

Village of Mukwonago
Notice of Meeting and Agenda

COMMITTEE OF THE WHOLE MEETING
Wednesday, May 7, 2025

Time: **5:30 pm**

Place: **Mukwonago Municipal Building/Board Room, 440 River Crest Court**

**** AMENDED AGENDA ****

1. Call to Order

2. Roll Call

3. Comments from the Public

Information and comment may be received from the public by the Committee of the Whole, but solely as to matters that appear on the Agenda for that meeting. The public comment session shall last no longer than 15 minutes and individual presentations are limited to (3) minutes per speaker. These time limits may be extended at the discretion of the Chief Presiding Officer. The Committee of the Whole may have limited discussion on the information received, however, no action will be taken on issues raised during the public comment session unless they are otherwise on the agenda for that meeting. Public comments should be addressed to the Committee of the Whole as a body. Presentations shall not deal in personalities or personal attacks on members of the Board, the applicant for any project or Village employees. Comments, questions and concerns shall be presented in a respectful and professional manner. Any questions to an individual member of the Committee of the Whole or Staff will be deemed out of order by the Presiding Officer.

4. Presentations

4.1 2025 National Public Works Week Proclamation

[2025 National Public Works Proclamation.pdf](#)

4.2 2025 National Police Week Proclamation

[2025 Police Proclamation.pdf](#)

4.3 2025 National EMS Week Proclamation

[2025 EMS Week Proclamation.pdf](#)

5. Approval of Minutes

5.1 Approval of April 2, 2025 Committee of the Whole minutes

[April 2, 2025 DRAFT COW Minutes.docx](#)

6. Finance Committee, Trustee Darlene Johnson

6.1 Discussion/Recommendation regarding **Resolution 2025-07** a resolution acknowledging a palpable error in the 2024 assessment roll and requesting a charge-back of taxes for the real estate property known as MUKV2091-989-052, MUKV1976-133, and MUKV1976-134

- 6.2 Discussion/Recommendation to approve an agreement with Civic Review Inc for Building and Zoning Department software in an amount not to exceed \$13,100.00.

[Cover Report Building Permit Software](#)

[CivicReviewProposal_MukwonagoWI_042525.pdf](#)

[Civic Review Subscription Agreement_MukwonagoWI_042825.pdf](#)

- 6.3 Motion to recommend to the Village Board to approve Vouchers in the amount of \$1,002,781.63

[2025-05-07 AP COW PACKET.pdf](#)

- 6.4 Monthly Treasury Report and Revenue/Expenditure Guideline Report For March 2025 *(For information purposes only, no action required)*

[2025-03 March Treasury Report.pdf](#)

[2025-03 March Revenue & Expenditure Reports.pdf](#)

7. Health and Recreation Committee, Trustee John Meiners

- 7.1 Discussion/Recommendation regarding a Special Event Permit filed by Life Point Church for the event of Church & Picnic in the Park, to take place on August 31, 2025 from 8:00 am to 3:00 pm, located in Field Park

[Lifepoint Church Picnic Special Event 8.31.25.pdf](#)

- 7.2 Discussion/Recommendation regarding a Special Event permit for St. James Catholic Church for the event of St. James Festival, to take place on August 22, 2025 to August 24, 2025, located at 830 E Veterans Way

[St James Festival Special Event 2025.pdf](#)

- 7.3 Discussion/Recommendation regarding the fee waiver for Phantom Glen Park for the July 3 fireworks show (July 5 rain date)

[Phantom Glen Park Reservation.pdf](#)

- 7.4 Discussion/Guidance on permitting Sponsorship Signage Displays for Youth Athletic Organizations at Village Parks

[D&G on Sponsorsip Signage.pdf](#)

8. Judicial Committee, Trustee Dale Porter

- 8.1 Discussion/Recommendation regarding a Temporary Class "B"/"Class B" Retailer's license filed by St. James Catholic Church for the event of St. James Parish Festival to take place on August 22, 2025 through August 25, 2025, located at 830 E Veterans Way

[ST James Class B 2025.pdf](#)

