if Two Rivers Parks and Recreation does not receive the Reservation Vibrant Spaces grant that they have applied for. Motion was seconded by Curt Andrews. Curt Andrews called for a roll call vote. Ayes: Carey, Andrews, Bittner, LeClair Nays: Abstain: Kordell

a. Update on funding for Neshotah Beach renovations

Mike Mathis did not have an update.

b. Update on the City of Two Rivers budget for 2026 that may impact RTC and ETR

No Update.

c. Will there be an overlap in Tourism Directors

City Manager Kyle Kordell indicated the goal is to have a couple of weeks overlap between the new Tourism Director and Joe Metzen's retirement date of April 30, 2025. There may be some budgetary impacts due to this overlap that the RTC should be aware of as we begin 2026.

6. TOURISM DIRECTOR HIRING UPDATE

a. Hiring timeline

Kyle Kordel said the Tourism Dirteater position posting will close December 22, 2025. To date there has been strong interest, with a mix of in-state and out of state candidates. The hiring team of Amanda Baryenbruch, Curt Andrews, Rick Carey, John Wyrstek and Todd Nilson will review the candidates and conduct the first round of interviews.

b. Candidate screening resumes

c. Hiring team

- 7. REVIEW COMMITTEE MEMBERS FOR 2026** Curt Andrews and Rick Carey have agreed to serve in 2026. City Council will need to decide who the two representatives are for the RTC in 2026 as part of their committee review process. Current City Council representatives are Mark Bittner and Bill LeClair. A RTC vote will take place in 2026 to make the City Manager position a standing position moving forward.
- 8. COMMUNITY INPUT** Bonnie Shimulunas spoke to the importance of working together. She appreciated the thoughtfulness and level of engagement the RTC puts into their decision-making process. She emphasizes the need for good communication to help the community better understand the role of the RTC in supporting the City of Two Rivers.

9. ADJOURNMENT

Wisconsin's Room Tax Commission Charter (under Wis. Stats. 66.0615 and Chapter 66.0615, Wisconsin.Gov Home, Wisconsin Legislature) establishes local bodies to manage hotel room taxes, primarily for funding tourism promotion and development, requiring at least 70% of revenue for these efforts, with commissions created by joint agreements for multi-municipality "Tourism Zones" or by single municipalities, governed by appointed members and overseen by the WI Dept of Revenue for reporting compliance.

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 clerk@two-rivers.org 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.

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MINUTES

1. CALL TO ORDER

Kyle Kordell called the meeting to order at 5:30 PM.

2. ROLL CALL

Present: Kyle Kordell, Rick Inman, Kay Koach, Kristin Lee, Matt Heckenlaible, Adam Wachowski and Pat Klein.

Also Present: Jeff Sachse

3. ACTION ITEMS

A. Review of Extraterritorial Certified Survey Map completed by Benjamin Reenders, Licensed Surveyor, Parcel 018-125-013-001.00

Director Heckenlaible informed the Plan Commission that the primary premise of this Certified Survey Map (CSM) was to finalize the documentation to accurately portray the creation of both 'Lot 1' and 'Lot 2' out of the entire parcel. The last CSM that was provided to the Plan Commission earlier in 2026, just called out the area for 'Lot 2' and this closes that loop.

Wachowski made a motion to approve the Extraterritorial Certified Survey Map completed by Benjamin Reenders, Licensed Surveyor, for Parcel 018-125-013-001.00, seconded by Kay Koach. Motion carried.

Roll Call Vote:

Voting Yea: Kordell, Inman Koach, Lee, Heckenlaible, Klein, Wachowski

Motion Carried

B. Request for a Conditional Use Permit for a tree service home occupation located at 3315 Parkway Boulevard, in the (R-1) Single Family Residence District, submitted by Nicholas Stangel (applicant and owner).

The Plan Commission is here to consider a request for a Conditional Use Permit for a home occupation at 3315 Parkway Boulevard, to operate Stangel's Tree Service from the property, which is located in the R-1 Single Family Residence District, where certain home occupations may be allowed with Conditional Use Permit approval.

According to the applicant, the residence would function primarily as a home office for scheduling and administrative purposes. All business equipment would be stored at the applicant's separate property in Manitowoc at 1216 Washington Street rather than at the Parkway Boulevard residence. The applicant notes that a work truck and trailer may occasionally be parked overnight on the street, but only temporarily until leaving the following morning. If required, the applicant has indicated that all equipment can remain stored in Manitowoc to ensure no equipment at all is kept on City streets.

The Plan Commission reviewed the request to determine whether the proposed home occupies the applicable zoning standards and remains compatible with the surrounding residential neighborhood.

Commissioner Kordell clarified that the role of the Plan Commission was to evaluate the Conditional Use Permit request based on the standards established in the zoning code. The Commission was advised to remain focused on the permit request itself and that the Commission was not acting as a court of law nor adjudicating any previous zoning violations related to the property.

Director Sachse then reviewed the purpose and intent of the R-1 Single Family Residence District and the regulations governing home occupations within that district. The applicant was then provided with the opportunity to address the Commission regarding the request.

A motion was made by Commissioner Wachowski to deny the Conditional Use Permit for a tree service home occupation located at 3315 Parkway Boulevard, which was seconded by Commissioner Koach.

Roll Call Vote:
Voting Yea: Kordell, Inman Koach, Lee, Heckenlaible, Klein, Wachowski
Motion Carried

C. Ordinance to amend Section 10-4-13 entitled “Signs not requiring a permit” to regulate the use of contractor construction signs

The Plan Commission reviewed a proposed ordinance amendment to Section 10-4-13 of the Municipal Code, entitled “Signs Not Requiring a Permit,” related to the regulation of contractor construction signs. Staff noted that the Commission had previously discussed this item at its prior meeting and reached consensus to move forward with revised language to provide a more limited timeframe for the display of construction-related signs.

Under the existing language, contractor construction signs are permitted to be displayed for up to 60 days within a calendar year. The proposed amendment revises this standard to require that such signs be removed within 30 days after completion of construction or prior to occupancy, whichever occurs sooner, regardless of the overall duration of the construction project.

The Commission reviewed the proposed amendment and its intent to better regulate the duration of contractor construction signage within the community.

A motion was made by Commissioner Kordell to approve the Ordinance amending Section 10-4-13 to regulate the use of contractor construction signs, seconded by Commissioner Lee.

Roll Call Vote:
Voting Yea: Kordell, Inman Koach, Lee, Heckenlaible, Klein, Wachowski
Motion Carried

4. FOR DISCUSSION

A. Update on Flavor Hut and Renee’s Popcorn

Commissioners were informed that architectural and site plan review for these two projects as well as for renovations at Vietnam Veterans Park are anticipated in April.

B. Zero Setback zoning ordinance for Main Street overlay

Director Sachse provided the Commission updates on a historical preservation ordinance that is being drafted by Main Street and is expected to come before the Plan Commission in April or May.

5. PUBLIC INPUT

Mark Keller addressed the Commission regarding a survey company he is having issues with, claiming they have flawed GPS equipment. He also advised the Commission to look into mandatory setback requirements along State routes.

6. ADJOURNMENT

Motion to adjourn at 6:37 PM.
Motion made by Kordell, seconded by Heckenlaible.

Municipality
City of Two Rivers

Form
AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine	License Fees
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 0.00
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name
TWO RIVERS FISH DERBY, INC.

2. Organization Permanent Address
P.O. Box 34

3. City
TWO RIVERS,

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
27-2071955

8. Date of Organization/Incorporation
7/7/1966

9. State of Organization/Incorporation
WI

10. Phone
920-323-3050

11. Email
nrichter4968@gmail.com

12. Organization type (check one)
 Bona Fide Club
 Church
 Fair Association/Agricultural Society
 Veteran's Organization
 Lodge/Society
 Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
<i>DeROSIER</i>	<i>DAVID</i>	<i>PRESIDENT</i>	<i>920-629-8946</i>
<i>KAKES</i>	<i>CHAD</i>	<i>VICE PRESIDENT</i>	<i>920-905-4957</i>
<i>HEAP</i>	<i>SHERI</i>	<i>SECRETARY</i>	<i>920-973-0767</i>
<i>RICHTER</i>	<i>NANCY</i>	<i>TREASURER</i>	<i>920-323-3050</i>
<i>ANDERSON</i>	<i>MONTANA</i>	<i>AGENT / BOARD MEMBER</i>	<i>920-681-1388</i>
<i>WOODKEY</i>	<i>JACK</i>	<i>BOARD MEMBER</i>	<i>920-973-3370</i>
<i>SCHROEDER</i>	<i>PAUL</i>	<i>BOARD MEMBER</i>	<i>920-323-4575</i>

Continued →

Part C: Event Information			
1. Name of Event (if applicable) TWO RIVERS FISH DERBY & FESTIVAL			
2. Dates of Operation JULY 17-19, 2026		3. Hours of Operation FRI, SAT - 9 AM to 10:30 PM SUN - 9 AM to 5:00 PM	
4. Premises Address WALSH FIELD			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers		10. Aldermanic District
11. Organizer of Event (if not the named applicant) NANCY RICHTER		12. Email and/or Phone Number for Organizer of Event 920-323-3050	
13. Organizer Website —		14. Event Website —	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Will be selling beer out of 60'x100' tent southwest of ball diamond. Selling premises is inside chain link fence around field. Will be wristbanding minors.			

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 RICHTER		First Name NANCY	M.I. L
Title TREASURER	Email nrichter4968@gmail.com		Phone 920-323-3050
Signature Nancy L. Richter		Date 3-24-26	

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

Date
3-19-26

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 FISH DERBY, INC

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

1. Last Name 2. First Name 3. M.I.
ANDERSON MONTANA R

4. Email 5. Phone
montaharae93@gmail.com 9206811300

6. Home Address
1620 29th st

7. City 8. State 9. Zip Code 10. Age
TWO RIVERS WI 54241 32

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
[Redacted] WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. Yes No

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

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name DE ROSIER		First Name DAVID		M.I. G
Title PRESIDENT	Email DOEROSIER65@GMAIL.COM		Phone 920-628-8944	
Signature <i>David DeRosier</i>			Date 3/19/26	

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 ANDERSON		First Name MONTANA		M.I. R
Signature <i>Montana Anderson</i>			Date 3/19/26	

Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date
3-14-26

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
TWO RIVERS FISH DERBY, INC

2. Business Trade Name or DBA

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name
DEROSIER

2. First Name
DAVID

3. M.I.
G.

4. Relationship to Business (Title)
PRESIDENT

5. Email
DDEROSIER65@GMAIL.COM

6. Phone
920-629-8946

7. Home Address
18200 HORSE RD

8. City
MISHICOT

9. State
WI

10. Zip Code
54228

11. Date of Birth
6/12/1947

12. Drivers License/State ID Number
[REDACTED]

13. Drivers License/State ID State of Issuance

Part C: Address History

1. Do you currently live in Wisconsin? Yes No
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) **5/1/1976**

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	MANITOWOC	WI	MILWAUKEE				
WI	WAUKESHA						

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>David DeRosier</i>	Date 3/14/2026
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Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
3-13-26

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <u>TWO RIVERS FISH DERBY, INC</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name <u>KAKES</u>		2. First Name <u>CHAD</u>		3. M.I.	
4. Relationship to Business (Title) <u>VICE PRESIDENT</u>		5. Email <u>chakak@two-rivers.org</u>		6. Phone <u>920 905 4957</u>	
7. Home Address <u>1081 Stehens Corners Rd</u>					
8. City <u>Two Rivers</u>		9. State <u>WI</u>	10. Zip Code <u>54241</u>		11. Date of Birth <u>3/20/80</u>
12. Drivers License/State ID Number 			13. Drivers License/State ID State of Issuance <u>Wisconsin</u>		

Part C: Address History

1. Do you currently live in Wisconsin? Yes No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 3/20/80

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

Previous Address	City	State	Zip Code
<u>2502 37th St.</u>	<u>Two Rivers</u>	<u>WI</u>	<u>54241</u>
<u>907 S. Erickson Ave</u>	<u>Marshfield</u>	<u>WI</u>	<u>54449</u>
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
<u>WI</u>	<u>Maritowoc</u>	<u>WI</u>	<u>Wood</u>				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

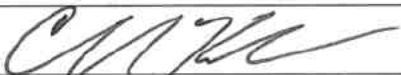
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 3/13/2026
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Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
3-12-26

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) TWO RIVERS FISH DERBY, INC				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name HEAP		2. First Name SHERI		3. M.I. L
4. Relationship to Business (Title) SECRETARY		5. Email poysoniv@gmail.com		6. Phone 920-973-0767
7. Home Address 2007 30th St				
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 11-7-1971
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 9	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 SEE ABOVE		City	State	Zip Code	
Previous Address 2		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowish	State	County	State	County
State IL	County Grundy	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Shari L. Heap</i>	Date 3.12.2026
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Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date
3-24-26