- 8.2 Discussion/Recommendation regarding a Temporary Class "B"/"Class B" Retailer's license filed by Mukwonago Food Pantry for the event of Phantom Junction Stage Concert Series to take place on June 5, 2025, July 17, 2025, and July 31, 2025
[Temp Liquor Lic Food Pantry Redacted.pdf](#)
- 8.3 Discussion/Recommendation regarding an Agent Change Request filed by Aldi INC, to Matthew Fait
[Aldi Agent Change.pdf](#)
- 8.4 Discussion/Recommendation regarding **Resolution 2025-08** a resolution authorizing and directing the proper Village Official(s) to issues the liquor license renewals for the period of July 1, 2025 to June 30, 2026
[RESOLUTION 2025-08 Alcohol License Renewals- Multiple.docx](#)
[Alcohol Licenses 2025-2026.pdf](#)

9. Library Board of Trustees, Trustee Eric Brill

- 9.1 March 2025 Library Director's Report *(For information only, no action required)*
[2025-04_The_Directors_Report_April.pdf](#)
[Library Board Meeting Agenda Cover Sheet 20250410.pdf](#)

10. Public Works Committee, Trustee Eric Brill

- 10.1 Discussion/Recommendation regarding a letter of support request, to the WI DOT pertaining to access on Highway 83 and County Road NN
[Letter of Support for Driveway Relocation](#)
[Map](#)
- 10.2 Discussion/Recommendation regarding the approval of the bid award with Campbell Construction for the garage addition for the Police Department in an amount not to exceed \$1,309,730.00
[Mukwonago Police Station Addition - Bid Tabulation Form 20250429.pdf](#)
[PD Garage Addition-Recommendation of Award.pdf](#)
- 10.3 Discussion/Recommendation regarding the approval of a bid with Wanasek Corp to replace seven (7) fire hydrants, Village wide, in an amount not to exceed \$26,775.00
[AIRF_2025 Hydrant Replacements.pdf](#)
[Mukwonago Hydrant Replacments 2025_Wanasek Proposal.pdf](#)
- 10.4 Update regarding Public Service Commission approval of Hydrous Manganese Oxide (HMO) treatment at Well #3 & Well #4 and Supply Modifications at Well #5 & Well #6 *(Informational only, no action required)*
[PSC Approval- HMO-542955.pdf](#)
- 10.5 Discussion/Recommendation regarding Pay Request #7 filed by Musson Brothers Inc, and approved by Ruckert & Mielke, Inc, for work completed on the DeBack Dive (Donna Drive), Infrastructure project, in an amount not to exceed \$347,554.34

10.6 Update on STH83 DOT resurface and reconstruction project.

11. Downtown Development Committee, Trustee Scott Reeves

11.1 Update regarding Downtown Development Committee activities (*Informational only, no action required*)

12. Closed Session

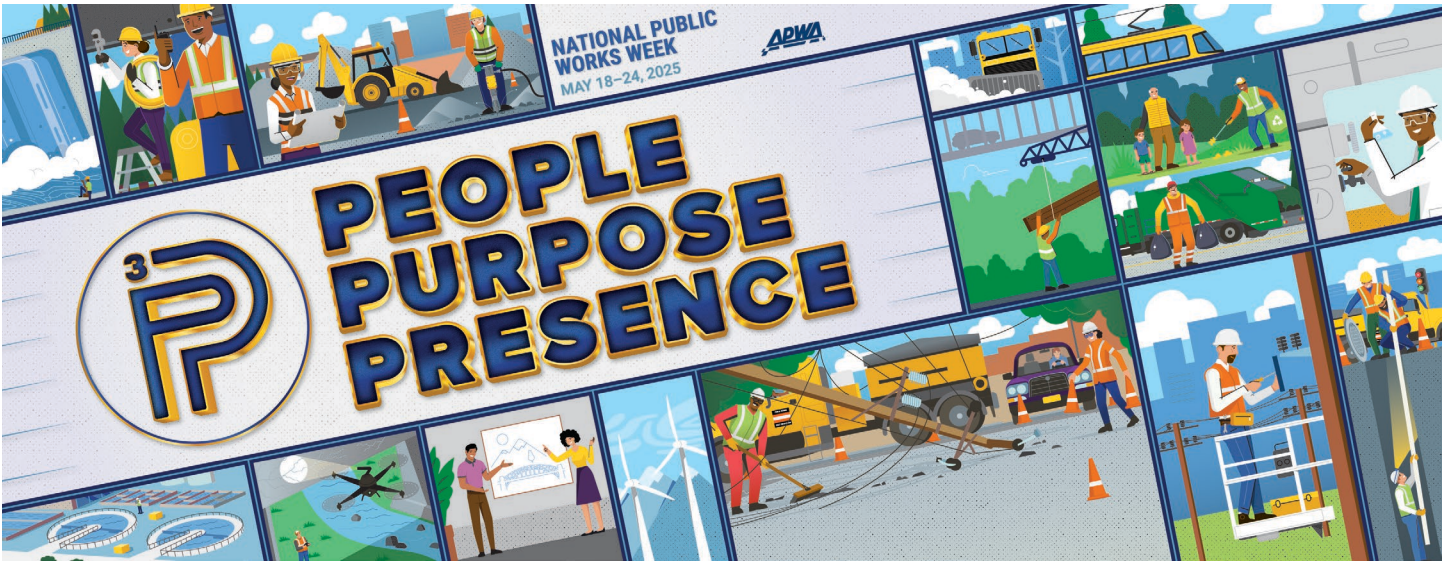
Closed session pursuant to Wis. Stats § 19.85(1)(e) (Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session) related to the **John's Disposal Contract**