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) TWO RIVERS FISH DERBY, INC	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name RICHTER	2. First Name NANCY	3. M.I. L.	
4. Relationship to Business (Title) TREASURER	5. Email nrichter4968@gmail.com	6. Phone 920-322-3050	
7. Home Address 605-22ND ST.			
8. City TWO RIVERS	9. State WI	10. Zip Code 54241	11. Date of Birth 12/14/1949
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years: 76 Months:
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 SEE ABOVE	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County MANITOWOC	State	County
State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Nancy L. Richter</i>	Date <i>3.24.26</i>
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Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date
3-19-26

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) TWO RIVERS FISH DERBY, INC				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name ANDERSON		2. First Name MONTANA		3. M.I. R
4. Relationship to Business (Title) BOARD MEMBER / AGENT		5. Email		6. Phone
7. Home Address 1620 29th ST				
8. City TWO RIVERS		9. State WI	10. Zip Code 59241	11. Date of Birth 10/30/93
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI	

Part C: Address History				
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 7
Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1 1620 29th ST		City TWO RIVERS		State WI
				Zip Code 59241
Previous Address 2		City		State
				Zip Code
Previous Address 3		City		State
				Zip Code
Previous Address 4		City		State
				Zip Code
Previous Address 5		City		State
				Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State WI	County Manitowish	State IA	County Dubuque	
State	County	State	County	

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated <i>OWI</i>	Location <i>Dubuque, IA</i>	Conviction Date <i>10/19/2016</i>
Penalty Imposed <i>License Revoked</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Mites and</i>	Date <i>3/19/26</i>
-------------------------------	------------------------

Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date
3.12.26

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) TWO RIVERS FISH DERBY, INC.				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name WOODKEY		2. First Name JACK		3. M.I.
4. Relationship to Business (Title) BOARD MEMBER		5. Email wood1817@gmail.com		6. Phone 920 973 3370
7. Home Address 1817 22nd St				
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 1/6/47
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 79	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 1817 22nd St		City Two Rivers		State WI	Zip Code 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	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowoc	State WI	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>John Woodley</i>	Date <i>3/12/20</i>
-------------------------------	---------------------

Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date
3-12-26

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) TWO RIVERS FISH DERBY, INC	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name SCHROEDER		2. First Name PAUL		3. M.I. A	
4. Relationship to Business (Title) BOARD MEMBER		5. Email PASCHROEDER@JAGEMANN.COM		6. Phone 920 373 4575	
7. Home Address 2120 EMMET ST.					
8. City TWO RIVERS		9. State WI	10. Zip Code 54241		11. Date of Birth 4/28/65
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 60</td> <td style="width: 50%;">Months 6</td> </tr> </table>	Years 60	Months 6
Years 60	Months 6				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 2120 EMMET		City TWO RIVERS	State WI	Zip Code 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	Zip Code	
3. List all states and counties 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

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Paul Schmale*

Date 3/12/26



**TWO
RIVERS**
WISCONSIN

CITY CLERK
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

Two Rivers Fish Derby, Inc.
Organization

Nancy L. Richter
Signature

NANCY L. RICHTER
Printed Name

3-24-26
Date

Municipality

CITY OF TWO RIVERS

Form
AB-220

Temporary Alcohol Beverage License

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

Part A: Organization Information

1. Organization Name
Heart-A-Rama

2. Organization Permanent Address
1676 Atlanta Cir.

3. City
Manitowoc

4. State
WI

5. Zip Code
54220

6. Mailing Address (if different from permanent address)

7. FEIN
394148364

8. Date of Organization/Incorporation
1/1/1971

9. State of Organization/Incorporation
WI

10. Phone
920 645-1787

11. Email
tbarthele@hotmail.com

12. Organization type (check one)
 Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Bartelme	Thomas	leadership committee	920 645 1787
Dramm	Frederick	leadership committee	
Hawig	Lindsey	Agent	920 901 4516

Continued →

Part C: Event Information

1. Name of Event (if applicable)
Heart-A-Rama

2. Dates of Operation
April 23, 24, 25 + April 30, May 1 + 2

3. Hours of Operation
6:00 PM - 10: PM

4. Premises Address
1710 W Park Street

5. City
Two Rivers

6. State
WI

7. Zip Code
54241

8. County
Manitowoc

9. Governing Municipality City Town Village
of: Two Rivers

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

12. Email and/or Phone Number for Organizer of Event
tbartheime@hotmail.com

13. Organizer Website

14. Event Website
www.heartarama.org

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.

- Two Rivers Community house gym (sold and consumed)
- Two Rivers Community house lobby (stored in locked coolers between shows)
- Locked Refrigerated truck 17th Street (stored inventory)

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
Bartelme

First Name
Thomas

M.I.
L.

Title
Leadership Committee

Email
tbartheime@hotmail.com

Phone
(920) 645-1787

Signature
Thomas L. Bartelme

Date
9/7/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk
3/18/20

License Number
TMP-2611 / TMPW-2604

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
3/17/2016

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)
Heart-A-Rama

2. Business Trade Name or DBA

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number
250114

6. Describe the reason for appointing a successor agent, if successor is checked above.
Former agent is no longer working in the same capacity

Part B: Agent Information

1. Last Name **Hawig** 2. First Name **Lindsey** 3. M.I. **M**

4. Email **lhawig@yahoo.com** 5. Phone **920-901-4546**

6. Home Address **7401 City Rd R**

7. City **Two Rivers** 8. State **WI** 9. Zip Code **54241** 10. Age **39**

11. Drivers License/State ID Number **H200-5338-6648-08** 12. Drivers License/State ID State of Issuance **Wisconsin**

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. **cert # 37333**

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

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

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Bartelme</i>		First Name <i>Thomas</i>		M.I. <i>L</i>
Title <i>Chairman</i>	Email <i>tbartelme@hotmail.com</i>	Phone <i>(920) 645-1787</i>		
Signature <i>Thomas Bartelme</i>			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Hawig</i>		First Name <i>Undsey</i>		M.I. <i>M</i>
Signature <i>Judy M Hawig</i>			Date <i>3/17/26</i>	

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) <i>Heart-A-Rama</i>				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <i>Bartelme</i>		2. First Name <i>Thomas</i>		3. M.I. <i>L</i>
4. Relationship to Business (Title) <i>Leadership Committee</i>		5. Email <i>tbarthe@hotmai.com</i>		6. Phone <i>(920) 645-1787</i>
7. Home Address <i>1676 Atlanta Cir.</i>				
8. City <i>Manitowoc WI</i>		9. State <i>WI</i>	10. Zip Code <i>54220</i>	11. Date of Birth <i>12/28/1953</i>
12. Drivers License/State ID Number <i>B634-8325-3468-60</i>			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <i>12</i>	Months <i>2</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>1122 Park Row Blvd</i>		City <i>Manitowoc</i>	State <i>WI</i>	Zip Code <i>54220</i>	
Previous Address 2 <i>1676 Atlanta Cir.</i>		City <i>Manitowoc</i>	State <i>WI</i>	Zip Code <i>54220</i>	
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 <i>WI</i>	County <i>Manitowoc</i>	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Thomas Bartelme</i>	Date <i>3/7/2026</i>
-------------------------------------	-------------------------

Section 10, Item C.

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) <i>Heart - A - Rama</i>				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <i>Dramm</i>		2. First Name <i>Frederick</i>		3. M.I. <i>C</i>
4. Relationship to Business (Title) <i>Leadership Team</i>		5. Email <i>fdramm@dramm.com</i>		6. Phone (920) <i>323-7725</i>
7. Home Address <i>3404 Memorial Drive APT J8</i>				
8. City <i>Two Rivers</i>		9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>9/22/1963</i>
12. Drivers License/State ID Number <i>D650-2436-3342-06 D</i>			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History							
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td align="center">Years <i>38</i></td> <td align="center">Months <i>—</i></td> </tr> </table>	Years <i>38</i>	Months <i>—</i>	
Years <i>38</i>	Months <i>—</i>						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>[scribble]</i>	City	State	Zip Code				
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 <i>WI</i>	County <i>MANTOWOC</i>	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

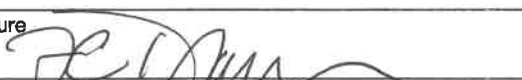
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 3/9/2020
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Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
04/02/2026

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

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

Your alcohol beverage application or renewal is not complete until all required individual questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (Individual name if sole proprietor)				
2. Business Trade Name or DBA Heart A Rama				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Hawig		2. First Name Lindsey		3. M.I. M
4. Relationship to Business (Title)		5. Email lhawig@yahoo.com		6. Phone (920) 901-4546
7. Home Address 7401 County Road R				
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 04/28/86
12. Drivers License/State ID Number H200-5338-6648-08			13. Drivers License/State ID State of Issuance WI	

Part C: Address History				
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 04/1986
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1		City	State	Zip Code
411 S Packer Drive		Manitowoc	WI	54220
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
WI	Manitowoc			
State	County	State	County	State

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	Date
	04/02/2026



TWO RIVERS
WISCONSIN

CITY CLERK

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

Heart-A-Rama
Organization

Thomas Bartelme
Signature

Thomas Bartelme
Printed Name

3/7/2016
Date

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF TWO RIVERS

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

Part A: Organization Information

1. Organization Name
Heart-A-Rama

2. Organization Permanent Address
1676 Atlanta Cir.

3. City
Manitowish WI

4. State
WI

5. Zip Code
54220

6. Mailing Address (if different from permanent address)

7. FEIN
394148364

8. Date of Organization/Incorporation
1/1/1971

9. State of Organization/Incorporation
WI

10. Phone
(920) 645-1787

11. Email
tbartelme@hotmail.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization

Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
<i>Bartelme</i>	<i>Thomas</i>	<i>Leadership Comm.</i>	<i>920 645-1787</i>
<i>Dramm</i>	<i>Frederick</i>	<i>Leadership Comm</i>	<i>920 383 7725</i>
<i>Hawig</i>	<i>Lindsey</i>	<i>Agent</i>	<i>920 901 4546</i>

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <i>Heart-A-Rama</i>			
2. Dates of Operation <i>April 30, May 1, 2</i>		3. Hours of Operation <i>6:00 PM - 10:00 PM</i>	
4. Premises Address <i>1710 West Park St.</i>			
5. City <i>Two Rivers</i>		6. State <i>WI</i>	7. Zip Code <i>54241</i>
8. County <i>Manitowoc</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Two Rivers</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event <i>tbarthe@hotmail.com</i>	
13. Organizer Website		14. Event Website <i>www.heartarama.org</i>	
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. <ul style="list-style-type: none"> - <i>Two Rivers Community house gym (sold + consumed)</i> - <i>Two Rivers Community house lobby (stored in locked coolers overnight)</i> - <i>locked Refrigerated truck 17th Street (stored inventory)</i> 			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name <i>Barthele</i>		First Name <i>Thomas</i>	M.I. <i>L.</i>
Title <i>Leadership Committee</i>	Email <i>tbarthe@hotmail.com</i>		Phone <i>(920) 645-1787</i>
Signature <i>Thomas Barthele</i>		Date <i>3/7/2026</i>	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <i>3/18/20</i>	License Number <i>TMP-2612 / TMPW-2605</i>
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
3/7/2026

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)

Heart-A-Rama

2. Business Trade Name or DBA

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

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

250116

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

Former Agent is no longer working in the same capacity

Part B: Agent Information

1. Last Name

Hawig

2. First Name

Lindsey

3. M.I.

M

4. Email

lhawig@yahoo.com

5. Phone

920-901-4546

6. Home Address

7401 Cty Rd R

7. City

Two Rivers

8. State

WI

9. Zip Code

53241

10. Age

39

11. Drivers License/State ID Number

H200-5338-6648-08

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. Cert# 37333

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

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

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Bartelme</i>	First Name <i>Thomas</i>	M.I. <i>L</i>
Title <i>Chairman</i>	Email <i>tbar@me@hotmail.com</i>	Phone <i>(920) 645-1787</i>
Signature <i>Thomas Bartelme</i>		Date

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Hawig</i>	First Name <i>Lindsey</i>	M.I. <i>M</i>
Signature <i>Lindsey M Hawig</i>		Date <i>3/17/24</i>

Form AB-100

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information
1. Legal Business Name (Individual name if sole proprietor)
Heart-A-Rama
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: Bartelme
2. First Name: Thomas
3. M.I.: L.
4. Relationship to Business (Title): Leadership Committee
5. Email: tbartelme@hotmail.com
6. Phone: (920) 645-1787
7. Home Address: 1676 Atlanta Cir
8. City: Manitowish
9. State: WI
10. Zip Code: 54220
11. Date of Birth: 12/28/1953
12. Drivers License/State ID Number: B634-8325-3468-00
13. Drivers License/State ID State of Issuance: Wisconsin

Part C: Address History
1. Do you currently reside in Wisconsin? [X] Yes [] No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ... Years: 72 Months: 2
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
Previous Address 1: 1122 Park Row Blvd
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

Continued ->

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Thomas Buckline</i>	Date <i>3/18/2016</i>
----------------------------------	-----------------------

Individual Questionnaire

Section 10, Item C.