13. Reconvene into Open Session

Motion to reconvene into open session pursuant to Wis. Stats. §19.85(2) for possible discussion and/or action concerning any matter discussed in closed session

14. Adjournment

It is possible that a quorum of, members of other governmental bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note, upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through appropriate aids and services. For additional information or to request this service, contact the Municipal Clerk's Office, (262) 363-6420.



National Public Works Week Proclamation

WHEREAS, public works professionals focus on infrastructure, facilities, and services that are of vital importance to sustainable and resilient communities and to public health, high quality of life, and well-being of the people of the Village of Mukwonago; and,

WHEREAS, these infrastructure, facilities, and services could not be provided without the dedicated efforts of public works professionals, who are engineers, managers, and employees at all levels of government and the private sector, who are responsible for rebuilding, improving, and protecting our nation’s transportation, water supply, water treatment and solid waste systems, public buildings, and other structures and facilities essential for our citizens; and,

WHEREAS, it is in the public interest for the citizens, civic leaders, and children in the Village of Mukwonago to gain knowledge of and maintain an ongoing interest and understanding of the importance of public works and public works programs in their respective communities; and,

WHEREAS, the year 2025 marks the 65th annual National Public Works Week sponsored by the American Public Works Association/Canadian Public Works Association be it now,

RESOLVED, I, Fred Winchowky, Village President for the Village of Mukwonago, do hereby designate the week of

May 18–24, 2025, as National Public Works Week.

I urge all citizens to join with representatives of the American Public Works Association and government agencies in activities, events, and ceremonies designed to pay tribute to our public works professionals, engineers, managers, and employees and to recognize the substantial contributions they make to protecting our national health, safety, and advancing quality of life for all.

Dated this 7th day of May, 2025.

Fred Winchowky, Village President

ATTEST: _____
Lana C Kropf, Village Clerk-Treasurer



PROCLAMATION

Village of Mukwonago, Wisconsin 2025 National Police Week

WHEREAS, The Congress and President of the United States have designated the week of May 11 - 17, 2025 as National Police Week; and

WHEREAS, May 15, of every year has been designated as National Peace Officer Memorial Day; and

WHEREAS, the members of the law enforcement agency of the Village of Mukwonago play an essential role in safeguarding the rights and freedoms of the Village of Mukwonago; and

WHEREAS, it is important that all citizens know and understand the duties, responsibilities, hazards, and sacrifices of their law enforcement agency, and that members of our law enforcement agency recognize their duty to serve the people by safeguarding life and property, by protecting them against violence and disorder, and by protecting the innocent against deception and the weak against oppression; and

WHEREAS, the men and women of the law enforcement agency of the Village of Mukwonago unceasingly provide a vital public service;

NOW, THEREFORE, I, Fred Winchowky, President of the Village of Mukwonago, call upon all citizens of Mukwonago and upon all patriotic, civic and educational organizations to observe the week of May 11 - 17, 2025, as Police Week with appropriate ceremonies and observances in which all of our people may join in commemorating law enforcement officers, past and present, who, by their faithful and loyal devotion to their responsibilities, have rendered a dedicated service to their communities and, in so doing, have established for themselves an enviable and enduring reputation for preserving the rights and security of all citizens.

I further call upon all citizens of Mukwonago to remember all law enforcement officers who, through their courageous deeds, have made the ultimate sacrifice in service to their community or have become disabled in the performance of duty, and let us recognize and pay respect to the survivors of our fallen heroes.

Dated this 7th day of May, 2025.

Fred H. Winchowky, Village President

ATTEST: _____
Lana Kropf, Village Clerk-Treasurer



Proclamation

In honor of Emergency Medical Services Personnel Week in the Village of Mukwonago

WHEREAS, emergency medical services is a vital public service; and

WHEREAS, the members of emergency medical services teams are ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, emergency medical services has grown to fill a gap by providing important, out of hospital care, including preventative medicine, follow-up care, and access to telemedicine; and

WHEREAS, the emergency medical services system consists of first responders, emergency medical technicians, paramedics, emergency medical dispatchers, firefighters, police officers, educators, administrators, pre-hospital nurses, emergency nurses, emergency physicians, trained members of the public, and other out of hospital medical care providers; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating Emergency Medical Services Week.

NOW THEREFORE, DO I, Fred H. Winchowky, Village President of the Village of Mukwonago, hereby proclaim, May 18-24, 2025 as National EMS Week in the Village, and I urge all citizens and employees to join me in honoring and celebrating all EMS practitioners and the work they do.

Proclaimed this 7th day of May, 2025.



Fred H. Winchowky, Village President

ATTEST:

Lana C Kropf, Village Clerk-Treasurer

Village of Mukwonago

MINUTES OF THE COMMITTEE OF THE WHOLE MEETING

Wednesday, April 2, 2025

Time: **5:30 pm**

Place: **Mukwonago Municipal Building/Board Room, 440 River Crest Court**

Call to Order

President Winchowky called the meeting to order 5:30 p.m.

Roll Call

Present: Brill, D. Johnson, K. Johnson, Meiners, Porter, Reeves, and President Winchowky

Absent: None

Comments from the Public

Tim Flury; Spoke to possible relocation areas for the current Veteran's memorial from the Police Station.

Bulfrano Najera; Spoke in favor of the approval of a Class B Beer license for Genoa's Pizza.

Presentation

2025 National Public Safety Telecommunicators Week Proclamation

President Winchowky proclaimed the week of April 13 through April 19 as 2025 National Public Safety Telecommunicators Week.

Approval of Minutes

Approve Committee of the Whole minutes from March 5, 2025

Motion by Meiners to approve the Committee of the Whole minutes from March 5, 2025, second by D. -Johnson. Motion carried 7-0.

Finance Committee, Trustee Darlene Johnson

Discussion/Recommendation to approve the purchase requisition for two (2)

International 507 TA patrol truck cab and chassis

DPW Director Bittner stated that these two trucks are very similar, but one has a different wheelbase.

Motion by D. Johnson to recommend approval, second by Reeves. Motion carried 7-0.

Discussion/Recommendation to approve the Village Board to approve Vouchers in the amount of \$1,407,294.80

D. Johnson stated that the bulk of the voucher amount is for the vac truck that was already approved and the Fire settlement with Town.

Motion by D. Johnson to recommend approval, second by Meiner. Motion carried 7-0.

Monthly Treasury Report and Revenue/Expenditure Guideline Report For February

D. Johnson offer the Monthly Treasury report for information only. No action.

Health and Recreation Committee, Trustee John Meiners

Discussion/Recommendation regarding a Special Event Permit Application filed by Clarendon Avenue Elementary School for the event of Clarendon Art Show to take place on May 22, 2025; to include closure of Clarendon Ave, from E Veterans Way to Lincoln Ave

Motion by Meiners to recommend approval, second by Porter. Discussion included road closure notice to the neighbors and emergency egress. There were no issues found with staff. Motion carried 7-0.

Discussion/Recommendation regarding a Special Event Permit Application filed by Chris Hill for the event of 70's & 80's Class Reunion, to take place on August 30, 2025 from 1:00 p.m. to 9:00 p.m., located in Field Park

Motion by Meiners to recommend approval, second by Reeves. Village staff identified no issues with the permit. Motion carried 7-0.