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

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

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

Part A: Business Information

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

Heer & A. Rama

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

Dramm

2. First Name

Frederick

3. M.I.

C

4. Relationship to Business (Title)

Leadership Team

5. Email

fdramm@dramm.com

6. Phone

323-7725

7. Home Address

3464 Memorial Drive APT J8

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

9/22/1963

12. Drivers License/State ID Number

D650-2436-3342-60 D

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

38

Months

-

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

Previous Address	City	State	Zip Code
Previous Address 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
<i>W</i>	<i>Manitowish</i>						

Continued →

Part D: Criminal History

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

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

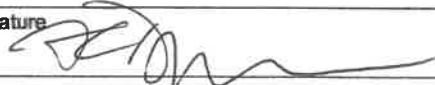
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 3/9/2026

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
04/02/2026

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

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

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

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor)	
2. Business Trade Name or DBA Heart A Rama	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Hawig		2. First Name Lindsey		3. M.I. M
4. Relationship to Business (Title)		5. Email lhawig@yahoo.com	6. Phone (920) 901-4546	
7. Home Address 7401 County Road R				
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 04/28/86
12. Drivers License/State ID Number E200-5338-6648-08			13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 04/1986
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1		City	State Zip Code
411 S Packer Drive		Manitowoc	WI 54220
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
WI	Manitowoc		
State	County	State	County

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 04/02/2026
--	--------------------



**TWO
RIVERS**
WISCONSIN

CITY CLERK
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

Heart-A-Rama
Organization

Thomas Bartelme
Signature

Thomas Bartelme
Printed Name

3/7/2026
Date



**TWO
RIVERS**
WISCONSIN

Committee Volunteer Application

If you reside in the City of Two Rivers and wish to be appointed to a citizens Committee, Commission, or Board please complete the following application and return to the City Manager's Office, P.O. Box 87, Two Rivers, WI, 54241-0087 or email to communications@two-rivers.org.

Name (Last, First, Middle): Tracey Koach

Home Address: 3411 Parkway Blvd

Phone: 847-338-2907 Email: tracey62k@gmail.com

Employer/Business: Retired

Employer Address: _____

Occupation: _____

Which Committee, Commission, or Board do you wish to serve on?

Plan Commission

Do you have any special skills, knowledge, experience, or interest that relates to the above Committee, Commission, or Board?

I am familiar with Two Rivers history and government. I also am familiar with the municipal ordinances and some state codes.

My employment history included work as a Federal auditor and a long career in environmental consulting.

Do you have any conflict of interest related to the Committee, Commission, or Board for which you are applying (such as employed relatives, business or financial conflicts, etc.)?

No.

Tracey Koach
Signature

1/29/2026
Date

RESOLUTION

RESOLUTION AUTHORIZING BORROWING FROM WPPI ENERGY

WHEREAS, Two Rivers Utilities, of the City of Two Rivers, Wisconsin (the “Utility”), intends to replace a transfer switch for the back-up generator at the water treatment facility; purchase AMI electric meters; and install substation/warehouse security and monitoring systems (the “Project”);

WHEREAS, in order to fund all or a portion of the Project, the Utility intends to borrow from WPPI Energy (“WPPI”) an amount not to exceed four hundred ninety-six thousand six hundred seventy-six and 00/100 Dollars (\$496,676.00) at an interest rate of zero percent (0%) over a ten (10) -year term (the “Loan”); and

WHEREAS, the Loan will be evidenced and secured by a promissory note from the Utility to WPPI (the “Note”) and a loan agreement by and between the Utility and WPPI (the “Loan Agreement”, and together with the Note, the “Loan Documents”); and

WHEREAS, the City of Two Rivers has determined that funding of the Project, in whole or in part, through the Loan and executing and delivering the Loan Documents in substantially the form presented is necessary and in the best interest of the Utility.

NOW, THEREFORE, BE IT RESOLVED by the City of Two Rivers that:

1. The Loan Documents, as presented to the City of Two Rivers’ City Council and all of the terms and conditions therein are hereby approved. The Electric Utility Director of the Utility, or officers authorized to act in their absence, are authorized on behalf of the Utility to execute and deliver the Loan Documents in substantially their respective forms as presented to the City of Two Rivers’ City Council. The Electric Utility Director and officers authorized to act in their absence are hereby authorized to prepare or to have prepared and to execute, file and deliver, as appropriate, all such other documents, affidavits, agreements or instruments as may be deemed necessary by those officials in order to effectuate the Loan as contemplated in this Resolution.
2. This Resolution shall be effective immediately upon its adoption and approval.

Adopted this _____ day of April, 2026.

Councilmember

Kyle Kordell, City Manager

March 23, 2026

Amanda Baryenbruch, City Clerk
City Hall
1717 Park St.
Two Rivers, WI 54241

Dear Ms. Baryenbruch,

In accordance with the legal advertising rates established by the State of Wisconsin, we are pleased to quote you the following legal advertising rates for the publication of council proceedings and other city legal advertising for the upcoming year.

Classified 6 Column Per Line charge -
Arial 6-point Font:

Number of Columns	Column Width (Picas)	First Insertion	Subsequent Insertion(s)
1	9.18	\$.7768	\$.6136
2	19.36	\$ 1.6368	\$ 1.2929
3	29.54	\$ 2.4969	\$ 1.9723
4	39.73	\$ 3.3570	\$ 2.6516
5	49.91	\$ 4.2170	\$ 3.3310
6	60.09	\$ 5.0771	\$ 4.0103

Additional charges that may apply - affidavit charges \$1.00 for each affidavit.

Thank you for the opportunity to serve your community.

Sincerely,
Tara Hamm
Director- Public Notices
Manitowoc Herald Times Reporter

Sign & Façade Improvement & Restoration Grant Program Application

Applicant Name: Brian Conjurski Business Name: Cool City Motel
 Business Address: 3009 Lincoln Ave
 Phone: (920) 374-1580 E-Mail: bconjurski@coolcitymotel.com
 Property Owner (if different than above): N/A Phone: N/A

Names of all owners on title of property: (all owners must sign application)
Brian Conjurski

Proposed project start date: April 15th '26 Proposed project completion date: April 30th '26

Description of project:
Replace 28 exterior door systems on the
motel

Project Budget. List individual project elements (Awning, painting of trim, etc.)

Item <u>27 Door systems</u>	Cost <u>16,089.86</u>
Item <u>3 Door system</u>	Cost <u>1,115.66</u>
Item <u>Door install</u>	Cost <u>9500</u>
Item <u>Locksets & install</u>	Cost <u>4,367.73</u>
Item _____	Cost _____
Item _____	Cost _____
Item _____	Cost _____
Item _____	Cost _____

Total Cost: 35,073.25

The undersigned applicant affirms that information provided within this application form is true and complete to the best of the applicant's knowledge. The applicant further affirms an understanding of the sign & facade grant program and agrees to abide by its terms and conditions as outlined in the application packet.

Signature: [Signature] Date: 3/13/26
 Signature: _____ Date: _____

This application form must be fully completed *with the requested attachments*. Incomplete application forms will not be considered. All other forms and documents for this grant may be signed by the applicant and will not require additional owners' signature(s).



AccuLock, Inc.
 9901 S Interstate 35 W
 Grandview, Texas 76050

Office: (866) 222-8562
 Fax: (800) 291-4592
<https://acculock.com>

Daniel Brown
 (817) 637-1236
dan@acculock.com

TO:	Cool City Motel Brian Conjurski 3009 Lincoln Ave Two Rivers, WI. 54241		Date : 2/3/2026 Main Phone: Cell: 920-374-1580 bconjurski@coolcitymotel.com	
QTY	Part #	Description	Cost of ea.	Amount
Front Desk System				
1	ALS1-ENC	FDU (Cus PC, Encoder, 1 Software)	\$ 800.00	\$ 800.00
1	RFID Starter Kit -	1000 key cards, 30 wrist bands, 20 key fobs	\$ 500.00	\$ 500.00
	ALS1-ENC	Additional Front Desk PC w/ Encoder	\$ 750.00	\$ -
Guest Room				
25	ALS2-GRL	AccuLock System 2 - Guest Room Locks	\$ 135.00	\$ 3,375.00
	ALS2-GRL-CYL	Cylindrical RFID	\$ 135.00	\$ -
	AL-OK-BLE	Openkey BLE Module for Guest Room Door	\$ 49.00	\$ -
25	ALS1-SP	4 7/8" Strike Plate	\$ 5.00	\$ 125.00
25	ALS1-WG	Weather Gaskets	\$ 4.00	\$ 100.00
	ALS1-CP	Cover Plate	\$ 7.00	\$ -
	ALS1-CP	Cover Plate (Interior only, may not need)	\$ 6.00	\$ -
3	ALS2-GRL	Spare Guest Room Locks, 1.5 RH and 1.5 LH	\$ 135.00	\$ 405.00
Access and Exterior				
	ALS1-DCU-KIT	Door Control Unit	\$ 695.00	\$ -
	ALS1-PBI-KIT	RIM Panic Interface	\$ 695.00	\$ -
	OK-BLE-AC	Openkey BLE Module for AccessDoor	\$ 400.00	\$ -
	ALS1-ES	Flush Mount Electric Strike	\$ 300.00	\$ -
	ALS1-ES	Surface Mount Electric Strike	\$ 375.00	\$ -
	ALS1-SB	Star Bar	\$ 550.00	\$ -
	ALS1 - WGB	Weldable Gate Box	\$ 100.00	\$ -
	ALS1-MAG -1	Single Magnet	\$ 500.00	\$ -
	ALS1-MAG-2	Double Magnet	\$ 700.00	\$ -
Buy Back Offer				
			\$ (10.00)	\$ -
			\$ (200.00)	\$ -
			\$ -	\$ -
			\$ -	\$ -
Notes				
	New Doors/Precut 2 Lefts 1 Right The buy back is separate and paid after locks are received/TESA buy back is only \$10 for 2007-2009 models***			
INSTALLATION				
25	Guest Room Lock: Wood door / Metal frame		\$ 30.00	\$ 750.00
	Guest Room Lock: Wood door / Metal frame - Full Mortise		\$ 45.00	\$ -
	Guest Room Lock: Fire Door Surcharge - Full Mortise		\$ 100.00	\$ -
	BLE Module for Guest Room		\$ 5.00	\$ -
25	Frame Prep: Metal Frame		\$ 5.00	\$ 125.00
	Access: RIM Panic Interface		\$ 250.00	\$ -
	Access: Single Door		\$ 350.00	\$ -
	Access: Double Doors		\$ 450.00	\$ -
	BLE Module for Access		\$ 50.00	\$ -
Training and Miscellaneous Items				
1	Training and Set up of Hotel Personnel on Front Desk System		\$ 500.00	\$ 500.00
1	Trip Fee		\$ 600.00	\$ 600.00
25% deposit at order placement. 75% of invoice total due before locks ship. 100% due at completion of installation. Signature below references acceptance of this quote. Quote expires 30 days from date shown.			Estimated Shipping	\$ 450.00
			Estimated Sales Tax	\$ 637.73
			Invoice Total	\$ 8,367.73
THREE year warranty on locks and encoder, ONE year warranty on PC.			Total Incentives	\$ -
			NET TOTAL	\$ 8,367.73

ACCEPTANCE: I agree to the terms above. I authorize you to charge my credit card. (If that form of payment is used)

Signature

Printed Name and Title

Date



RemoteLock
 100 E Tennessee Ave,
 Denver, Colorado 80209
 United States

Order Form
 Expires On: 4/12/2026
 Sales Rep: Scott Landen
 Email: slanden@remotelock.com
 Quote Number: Q-17250

Section 11, ItemA.

RemoteLock sets the standard in universal access control. RemoteLock software manages smart locks and access control hardware from the leading brands and allows users to easily grant any person access to any space, from anywhere

Customer Information

Ship To
 Cool City Motel
 Attn:
 3009 Lincoln Ave
 Two Rivers, Wisconsin 54241
 United States
 Primary Contact Name: Brian Conjurski
 Primary Contact Phone: 9203741580
 Primary Contact Email: bconjurski@coolcitymotel.com

Bill To
 Cool City Motel
 3009 Lincoln Ave
 Two Rivers, Wisconsin 54241
 United States
 Billing Contact Name: Brian Conjurski
 Billing Contact Phone: 9203741580
 Billing Contact Email: bconjurski@coolcitymotel.com
 PO# (if applicable):

Wi-Fi

QTY	ITEM	DESCRIPTION	LIST PRICE	DISCOUNT %	TOTAL AMOUNT
28.00	FE789WBC-CAM-ACC-716	Schlage Encode Lever- WiFi-CAM(Camelot trim)- ACC(Accent Lever)- 716(Aged Bronze)	USD 8,372.00	5.00	USD 7,953.40
Wi-Fi Total Order Amount:					USD 7,953.40

Net Total	USD 7,953.40
Shipping	USD 0.00
Taxes	USD 437.44
Total	USD 8,390.84



RemoteLock
100 E Tennessee Ave,
Denver, Colorado 80209
United States

Order Form
Expires On: 4/12/2026
Sales Rep: Scott Landen
Email: slanden@remotelock.com
Quote Number: Q-17250

Section 11, ItemA.