Discussion/Recommendation to approve the Phantom Glen Park ADA fishing pier decking

Motion by Meiners to recommend approval of the Campbell Construction bid, second by D. Johnson.

DPW Director Bittner stated the pier decking is deteriorating rapidly which is creating a safety hazard. He was able to obtain a bid with Campbell Construction for \$19,294.00 to be paid for through the Capital Plan.

Motion carried 7-0.

Discussion/Recommendation regarding a Special Event Permit Application filed by Mukwonago American Legion Post #375 for the Memorial Day Parade to be held on May 26, 2025 from 9:00 am to Noon, located on N Rochester St

Motion by Meiners to recommend approval, second by K. Johnson. Village staff identified no issues with the permit. Motion carried 7-0.

Discussion/Recommendation regarding a Special Event Permit filed by the American Legion Post #375 for Maxwell Street Days to take place on June 7 & 8, July 19 & 20, August 16 & 17, and September 13 & 14, from 6:00 am to 5:00 pm each day, located at Field Park

Motion by Meiners to recommend approval, second by Porter. Village staff identified no issues with the permit. Motion carried 7-0.

Discussion regarding potential public Wi-Fi for public facilities

DPW Director Bittner inquired if the Village Board wanted to keep this line and make this available in the parks. Discussion included possible increase to parks reservation fees to pay for the service. Porter and Brill spoke in favor of researching further. No action taken.

Judicial Committee, Trustee Dale Porter

Discussion/Recommendation regarding **Ordinance 1035** an Ordinance to Allow Electronic "Reader Board" Signs to Refresh at a Rate of Once Every Fifteen Seconds

Motion by Porter to recommend approval, second by K. Johnson. Motion carried 7-0.

Discussion/Recommendation regarding an Original Class "B" Beer License Application filed by Najera Brothers Company LLC d/b/a Genoas Pizza, agent Bulfrano Najera, located at 225 Bayview Rd, Ste #500, Mukwonago

Motion by Porter to recommend approval, second by Meiners. Motion carried 7-0.

Discussion/Recommendation regarding an application for a Temporary Class "B"/"Class B" Retailer's License filed by the American Legion Post #375 for Maxwell Street Days to take place

on June 7 & 8, July 19 & 20, August 16 & 17, and September 13 & 14, from 6:00 am to 5:00 pm each day, located at Field Park

Motion by Porter to recommend approval, second by K. Johnson. Motion carried 7-0.

Discussion/Recommendation regarding an application for a Temporary Class "B"/"Class B" Retailer's License filed by the Rotary Club of Mukwonago for the Phantom Stage Concerts to take place July 3, 2025, August 9, 2025, and September 20, 2025, located at Phantom Junction Stage
Motion by Porter to recommend approval, second by K. Johnson. Motion carried 7-0.

Personnel Committee, Trustee Ken Johnson

Discussion/Recommendation regarding the appointment of a negotiation team for the Professional Fire Union Contract Services to expire 12/31/2025 (tabled at March 19, 2025 Village Board Meeting)

Motion by K. Johnson to follow Resolution 2017-130 and to appoint the Village Administrator, Village Legal Counsel, Fire Chief, and Personnel Chair K. Johnson, second by Meiners. Start date to be determined. Motion carried 7-0.

Protective Services, Trustee Scott Reeves

Update regarding cell phone 911 call conversion

Assistant Chief DeMotto updated the Board about the cell phone 911 call conversion, which occurred at March 25, 2025.

Library Board of Trustees, Trustee Eric Brill

March 2025 Library Director's Report

Brill noted that fiber lines were buried at the Library with no disruptions. He stated that the seed library is stocked and ready to go. This is a part of the rain garden initiative to take place at the Library later this Spring. There will also be a Murder Mystery Night in late April, after hours. No action taken.

Public Works Committee, Trustee Eric Brill

Discussion/Recommendation to grant permission for the log cabin restoration as presented by the Mukwonago Historical Society and Museum

DPW Director stated that Plan Commission will be involved, as the outward appearance will be changed. Henry Hecker explained that there will be no funds used from the Village and the power will not need to be upgraded.