Payment Details

Please do not make any payments based on this quote. An official invoice will be emailed to you with the final amount and payment instructions.

Software:

Subscription Start Date: 3/13/2026
Subscription End Date:
Subscription Period: 12 Months
Billing Interval: Annual
Billing Type: Advance
Payment Terms: Due on receipt

Service:

Billing Type: Advance
Payment Terms: Due on receipt

Hardware:

Billing Type: Ready For Shipment
Payment Terms: Due on receipt

Terms and Conditions

<https://remotelock.com/agreements-and-terms/>

The Start Date for an initial subscription is the later of the specified Software Subscription Start Date or the Date of Signature. Renewed and Amended contracts honor the start date specified in this agreement.



RemoteLock
100 E Tennessee Ave,
Denver, Colorado 80209
United States

Order Form
Expires On: 4/12/2026
Sales Rep: Scott Landen
Email: slanden@remotelock.com
Quote Number: Q-17250

Section 11, ItemA.

AGREED AND ACKNOWLEDGED

Cool City Motel

Signature _____

Name _____

Business Title _____

Date _____



Two Rivers Main Street
Sign and Façade Improvement Matching Grant Program

Introduction

The Sign & Façade Improvement & Restoration Matching Grant Program is a project of Two Rivers Main Street and is administered by the Design Committee in coordination with the Two Rivers Main Street Board of Directors.

The mission of the Two Rivers Main Street program is to improve the community’s quality of life by strengthening the downtown as the heart of the community. One feature of that mission includes assisting businesses and building owners who want to restore the exterior appearance of their buildings.

The Two Rivers Main Street Sign & Façade Improvement & Restoration Matching Grant program provides financial assistance for that very purpose by providing money to commercial property owners or business owners (with property owner approval) to encourage historic restoration projects of building facades and to enhance the building’s overall exterior appearance.

Historic Building Improvements

All structural and decorative elements should be repaired or replaced to match or be compatible with the original materials and design of the building to the greatest extent possible. Buildings and projects should reflect and complement the character of downtown Two Rivers as much as possible.

Eligible Project Area

The eligible project area includes those buildings with street frontage within the Two Rivers Main Street Business Improvement District. Eligible improvements shall be visible from public right-of-way.

Available Funding - Total grant amount of \$20,000 may be distributed

Facade Improvements: A 50 percent reimbursement up to \$10,000 of the actual costs for the facade and/or related exterior rehabilitation expenses. Applicants must match the grant amount with funding from other sources, either public or private.

Sign, Awning, & Lighting: A 50 percent reimbursement up to \$1,250 of actual costs associated with the replacement of existing awnings, lighting, and/or signage or installation of new signage, awnings, or lighting.

Awards of up to \$1,250 for signs or \$10,000 for facades may be given. A split combination of lesser grant amounts equal to a maximum of \$10,000 for the 2024 grant year may be awarded instead.

Eligible Activities/Expenses

Items include, but are not limited to:

- Repair to building exterior facades
- Masonry repair
- Exterior painting
- Cornices, entrances, doors, windows, decorative detail, awnings, canopies
- Signs, window display areas
- Lighting or similar enhancements
- Outdoor dining areas
- Other repairs that may improve or restore the historic appearance of the building

Ineligible Activities/Expenses

Items include, but are not limited to:

- Interior improvements
- Roofing
- Additions to existing structures
- Sidewalks
- Parking lots
- Purchase of interior furnishings or equipment
- Improvements completed or in progress prior to notification of approval
- Repair or creation of features not compatible with original architecture
- Sweat equity

Rules and Requirements

1. Completed applications for the first round of grants this year will be accepted until Monday, April 8, 2024. Incomplete applications will be returned to the applicant.
2. Eligible businesses must be currently open or must open within six months of submitting the grant application. Any new business receiving grant money that is not open and operating within six months of the signed award letter may be subject to forfeiture of the grant funds awarded.
3. All work requesting grant assistance must be done on front façade of building, unless approved by the Two Rivers Main Street Design Committee during the application review process.
4. Property/business applying for grant assistance must be an independently owned business or not-for-profit 501(c)(3) based in Two Rivers, Wisconsin.
5. Work must be completed within six months of the signed award letter. An extension may be granted with approval of the TRMS Board of Directors.
6. Any property or business owner with proper authorization may apply for a facade grant if the building is located in the eligible project area.
7. All work must comply with existing zoning regulations and/or sign ordinances.
8. All work must receive design approval from the Two Rivers Main Street Design Committee to be eligible for a sign/facade grant. Applicant is responsible for ensuring compliance with city ordinances.
9. All exterior code deficiencies or violations and imminent health and safety hazards must be corrected in conjunction with the sign/facade renovation.
10. Applicants shall be responsible for all construction management and contracting work as well as obtaining any necessary building permits if necessary and comply with all applicable local, state, and federal codes. (Available through Two Rivers City Hall)
11. 4 year grant repayment plans if property is sold. Within the first year, 100%, second year, 75%, third year, 50% and fourth year, 25%.
12. Name of business, location, and/or before and after photos may be used on behalf of Two Rivers Main Street for advertisement or publicity.

Application Process

For assistance with the application process, contact the Two Rivers Main Street office. The following items are required for a complete application.

Application

The purpose of the application and required attachments is to provide the Design Committee with all relevant information needed to make an appropriate recommendation to the Two Rivers Main Street Board of Directors concerning funding. The application form is included in this document. The required attachments include:

- Completed application form.
- A minimum of two quotes from appropriately licensed and insured contractors or vendors where required by city codes (The Two Rivers Main Street Board of Directors reserves the right to require additional quotes).
- Only quotes submitted with application may be used for completion of job.
- A current photo of the project area.
- An illustration showing what the project area will look like after the proposed improvements are made.
- A rendering of the façade improvement provided by the WI Main Street office may be required for façade grants.
- Proof of payment for all applicable property taxes.
- Proof of ownership or documented authorization from owner.

Applicants may also wish to provide color swatches, material samples, and catalog photos etc. in order to illustrate the proposed work

Design Committee Recommendation

The Design Committee will review all completed applications at the April Design Committee meeting. The Design Committee will make a recommendation to the Board of Directors to award or decline the application based on the prior stated criteria.

Board of Directors

The Board of Directors has full fiscal authority for all funds of the Two Rivers Main Street and therefore makes all final decisions regarding fund expenditures related to the Sign & Façade Improvement & Restoration Grant Program. Decisions of Board of Directors regarding funding for Sign & Façade Improvement & Restoration Grant Program applications are final.

Award Letter

If an application is approved, the Board of Directors will provide the applicant with an Award Letter. The Award Letter will include a *maximum* dollar amount which will be reimbursed. Actual reimbursement may be 50% of the total costs up to the maximum amount in the Award Letter. No project work may be done prior to both parties signing the Award Letter. If work is begun prior to the final approval, no funds will be released. Notification will also be sent to applicants that were not selected for grant approval.

Project Work

Once a representative of Two Rivers Main Street and the applicant have signed the Award Letter, work on the project may begin. All work outlined in the grant application must be completed no later than six months following the date of the Award Letter.

If, at any time during the course of carrying out the project work, the applicant finds he/she is unable to substantially adhere to the work as described in the application, work should be halted as soon as is reasonable and the Design Committee should be informed immediately. Work should not be resumed until the Design Committee has provided written approval of the revised project.

A request for an extension of the project completion deadline may be made to the Design Committee in writing.

Reimbursement Process

A Request for Reimbursement form must be delivered to the Two Rivers Main Street office no later than six months following the date of the Award Letter unless the applicant has received an extension of the deadline for project work completion. This form **must** be accompanied by the following attachments.

- Copy of receipt or paid invoice for all items for which reimbursement is requested
- Photos of completed project area

All documents will be reviewed by the Design Committee at the next meeting following receiving the documents at the Two Rivers Main Street office.

No funds will be disbursed:

- Without a completed Request for Reimbursement form and all required attachments.
- If completed work does not accurately reflect the work outlined in the grant application.
- Until a Two Rivers Main Street board member has visually inspected the project area according to project criteria.

Applicants should submit the Request for Reimbursement form after completion of all work; no interim payments will be dispersed.

Please send your completed application and accompanying materials to:

Two Rivers Main Street, P.O. Box 417, Two Rivers, WI 54241

Or deliver your application to the Two Rivers Main Street office located at 1608 Washington St.

If you have any questions about this application, please contact:

Jason Ring
Director

Two Rivers Main Street
920-794-1482

director@tworiversmainstreet.com



Sign & Façade Improvement & Restoration Grant Program Application

Applicant Name: James Van Lanen Jr Business Name: Lighthouse Inn, Inc.

Business Address: 1515 Memorial Drive Two Rivers, WI 54241

Phone: 920-793-4524 E-Mail: jim@lhinn.com

Property Owner (if different than above): James & Barbara Van Lanen Phone: 920-793-4524

Names of all owners on title of property: (all owners must sign application)
James & Barbara Van Lanen

Proposed project start date: 5-15-2026 Proposed project completion date: 6-15-2026

Description of project:
Replace existing outdoor signage 1) 3' x 36' 2-sided LED lighted sign panels 2) 6' x 8' 2-sided front highway sign panels 3) 6' x 15' Back-lit restaurant sign 4) Re-paint bike trail sign / Replace existing LED flood lights and outdoor dining cans

Project Budget. List individual project elements (Awning, painting of trim, etc.)

Item <u>3' x 36' 2-sided lighted roof sign panels</u>	Cost <u>7,680.00</u>
Item <u>6' x 8' 2-sided front highway sign panels</u>	Cost <u>1,899.00</u>
Item <u>6' x 15' Back-lit restaurant sign panel</u>	Cost <u>2,263.00</u>
Item <u>Bike trail sign - repaint</u>	Cost <u>500.00</u>
Item <u>Replace existing outdoor flood lights with LED</u>	Cost <u>8,700.00</u>
Item _____	Cost _____
Item _____	Cost _____
Item _____	Cost _____
Total Cost: <u>21,042.00</u>	

The undersigned applicant affirms that information provided within this application form is true and complete to the best of the applicant's knowledge. The applicant further affirms an understanding of the sign & facade grant program and agrees to abide by its terms and conditions as outlined in the application packet.

Signature: *James Van Lanen Jr* Date: 3-26-2026
 Signature: *Barbara J. Van Lanen* Date: 3-26-2026

This application form must be fully completed *with the requested attachments*. Incomplete application forms will not be considered. All other forms and documents for this grant may be signed by the applicant and will not require additional owners' signature(s).

OPTION 1 - LIGHTS

Lighting Quote - Northern Lights Electric

3	400	1200	lake-pole
26	195	5070	roof
6	55	330	outside dining
<hr/>			
35	60	2100	Installation
		8700	TTLS

OPTION 2 - LIGHTS

On-line SuperBrightLEDs.com

300W	3	241	723
150W	26	163	4238
Cans	6	40	240
<hr/>			
Install	35	60	2100
			7301

OPTION 1 - SIGNS

Creative Signs	7680
Lucky Signs	1899
Lucky Signs	2263
Re-paint	500
	<hr/>
	12342

OPTION 2 - SIGNS

Lucky Signs	8550
Creative Signs	2900
Creative Signs	2650
Re-paint	500
	<hr/>
Sign Total	14600

21042

Project Total

21901

Craig Smidel <luckysignsandgraphics@gmail.com>
To: James Van Lanen <jim@lhinn.com>

Tue, Nov 18, 2025 at 5:56 PM

Thanks for your patience on this. Here are some rough numbers for you.

1. (1) Backlit panel 6'x15' \$2145 + tax (I'll need the old sign as a pattern)

2. (2) 6'x8' Jbond sign \$900 each + tax

3. Fabric sign 3'x36' \$8550 + tax.

4. 8'x20' (Please call to discuss this one) These prices are for printing, lamination and wrapping only.

You will need a treated wood backer that is primed and cleared.

Full reflective print \$3600 - \$3800 plus tax

Regular print \$2500-\$2800

Thanks.

Craig Smidel

Lucky Signs and Graphics

[329 South State Street](#)

[Mishicot WI, 54228](#)

920-654-2233

PROOFS: PLEASE PROOFREAD AND CHECK FOR ERRORS. (Spelling, size, colors, ETC) Once a proof is approved, verbally or by email, it will go into production. IN SOME CASES - IMMEDIATELY!

Once approved, changes of any kind can no longer be made.

ONCE A PROOF IS APPROVED YOU ARE RESPONSIBLE FOR ANY MISTAKES FOUND AFTER PRODUCTION. NO REFUNDS ARE GIVEN.

Please note that we work on a first person to approve system. It is important to respond back in a timely manner to keep your project moving forward. Failure to respond timely, may delay your project.

Store front hours: Monday 10-4
Tuesday 10-6
Wednesday By Appointment Only
Thursday By Appointment Only
Friday By Appointment Only
Closed Saturday and Sunday
Available by Appointment





Quote No. 107334

March 18, 2026
Page 1 of 2

Accounts Lighthouse Inn

Reference Rooftop Face Replacement

Bill to
Lighthouse Inn
Mr. James Van Lanen
1515 Memorial Dr
Two Rivers, WI 54241
US
T: 920-793-4524
Email: jim@lhinn.com

Ship to
Lighthouse Inn
Mr. James Van Lanen
1515 Memorial Dr
Two Rivers, WI 54241
US
T: 920-793-4524
Email: jim@lhinn.com

Valid Until	04/17/2026	Revision Date	03/18/2026	Lead Time	5 - 6 weeks	SR	Kaitlyn Parsons
F.O.B.	N/A	Revision No		Ship Method	Install	PM	Kaitlyn Parsons
Terms	Down Payment Required						

No.	Item	Description	Qty	UOM	Unit Price	Extension
1.	Survey	On premise site survey and complete field verification.	1	Each	450.00	450.00
2.	Signage	(2)TWO 3'-0" x 36'-0" Flex Faces for (1)ONE D/F Illuminated Cabinet	2	Each	1,780.00	3,560.00
3.	Install	Installation of signage	1	Each	3,270.00	3,270.00
4.	Permit Fees	Permitting Fees: Final Price TBD	1	Each	0.00	0.00

The Quote amount may NOT include sales tax, permits, obtainment fees, parking, warning lights, engineering, primary wiring, or final electrical connection unless specifically stated. Engineering cost if required to be paid by customer. Unforeseen/difficult digging conditions will be billed to customer. If pre wiring is required additional charges may apply. All signs are wired at 120 volts unless otherwise specified in writing.

Subtotal 7,280.00

Payment Terms: 75% down payment is required, balance due upon completion. 1.5% interest on all balances over 30 days. Client agrees to reimburse Creative Sign Co. for the reasonable attorney's fees, costs, and necessary disbursements incurred by Creative Sign Co. to collect any amount client fails to pay to Creative Sign Co. Credit Cards are accepted and a 3% convenience fee will be charged for all credit card transactions.

Sign project will be placed into production after receipt of all the following: 1) Signed proposal acceptance, 2) signed drawing approval, 3) down payment, and 4) permit approval, if required. Approximately one week after receipt of these requirements, an estimated completion date will be communicated to the Client. No project will be started until down payment has been received, unless prior arrangements have been made. All material is guaranteed to be as specified. Two year warranty on all parts and labor on new signs excluding lamps on electric signs. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from the above specifications will be executed only upon written change order(s) , and will become an extra charge, to be paid by the Client, over and above the proposal amount. All agreements contingent upon strikes, accidents or delays beyond our control. Final price of sign may increase due to site conditions, sizing requirements, and attachment method based on the field survey size taken prior to production upon sale of signage. Failure to tender final payment on due date may void guarantee. Our workers are fully covered by Worker's Compensation Insurance. All attorney and court fees to be paid by buyer if this is disputed in a court of law.

This proposal does not become effective until signed and dated by Creative Sign Co. and may be withdrawn

continued on next page



Quote No. 107334

March 18, 2026

Page 2 of 2

Accounts Lighthouse Inn

Reference Rooftop Face Replacement

if not accepted within thirty (30) days. The prices, specifications, terms, and conditions contained herein are satisfactory and are hereby accepted. Creative Sign Co. is authorized to do the work as specified. Payment will be made in accordance with the terms above.

Sales Tax (5.5 %)	400.40
Total (USD)	7,680.40

Quote Valid Until: April 17, 2026

By signing below, I approve and authorize this quote and acknowledge that I have read and agree to the attached terms and conditions.

Kaitlyn Parsons 03/18/2026
Submitted by **Date**

Approved by **Date**

Print Name



505 LAWRENCE DR. DE PERE, WI 54115
920.836.8900 CREATIVESIGNCOMPANY.COM

CLIENT: LIGHTHOUSE INN

LOCATION: 1515 MEMORIAL DR, TWO RIVER, WI

DRAWN BY: BILL V

SALESPERSON: KAITLYN P

DATE: 03/12/2026

LEAD #: 6097

PAGE: 1

REVISION LOG: INTL DATE DESCRIPTION

... 00/00/0000

NEW FACES FOR EXISTING SIGN

QUANTITY: (1) EXISTING D/I ILLUMINATE SIGN

LIGHTING: EXISTING

CABINET: EXISTING

RETAINER: EXISTING BLEED

NEW FACE: FLEX

GRAPHICS: DIRECT DIGITAL PRINT, 1ST SURFACE

FONT: MVRAD PRO BLACK SEMIEXTENDED

INSTRUCTION: REMOVE & DISPOSE OF EXISTING FACES.

PRODUCE AND INSTALL NEW FACES

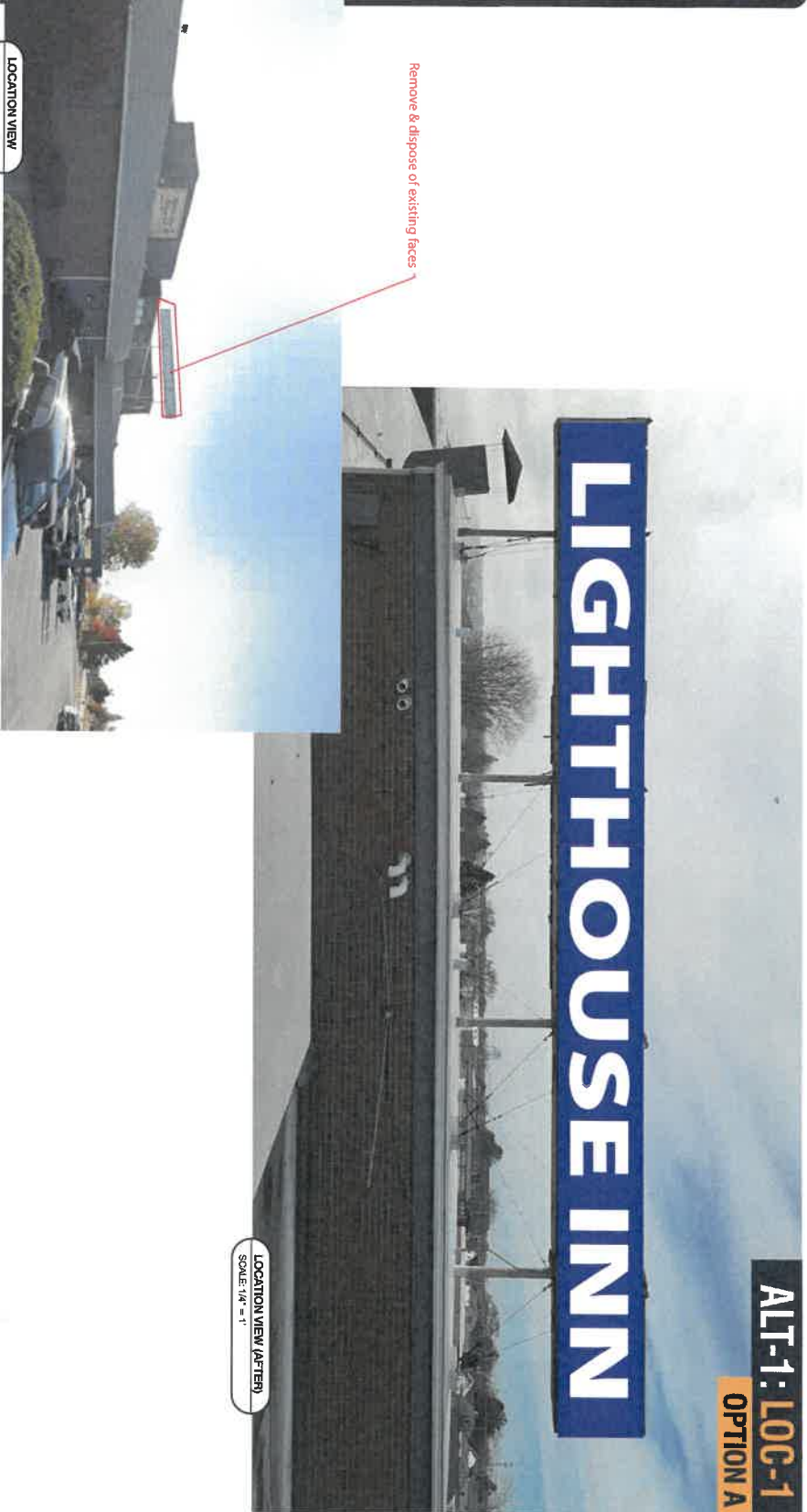
COLORS:

C-1 PMS 672C

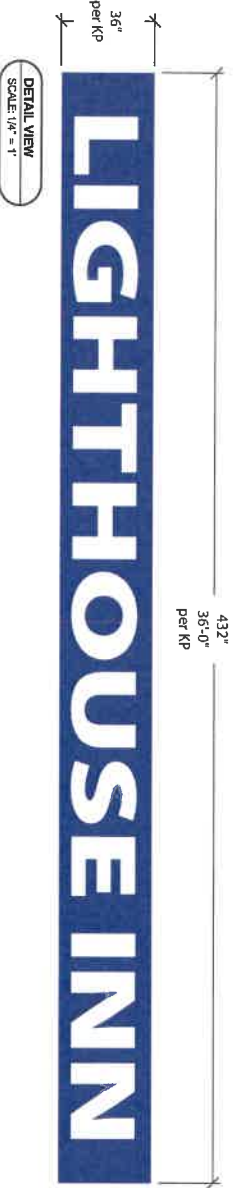
C-2 WHITE

CUSTOMER SIGNATURE FOR DESIGN APPROVAL

SIGNATURE: _____ DATE: _____



ALT-1: LOC-1
OPTION A



LOCATION VIEW
SCALE: 1/4" = 1'

LOCATION VIEW (AFTER)
SCALE: 1/4" = 1'

THIS DRAWING IS THE PROPERTY OF CREATIVE SIGN CO. INC.

This is an original, unduplicated drawing by Creative Sign Co., Inc. It is for your personal use, in conjunction with a contract for the manufacture of a sign. It is not to be shown to anyone outside of your organization nor is it to be used, reproduced, copied or otherwise transmitted in any form without the written permission of Creative Sign Co., Inc. It is forbidden by law and carries a civil forfeiture of up to 25% of the purchase price of the sign. CONTACT YOUR SIGN CONSULTANT TO PURCHASE THE RIGHTS TO THIS DESIGN.

CONCEPTUAL DRAWING ONLY

All sizes and dimensions are illustrated for client conception in the project and are not exact scale. Renditions, including lighting effects, graphics, and coloration, are an approximation.

CUSTOMER RESPONSIBILITIES

Please review all drawing details closely, as Creative Sign will produce signs as approved drawing indicates. Some changes may occur based on production needs. While Creative Sign will make every effort to closely match colors, including PMS, where specified, we cannot guarantee exact matches due to varying compatibility of surface materials and paints used.





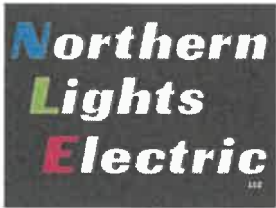








Northern Lights Electric
3393 Hempton Lake Rd
Cato, WI 54230
9209732754
northernliteselectric@gmail.com



Estimate

ADDRESS

The Lighthouse Inn
The Lighthouse Inn
1515 Memorial Drive
Two Rivers
WI
54241

ESTIMATE # 1666
DATE 03/25/2026

ACTIVITY	AMOUNT
<p>Electrical 12,750.00</p> <p>Remove and recycle existing exterior lighting Install 26 LED floodlight in existing floodlight locations Install two new LED fixtures on existing parking lot light pole Replace lakeside rooftop floodlight with equivalent flood, matching existing on rooftop Replace existing recessed can lights with new LED trims Permit fee included</p>	
<p>Price includes \$3300 fixture allowance to replace existing coach lights around building. Customer to use this allowance to provide coach lights., 1 @ \$12,750.00</p>	
<p>With acceptance of this estimate please sign and return with 50% down payment. Remaining Balance will be due at completion of job. 1.5% service fee will be added to all unpaid balances.</p>	<p>TOTAL \$12,750.00</p>
	<p>LESS: coach lights and installation of them. -4,050.00</p>
<p>Accepted By</p>	<p>Accepted Date \$8,700.00</p>



150W LED Parking Lot Light - 400W Metal Halide Equivalent - 20,250 Lumens - 5000K - Type III-M Distribution - Knuckle Slipfitter Mount - Includes Photocell

Part Number: PLLD4-50K150W-ALT3BR1-SF-JL

Overview Specifications Accessories

Features

- Type III-M Light distribution
- Increase energy savings with optional photocell
- Multiple mounts available
- DLC 5.1 Premium

View more details
See our full selection of PLLD4 series parking lot lights.

Ask About This Product Get instant AI-powered answers

type your question...

\$162.99 ea.

Photocell Options **Includes Photocell**

Includes Photocell | No Photocell |

Mounting Option

Knuckle Slipfitter Mount

GET 10% OFF

PHOTOCELL METALLIC MOUNT OPTION HIGH METALLIC PROTECTIVE COATING



300W LED Parking Lot Light - 1,000W Metal Halide Equivalent - 40,500 Lumens - 5000K - Type III-M Distribution - Knuckle Slipfitter Mount - Includes Photocell

Part Number: PLLD4-50K300W-ALT3BR1-SF-JL

★★★★★ (10) Overview Specifications Accessories

Features

- Type III-M Light distribution for sidewalk or perimeter applications
- Optional photocell for dusk-to-dawn operation
- Multiple mounts available
- DLC 5.1 Premium

[View more details](#)

See our full selection of PLLD4 series parking lot lights.

Ask About This Product Get instant AI-powered answers
Type your question...

\$240.99 ea.

Mounting Option

Knuckle Slipfitter Mount

Photocell Options Includes Photocell

Includes Photocell | No Photocell

Offline
Email Us Anytime

GET 10% OFF

PHOTOCELL INSTALLATION MOUNT OPTIONS PRE-INSTALLED PHOTOCELL

Home / Industrial & Commercial LED Lighting / Commercial Interior Lighting / Commercial Recessed Downlights



GET 10% OFF

6" LED Commercial Recessed Downlight - Selectable CCT - Selectable Wattage - Dimmable - Up to 2,970 Lumens

Part Number: CDL6D-SW5A-SP27W

Overview Specifications Accessories

Features

- Field-selectable CCT: 2700K, 3000K, 3500K, 4000K, or 5000K
- Field-selectable wattage: 13W, 19W, or 27W
- IC rated for direct contact with insulation
- Spring clips allow direct ceiling installation
- Versatile and energy-efficient replacement of CFL lamps
- 120-347 VAC standard input

View more details

Ask About This Product Get instant AI-powered answers

Type your question...

\$39.99 ea.

In Stock

- 1 + [Add to Cart](#)

[Request a Quote](#) [Offline](#)
Email Us Anytime

Form **AB-200**

Alcohol Beverage License Application

For Municipal
 Municipality **City of Two Rivers**
 License Period **04/2026 - 04/30/2026**

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

- Class "A" Beer \$ 50.00
- Class "B" Beer \$ ~~100.00~~ ²⁵ 75.00
- "Class A" Liquor \$ 500.00
- "Class B" Liquor \$ ~~275.00~~ ³⁰⁰ 75.00
- "Class A" Liquor (cider only) \$ 0.00
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ 100
Background Check Fee	\$ 0.00 ³⁵ <u>35</u>
Publication Fee	\$ 20.00
Total Fees	\$ 155

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Uncorked Book Lounge LLC			
2. Business Trade Name or DBA —			
3. FEIN 41-38116067		4. Wisconsin Seller's Permit Number 456-1032248135-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 1/22/2026	8. Wisconsin DFI Registration Number U026187
9. Premises Address 11610 Washington Street			
10. City Two Rivers		11. State WI	12. Zip Code 54241
13. County Manitowoc		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers	15. Aldermanic District N/A
16. Premises Phone (920) 629-4057		17. Premises Email uncorkedbooklounge@gmail.com	18. Website TBD
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Commercial storefront/retail space on the first floor of larger building located at 11610 Washington Street. Alcohol will be sold and consumed in retail space. All records will be in retail space. Alcohol will be stored in locked basement room.			
20. Mailing Address (if different from premises address) 7059 Tannery Road			
21. City Two Rivers		22. State WI	23. Zip Code 54241

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- 4a. Name of Business Entity _____ 4b. Business Entity FEIN _____
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Paczkowski	Carrie	Owner	920-973-0073

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Paczkowski	First Name Carrie	M.I. D.
Title Owner	Email carriepaczkowski@gmail.com	Phone 920-973-0073
Signature Carrie Paczkowski	Date 3/11/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 03/11/2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Uncorked BOOK Lounge LLC

2. Business Trade Name or DBA
—

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

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

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

Part B: Agent Information

1. Last Name Paczkowski 2. First Name Carrie 3. M.I. D.

4. Email carriepaczkowski@gmail.com 5. Phone

6. Home Address 7059 Tannery Road

7. City Two Rivers 8. State WI 9. Zip Code 54241 10. Age 08/08/1974

11. Drivers License/State ID Number [Redacted] 12. Drivers License/State ID State of Issuance WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

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

Continued →

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	Paczkowski	First Name	Carrie
		M.I.	D.
Title	Owner	Email	carriepaczkowski@gmail.com
		Phone	920-973-0073
Signature	Carrie D. Paczkowski		Date
			3/11/26

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	Paczkowski	First Name	Carrie
		M.I.	D.
Signature	Carrie D. Paczkowski		Date
			3/11/26

Form AB-100

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information
1. Legal Business Name (individual name if sole proprietor) Uncorked Book Lounge LLC
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 Paczkowski 2. First Name Carrie 3. M.I. D.
4. Relationship to Business (Title) Owner 5. Email carriepaczkowski@gmail.com 6. Phone 920-973-0073
7. Home Address 7059 Tannery Road
8. City Two Rivers 9. State WI 10. Zip Code 54241 11. Date of Birth 08/08/1976
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance WI

Part C: Address History
1. Do you currently reside in Wisconsin? Yes No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 24 Months 10
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
WI Manitowoc MN Hennepin

Continued ->

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature Camie D. Paczkowski Date 3/11/20

Serving Alcohol

is proud to present this certificate to

Carrie Paczkowski

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at servingalcohol.com

Verification Code
sRRI6csKOR

Date Issued
Jan 27th, 2026

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Carrie Paczkowski

Certification Date: Jan 27th, 2026

Certificate Code: sRRI6csKOR

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



**TWO
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WISCONSIN

Section 11, Item D.

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

Date: March 31, 2026
 To: City Council
 Kyle Kordell, City Manager
 From: Matthew R Heckenlaible, PE, City Engineer / Public Works Director *MJH*
 Re: Bid Award Recommendation: Contract 1-2026 2026 Utility Improvements
 – STH 42/Lincoln Avenue Water Main Improvements

Four (4) bids were received and opened on March 26, 2026, for Contract 1-2026 for replacement of water main located on the east side of STH-42 / Lincoln Avenue from around 35th Place north approximately 2,200 feet to the north.

Town & Country, Consulting Engineer's Bid Tabulation and recommendation memo is attached. I concur with the recommendations of Town & Country, Consulting Engineers to award the contracts to the respective Low Bidder:

Contract	Eng. Cost Estimate	Low Bid Amount	Contractor
1-2026	\$567,850.00	\$349,985.00	Vinton Construction Comp.

WDNR Safe Drinking Water Loan funding will be the primary source of revenue for this project.

Should any questions arise, please contact me at your earliest opportunity.



www.two-rivers.org



920.793.5539



920.793.5537



Lift Assist Ordinance Informational Brief & FAQ

Overview of the Issue

The Two Rivers Fire Department is experiencing a growing operational and financial concern related to the increasing number of non-emergent lift assist calls originating from skilled care and assisted living facilities.

Skilled care facilities are licensed and staffed to meet the routine care needs of their residents, including safe patient handling. However, the Fire Department is increasingly being utilized for non-emergency lift assist services that fall within the expected responsibilities of these facilities.

Call Data Highlights

- Approximately 20% of all EMS calls are fall-related
- January 2025 – March 17, 2026: 79 incidents were for lift assist calls at care facilities
- 2026 data indicate this trend is continuing

These non-emergent calls require personnel, apparatus, and time that could otherwise be dedicated to critical emergencies, impacting system readiness and shifting costs to taxpayers.

Proposed Policy

It is recommended that the city adopt an ordinance (3-1-15) authorizing the Fire Department to bill skilled care facilities directly for non-emergency lift assists and similar service calls where no transport is required.

Key Definitions

Third-Party ALS Assist

A non-emergency response where Fire Department personnel provide assistance within ALS capabilities to a patient under the care of a licensed facility, without transport.

- Occurs in nursing homes, assisted living, CBRFs, etc.
- Facility staff retain responsibility for patient care
- Includes lift assists, repositioning, and condition checks
- Billed to the facility





Patient Assessment / Assist

A response involving medical evaluation and care where transport is not required or is refused.

- Occurs in private residences or public locations
- Includes vitals, medical assessment, and treatment
- Billed to the patient or their insurance

Benefits of the Proposed Ordinance

- Encourages proper staffing and resource allocation within care facilities
- Reduces unnecessary strain on emergency services
- Improve availability for high-priority incidents
- Establishes a fair and consistent cost recovery mechanism
- Aligns with practices adopted by other municipalities

Frequently Asked Questions (FAQ)

Q: Will this policy limit emergency response to care facilities?

A: No. The Fire Department will continue to respond to all emergency calls. This policy applies only to non-emergent situations where no transport or urgent care is required.

Q: Why should facilities be billed instead of taxpayers covering the cost?

A: These services fall within the routine care responsibilities of licensed facilities. Billing ensures that public funds are used appropriately and not subsidizing private operational needs.

Q: How are non-emergency calls determined?

A: Calls are categorized based on established criteria, including patient condition, location, and whether emergency medical intervention or transport is required.

Q: Will this create a financial burden on facilities?

A: The policy encourages facilities to maintain appropriate staffing and equipment to handle routine care needs internally, reducing the need for repeated calls.

Q: Is this approach used elsewhere?

A: Yes. Many departments have implemented similar billing practices to manage increasing demand and ensure sustainable emergency response operations.

Conclusion

This proposal is not intended to restrict service, but to ensure that emergency resources are used appropriately and remain available for true emergencies. Establishing a billing ordinance for non-emergent lift assists promotes fairness, accountability, and long-term sustainability of public safety services.



CITY OF TWO RIVERS

ORDINANCE

An Ordinance to amend Section 3-1-15 and Section 1-2-1 of the Municipal Code of the City of Two Rivers regarding Fire Department Third-Party ALS Lift Assist Fee

The Council of the City of Two Rivers, Wisconsin, ordains as follows:

SECTION 1. Section 3-1-15 of the Municipal Code of the City of Two Rivers, Wisconsin, is hereby amended to read as follows:

3-1-15: Fire Department Lift Assist Fees.

The Fire Department is authorized to charge and collect fees for responding to non-emergency requests for lift assistance for third-party nursing facilities. The specific amount of such fee shall be as established in the City Fee Schedule under Section 1-2-1 of this Code. No lift assist fee shall be charged if the incident results in patient transport for emergency medical care or when otherwise waived by the Fire Chief.

“ALS assist” means a response in which personnel provide assessment, care, assistance, or support within the scope of Advanced Life Support (ALS) capabilities, including but not limited to lift assistance, patient evaluation, or standby services, regardless of whether ALS-level treatment or transport is ultimately required. Fees under this section shall be billed exclusively to a third-party entity responsible for the care of the individual at the time of service, including nursing homes, assisted living facilities, or similar institutions.

SECTION 2. Section 1-2-1 (Fee Schedule) of the Municipal Code of the City of Two Rivers, Wisconsin, is hereby amended to add the following fee under the Fire Department section:

Third-Party ALS Assist Fee: \$250 per incident

SECTION 3. This ordinance shall take effect and be in force from and after its passage and publication as required by law.

Adopted by the Council of the City of Two Rivers, Manitowoc County, Wisconsin this _____ day of April, 2026.

Scott Stechmesser
President, City Council

Kyle Kordell
City Manager

Attest:

Amanda Baryenbruch, City Clerk

Approved as to form and legality:

Sean P. Griffin
City Attorney

CITY OF TWO RIVERS

ORDINANCE

An Ordinance to amend Title 2, Chapter 2-4 of the Municipal Code of the City of Two Rivers, Wisconsin, regulating Municipal Judges and Title 1, Chapter 1-2 of the Municipal Code regulating Fees, based on the recommendation of the City Manager:

The Council of the City of Two Rivers, Wisconsin, ordains as follows:

SECTION 1. Section 2-4-1(K) of the Municipal Code of the City of Two Rivers, Wisconsin, is hereby amended as follows:

Collection of forfeitures and costs. The municipal judge may impose punishment and sentences as provided by Wis. Stats. Chs. 800 and 938, and as provided in the ordinances of the municipalities that are parties to the agreement. All forfeitures, fines, and taxable costs in any action or proceeding before the municipal judge shall be collected by the chief of police of Two Rivers. The chief shall pay forfeitures collected to the Two Rivers City Treasurer on the fifth business day succeeding his receipt thereof.

As authorized by Wis. Stats. § 814.65(1), the fee for a municipal court action is hereby established at \$48.00. Of this amount, \$5.00 shall be paid to the State of Wisconsin and \$43.00 shall be retained by the City of Two Rivers to be used for the payment of the cost of operating the municipal court. This fee applies to most municipal court actions, including but not limited to, cases where the defendant pleads guilty or no contest, fails to appear in court, or is found guilty after a trial.

SECTION 2. Section 1-2-1 of the Municipal Code of the City of Two Rivers, Wisconsin, is hereby amended to add the following fee:

2-4-1	Municipal Court Fee	\$48
-------	---------------------	------

SECTION 3. This ordinance shall take effect and be in force following its passage and publication as required by law.

Adopted by the Council of the City of Two Rivers, Manitowoc County, Wisconsin this ____ day of _____, 2026.

Scott Stechmesser
President, City Council

Kyle Kordell
City Manager

Attest:

Amanda Baryenbruch, City Clerk

Approved as to form and legality:

Sean P. Griffin
City Attorney



**TWO
RIVERS**
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**CITY OF TWO RIVERS,
WISCONSIN
CODE OF CONDUCT FOR
ELECTED OFFICIALS
ADOPTED: _____**

TABLE OF CONTENTS: CODE OF CONDUCT FOR ELECTED OFFICIALS

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This Code of Conduct is adopted pursuant to authority granted to the Council under Wis. Stat. §62.11(3)(a) and (e), applicable to the Council under Wis. Stat. §64.07(1), and Wis. Stat. §19.59(1m) and (4). The applicable provisions of Wis. Stat. §19.59, the statutory Code of Ethics for Local Government Officials, Employees and Candidates, and Wis. Stat. §946.13, prohibiting private interest in public contracts, are incorporated by reference in this Code.

This Code of Conduct shall apply to the Standing Committees of the Council described in Section 2-2-4 of the Municipal Code of the City, and their members.

SECTION 1: Purpose and General Policy

It is the policy of the City of Two Rivers to uphold, promote, and demand the highest standards of ethics from its elected officials.

Accordingly, members of the City Council shall maintain the utmost standards of personal integrity, trustworthiness, honesty, and fairness in carrying out their public duties. Councilmembers must comply with all applicable laws, avoid any improprieties in their roles as public servants, and never use their City position or authority improperly or for personal gain.

This Code of Conduct has been created to ensure that all officials have clear guidelines for carrying out their responsibilities and managing their relationships with each other, City staff, the citizens of Two Rivers, and all other private and governmental entities.

SECTION 2: Conduct with Elected Officials

- A. Civility and Decorum:** Difficult questions and criticism of ideas are legitimate elements of a free democracy, but Councilmembers must not be hostile, degrading, or defamatory when debating a contentious issue. Members should assume their colleagues have appropriate motives and the public’s interest in mind.

- B. Respectful Discourse:** Councilmembers shall not make belligerent, impertinent, slanderous, threatening, abusive, or personally disparaging comments in public meetings or individual encounters.
- C. Honor the Chair:** The Council President is responsible for keeping comments on track during meetings. Members must honor efforts to focus discussions on the current agenda.
- D. Attention to Proceedings:** Council Meetings should be devoted exclusively to the conduct of public business. Members should give their full attention to the agenda and refrain from conducting private business during meetings.

SECTION 3: Conduct with City Staff and the Public

Interactions with City Staff:

- A. Professionalism:** Councilmembers should treat all staff as professionals, utilizing clear, honest communication that respects the abilities and dignity of each individual.
- B. No Public Criticism:** Councilmembers shall never demean or personally attack an employee regarding their job performance in public, including statements to the media or on social media. Performance concerns must be forwarded privately to the City Manager.
- C. Respect Administrative Authority:** The Council shall not attempt to supersede the administration's powers by giving direct orders to the City Manager, Department Heads, or subordinate staff.

Interactions with the Public:

- A. Welcoming Environment:** Councilmembers are expected to treat citizens with care and respect, making every effort to be fair and impartial when listening to public testimony.
- B. Clarification over Debate:** Questions directed by Councilmembers to the public should seek to clarify or expand information, not to criticize or debate.
- C. Unofficial Settings:** Councilmembers must avoid making overt or implicit promises to the public that the Council will vote a certain way or that City staff will take specific actions.

SECTION 4: Prohibited Activity and Ethics

- A. Conflicts of Interest:** Councilmembers are expected to avoid conflicts of interest, as well as the appearance of conflicts, to ensure decisions are made in an independent and impartial manner. No member may use their position to obtain financial gain or anything of substantial value for themselves, their immediate family, or an associated organization.
- B. Anti-Discrimination and Harassment:** The City Council is committed to fostering a work and operational environment free of discrimination and harassment. No

Councilmember shall harass or make offensive comments based on race, color, sex, religion, age, disability, sexual orientation, gender identity, or national origin.

- C. **Representing the City:** When communicating with the media or speaking before another agency, members must clearly state whether their statement reflects a personal opinion or the official stance of the City.
- D. **Closed Sessions:** Councilmembers must hold all closed session information in strict confidence. Members shall not divulge any aspect of closed session deliberations unless expressly authorized by the Council or required by law.

SECTION 5: Complaint and Enforcement Procedure

- A. **Filing a Complaint** Any person who believes an elected official has violated this Code of Conduct may file a signed, written complaint with the City Clerk. To initiate the process, the complaint must clearly identify:
 1. The complainant's name and contact information.
 2. The name of the City official accused.
 3. A brief statement of the facts constituting the alleged violation, including the dates it occurred.

Note: A person who knowingly makes a false, misleading, or unsubstantiated statement in a complaint filed in bad faith may be subject to penalty.

B. **Mandatory Public Hearing**

The enforcement of this Code relies on peer accountability and transparency rather than formal judicial or quasi-judicial proceeding.

1. **Scheduling the Public Hearing:** If the City Clerk determines the filed complaint is complete, they will forward it to the City Council to schedule a mandatory public discussion.
2. **The Hearing:** The accused official will be called to appear before the City Council. Rather than an evidentiary trial with cross-examinations, the body will hold a guided, mandatory hearing regarding the facts of the complaint. The goal is to openly address the grievance, hear from the involved parties, clear up misunderstandings, and ensure future adherence to the Code. The Council shall allow for public comment, including comment from the complainant and the accused official, subject to the body's ordinary rules of discussion.
3. **Participation in Hearing:** Participation in the hearing shall be limited to the complainant, the accused official, any relevant witnesses identified by either party, and members of the City Council. No general public comment shall be taken during the hearing. The presiding officer shall have the authority to recognize speakers, maintain order, and ensure that all testimony remains relevant to the matters outlined in the complaint.

C. Penalties and Sanctions Following the discussion, the City Council will deliberate and determine what action, if any, is necessary. It is the intent of the Council to educate and, when necessary, discipline members using progressive measures. Sanctions require a majority vote (for censure) or an affirmative vote of 3/4 of the Council (for removal). Possible sanctions include:

1. An informal censure by the Council, made as part of a motion in a public meeting.
2. A formal censure by the Council, published in the City official newspaper.

SECTION 6: Communications and Technology

A. Use of Electronic Devices During Meetings

1. **Focus on City Business:** Electronic devices may be used during meetings as an alternative to printed materials or to look up information relevant to matters being considered by the Council but Council Members should not use their devices during meetings for things not related to City business.
2. **Public Records Warning:** Electronic communications (e.g., text, email, or instant messaging) sent or received by Council Members during a meeting may create public records subject to disclosure under Wisconsin's Public Records Law. If they relate to matters being addressed by the Council, they must be shared with the Council as a whole.

B. Social Media and Newsletters

1. **Differentiating Opinions:** When communicating on social media on matters within the authority of the City, Council Members should clearly differentiate between personal opinions and the official position of the City. Each Council Member represents one vote, and until a vote is taken, their positions are merely their own.
2. **Personnel Matters:** Councilmembers should not initiate discussions of City personnel issues or other matters regarding individual City staff on social media.

SECTION 7: Acknowledgement Statement

Upon or prior to the swearing-in of each newly-elected or re-elected member of the City Council, the City Clerk shall provide such member with a copy of this Code of Conduct and shall request their signed acknowledgement of having received and reviewed it.

Name: _____

Signature: _____

Date: _____



Sidewalk Repair Proposal



Presented to: Matt Heckenlaible
City of Two Rivers
Two Rivers Sidewalk Program Pilot 2026
Not yet submitted

Scott Prochaska • Project Manager • 920.636.8231 • Scott@notrippin.com • www.notrippin.com

Introduction

Not yet submitted

Matt Heckenlaible
City of Two Rivers
1717 E Park St
Two Rivers, Wisconsin 54241

Matt,

Thank you for the opportunity to present this proposal for sidewalk evaluation and trip hazard repair.

Review

1. The City of Two Rivers has requested Safe Step LLC evaluate sidewalk segments, identified by the City of Two Rivers, in priority order until the \$40,000 combined budget for saw-cut and replacements has been reached.
2. Upon reaching the budget, the evaluation will stop. If all of the priority areas are able to be included prior to reaching the budget, City of Two Rivers can provide additional sidewalk segments for evaluation.
3. Safe Step LLC will evaluate sidewalks for defects that present a trip hazard and are appropriate for saw-cutting repair based on the identification criteria on page 4.
4. Safe Step LLC will also evaluate sidewalks for defects that are not appropriate for saw-cutting repair and will require alternative repair methods.

Notable Proposal Contents

- Page 2: Execution Strategy
- Page 3: Priority Areas Map
- Page 4: Evaluation Criteria
- Page 7: Proposal Acceptance

Please let me know if you have any questions. We look forward to serving your needs.

Scott Prochaska
Project Manager
PO Box 411
Hortonville, WI 54944
920.636.8231
Scott@notrippin.com

Scott Prochaska • Project Manager • 920.636.8231 • Scott@notrippin.com • www.notrippin.com

Information contained in this proposal is proprietary and confidential, and is to be used solely by City of Two Rivers personnel in evaluating the project. Copying, unauthorized disclosure, reuse in any form is prohibited.

Execution Strategy

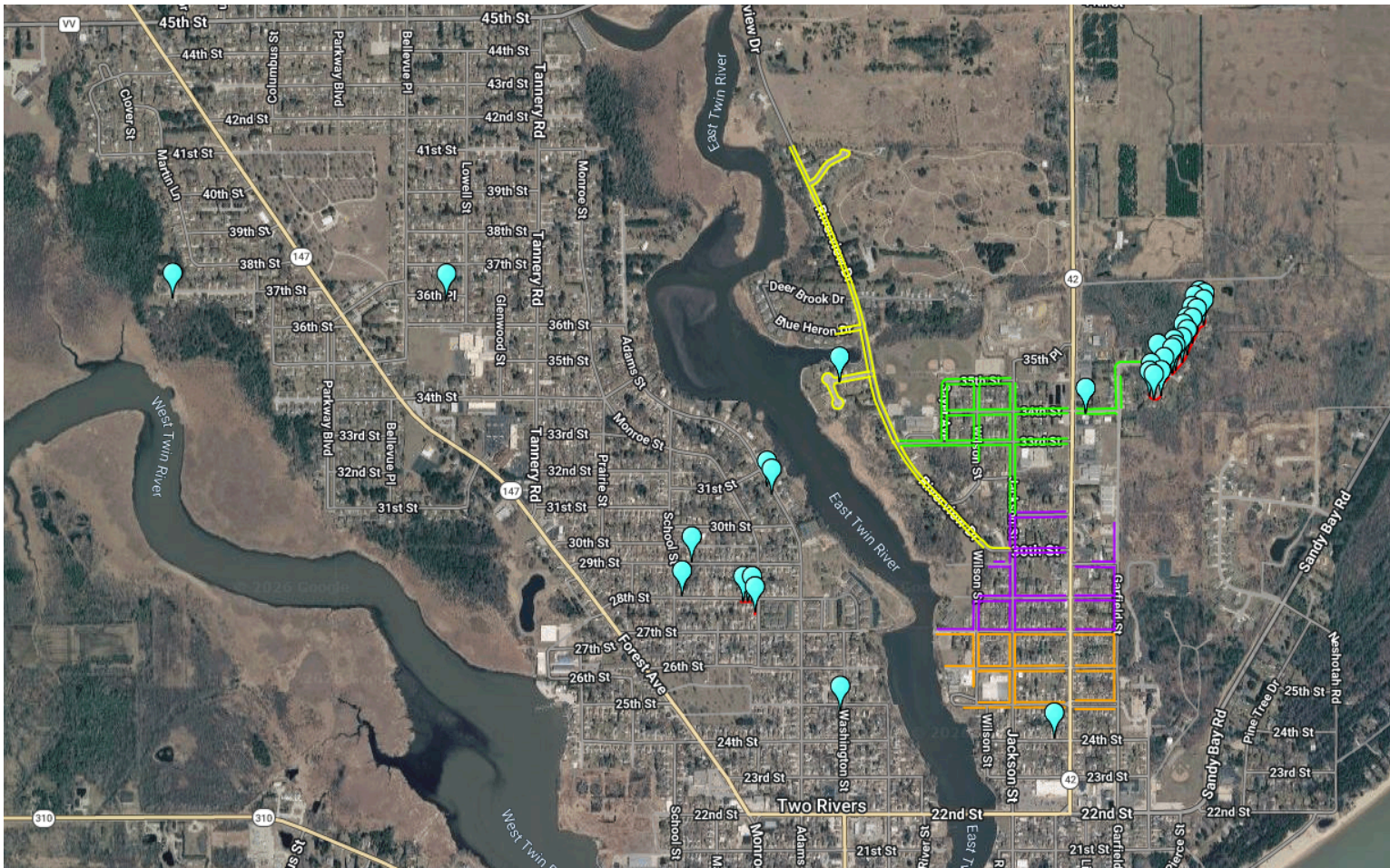
Based on our discussions, Safe Step will execute the project as follows:

1. Confirm sidewalk evaluation area and defect identification criteria (enclosed)
 1. Page 3 of this proposal contains the sidewalk areas and the priority in which they should be evaluated and repaired.
 2. Page 4 of this proposal contains the defect identification criteria that will be used to evaluate the sidewalks.
2. Evaluate current sidewalk conditions
 1. Safe Step LLC will evaluate the sidewalk locations in the priority order until the budget is met.
 2. Identified defects will be recorded along with the measurement, address, approximate GPS coordinates, important notes, and a photo of the defect.
3. Deliver evaluation results
 1. Following the completion of the evaluation, Safe Step LLC will provide the sidewalk defect data through a proprietary online tool called *Sidewalk Central™*. This data includes locations, descriptions, suggested repair types, and photos of each defect identified.
 2. *Sidewalk Central™* allows you to review, make notes, and confirm the preferred repair type for each defect.
4. Perform repairs
 1. After you review and confirm the repair locations, we will schedule a timeframe to begin repairing the identified saw-cutting locations.
 2. All saw-cutting repairs will be done in accordance with "The Safe Step LLC Approach" outlined on page 5 of this proposal.
 3. *Sidewalk Central™* allows you to monitor the saw-cutting in real-time, providing defect completion status as well as repair photos and timestamps for quality assurance.
5. Provide documentation
 1. At the conclusion of the project, we will provide a final report of saw-cut locations repaired including the displacement measurements, address, approximate GPS coordinates, and important notes.

Scott Prochaska • Project Manager • 920.636.8231 • Scott@notrippin.com • www.notrippin.com

Information contained in this proposal is proprietary and confidential, and is to be used solely by City of Two Rivers personnel in evaluating the project. Copying, unauthorized disclosure, reuse in any form is prohibited.

Priority Areas Map



Map Data: Google

Survey Area and Priorities

1. Priority 1: Cyan Pins (Complete parcel) 40 Parcels
2. Priority 2: Yellow (2.30 Miles)
3. Priority 3: Green (2.54 Miles)
4. Priority 4: Purple (2.01 Miles)
5. Priority 5: Orange (1.80 Miles)
6. Total Miles: 8.65

Scott Prochaska • Project Manager • 920.636.8231 • Scott@notrippin.com • www.notrippin.com

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Sidewalk Evaluation Criteria

Condition	Record for Saw-Cutting	Record for Replacement
Panel Offset: Min (1/8s) 3 Max (1/8s) 18	Y	If greater Y
Saw Cut Sharp edge: Height (1/8s) 3	Y	N/A
Prior Grind/Saw-Cut Repairs ¹ :	Y	Y
Cutting to sunken panel:	N	Y
Waterpooling:	N	Y
Caused by tree:	N	Y
Negative cross-slope:	Y	Y
Positive cross-slope:	Y	Y
Contains structural crack ² : Qty no more than Gap no more than 1/2	Y	Y
Displacement is a crack ² : Perpendicular Y Parallel N	Y	Y
Panel is spalled ² : Surface less than 50% Depth no more than 1/2"	Y	Y
Sidewalk joint is decayed ² : Width no more than 1/2'	Y	Y
Curbing:	CR	Y
On bridge structure:	CR	
Parallel joints: Min. Height 3 Max Height 18	Y	Y
Ramps: At Landing Max Ht 18 At street Max Ht 18	Y	Y
Top of flowline:	CR	Y
Adjacent to asphalt:	CR	Y
Adjacent to pavers:	CR	Y
Saw-cut on monolithic driveways	CR	Y

Marking/Other	
Mark Saw-Cutting	Numbered

Mark R&R	Y
4" R&R Sq. Ft. Cost	15
6" R&R Sq. Ft. Cost	16

Use Lifting for sunken & waterpooling panels	
Mark Lifting	
Lifting Sq. Ft. Price	

Scatter Sites	
Apply criteria to scatter sites?	Y
Survey only marked?	
Survey entire address?	Y
Survey entire block-face?	

Note

Y* Negative Cross Slope to Foundation RR

Spray Dots for Parcel
City X no arrows

Half Panel Yes 4' Min.

*CR - Client Review

¹As measured at presenting face; recorded values will be for proper 12:1 repair

²Panels failing this criteria will be recorded for replacement regardless of offset

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The Safe Step Approach



Specifications

1. Repairs will be tapered to a 1:12 slope ratio and taken to a zero point of differential between adjoining sidewalk panels along the full width of the sidewalk, in accordance with ADA standards.
2. Repairs shall have a smooth and uniform finish with a coefficient of friction meeting OSHA requirements and shall not impact adjoining sidewalks, driveways, landscaping, or other objects within the vicinity of the work.
3. In instances where sidewalk conditions do not permit a 1:12 slope ratio, repairs will be made with the shallowest slope possible for the given sidewalk condition.



Clean-up

1. All saw-cutting will be performed without water-cooling; No slurry will be created eliminating the risk of “tracking” and run-off water contamination.
2. Saw mounted dust abatement systems will be used to minimize airborne dust. Containment systems are designed for fine dust applications.
3. Debris and concrete shall be cleaned from the sidewalk surface as well as surrounding rails, sidewalks, driveways, landscaping, or other objects within the vicinity of the work.



Reporting

1. Upon completion of the project, Safe Step LLC will provide a detailed and audit-able report. This report will include the street address or location, dimensions, and GPS coordinates of each repair made.
2. An invoice for payment will be provided when the projected has been completed. Payment in full is due **30 days** from the date of invoice. Late payments may be subject to a \$30 re-billing fee.



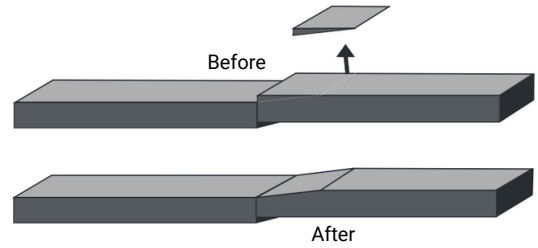
Safety and Insurance

1. Safe Step LLC employees who work directly in slab displacement repair undergo a rigorous training process with emphasis on safe work practices, OSHA-approved personal protection equipment, and quality workmanship. It is not uncommon for our clients to receive unsolicited compliments on our safety practices and the quality of the work performed.
2. Safe Step LLC is fully licensed and insured. Proof of auto, liability, and workers compensation insurance are available upon request.

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Our Result



Before



After



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Proposal Acceptance

Financial Parameters

1. Financial Parameters

1. The total cost of the reporting and saw-cutting repairs will not exceed combined budget of \$40,000 for saw-cutting repairs and replacements.
2. Safe Step LLC will accept full responsibility for any project cost overage, provided that the scope of the project is not altered once the project begins. Any requested change in scope will be fully discussed and approved by the City of Two Rivers prior to the start of the work on the revised area.

If this proposal is acceptable, please complete and sign below. We will contact you upon receiving this form to schedule your project.

Cost: \$0.00

Proposal #: 202568

Due to the ongoing supply chain issues and labor availability, the pricing in this proposal is only valid until **April 21, 2026**.

Billing Contact Name:

Billing Email Address:

PO Number: Does this project require prevailing wage?:

Approved by: Date:

Signed:  SIGNATURE
Matt Heckenlaible Title:

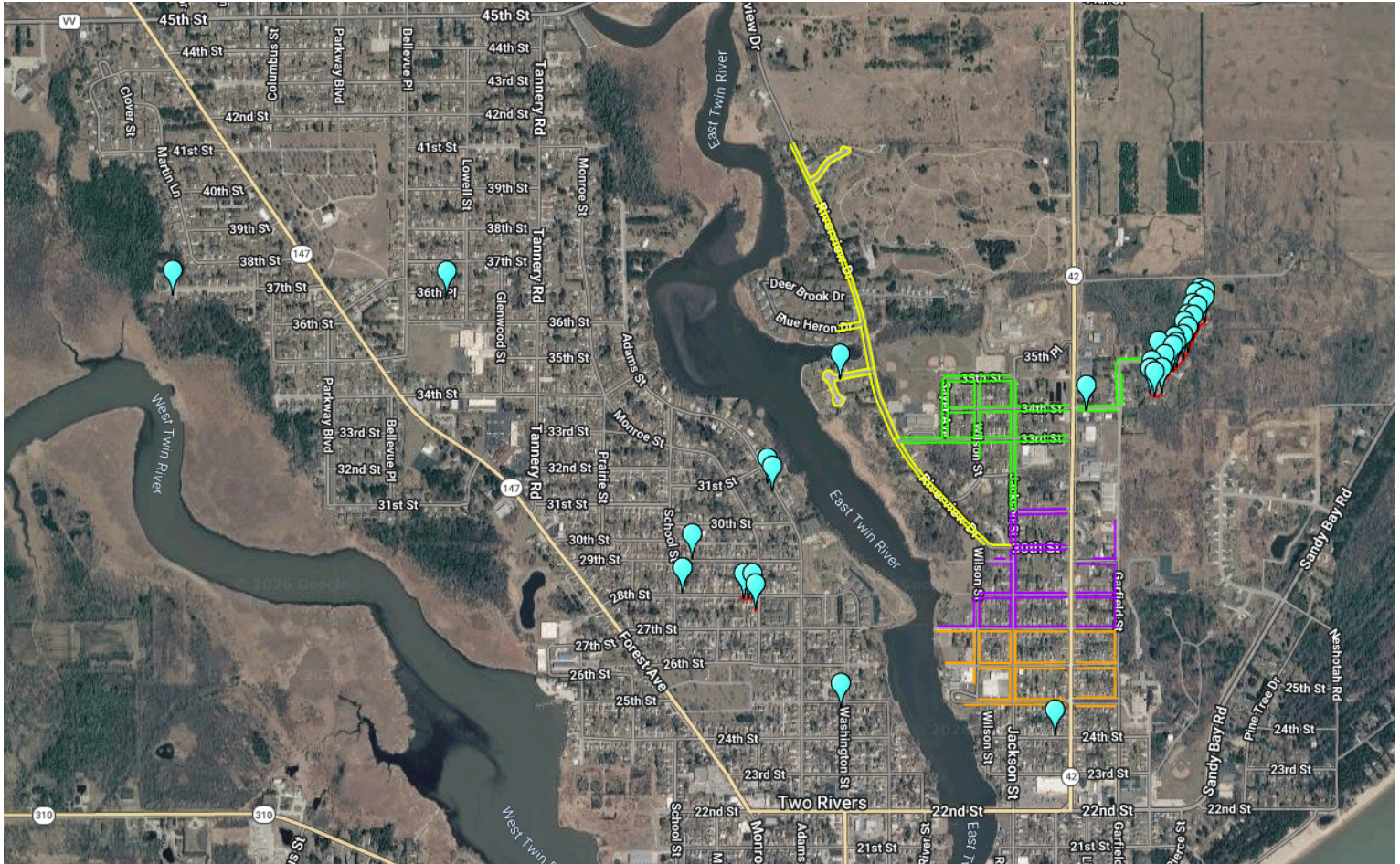
Client Notes:

For a valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the above signed hereby agrees to defend, indemnify, and hold contractor harmless with respect to any and all liability whatsoever arising from contractor's activities in attempting to repair concrete sidewalk and other slabs owned by the above signed or within the above signed's dominion and control, and to defend, indemnify, and hold harmless contractor with respect thereto.

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City of Two Rivers Survey Sidewalk Miles - 8.65 Miles



Map data: Google

Priority	Miles
1 (Cyan Pins)	40 Parcels
2 (Yellow)	2.30
3 (Green)	2.54
4 (Purple)	2.01
5 (Orange)	1.80
Total	8.65

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