Motion by Brill, to recommend approval to the Village Board pending Plan Commission approval, second by Reeves. Motion carried 7-0.

Discussion/Recommendation regarding a bid award to Parking Lot Maintenance, LLC for the Field Park Pickleball Court construction, in an amount not to exceed \$132,894.48

DPW Director Bittner stated that the bid is slightly over budget with the CIP. The mandatory bid, with the fencing, was not included.

Motion by Brill to recommend approval, second by D. Johnson. Motion carried 7-0.

Discussion/Recommendation regarding Task Order #2025-04 to provide engineering and construction related to services for the design, bidding, and construction of extension of East Wolf Run

Motion by Brill to recommend approval, second by Meiners. Details of the project were discussed. Motion carried 7-0.

Discussion/Recommendation regarding Task Order #2025-05 to provide engineering and construction related to services for the design, bidding, and construction of extension of Marsh View Drive

Motion by Brill to recommend approval, second by Porter. Details of the project were discussed. Motion carried 7-0.

Discussion/Recommendation to approve the Mukwonago Shared Connectivity Network MOU (fiber network sharing)

DPW Director Bottner explained that the school had approached the Village about utilizing the spare fiber, to be used between them and the Library. The fiber will also allow the school resource officers to use their radios without interference.

Motion by Brill to recommend approval, second by K. Johnson. Motion carried 7-0.

Discussion/Recommendation to provide a credit for the sewer usage due to leaking yard hydrant for 419 Lake Street

Motion by Brill to recommend approval, second by Porter.

Utility Director Castle explained that a yard hydrant was discovered to be leaking and wanted to give the resident credit for sewer usage. A credit will be based on the average usage.

Motion carried 7-0.

Update on Intergovernmental East Troy Multi-use Trail Project

Village Administrator Dykstra gave an update regarding the multi-use trail project. No action taken.

Adjournment

Meeting adjourned at 6:32 p.m.

RESOLUTION 2025-07

A RESOLUTION ACKNOWLEDGING A PALPABLE ERROR IN THE 2024 ASSESSMENT ROLL AND REQUESTING A CHARGE-BACK OF TAXES FOR THE REAL ESTATE PROPERTY KNOWN AS MUKV2091-989-052, MUKV1976-133, AND MUKV1976-134

WHEREAS, the 2024 Real Estate Property Tax Bill for that property known as Tax Key No. MUKV2091-989-052 a total assessed value of \$354,600, and;

WHEREAS, the 2024 Real Estate Property Tax Bill for that property known as Tax Key No. MUKV1976-133 a total assessed value of \$229,200, and;

WHEREAS, the 2024 Real Estate Property Tax Bill for that property known as Tax Key No. MUKV1976-134 a total assessed value of \$164,000, and;

WHEREAS, the Village Assessor made a palpable error in setting the assessed value of this property, and;

WHEREAS, the Village Assessor has indicated the total assessed value of the property for MUKV2091-989-052 for 2024 should have been \$274,000, and;

WHEREAS, the Village Assessor has indicated the total assessed value of the property for MUKV1976-133 for 2024 should have been \$201,700, and;

WHEREAS, the Village Assessor has indicated the total assessed value of the property for MUKV1976-134 for 2024 should have been \$153,500, and;

WHEREAS, the MUKV2091-989-052 was estimated to be taxed excessively by \$963.35, on the 2024 tax roll, and

WHEREAS, the MUKV1976-133 was estimated to be taxed excessively by \$328.69, on the 2024 tax roll, and

WHEREAS, the MUKV1976-134 was estimated to be taxed excessively by \$125.50, on the 2024 tax roll, and

NOW THEREFORE, the Village Board acknowledges that a palpable error in the assessment roll, as described under Wisconsin Statutes Section 74.33(1) and 74.41, occurred:

BE IT FURTHER RESOLVED that the Village Clerk-Treasurer shall pay or credit the appropriate amount of toward the 2024 tax bill for the property known as MUKV2091-989-052, MUKV1976-133, & MUKV1976-134 and submit a “Request for Charge Back of Rescinded or Refunded Taxes” to the Department of Revenue prior to October 1, 2025.

Dated and approved this 21st day of May, 2025.

Fred Winchowky, Village President

Attest:

Lana Kropf, WCMC, Village Clerk-Treasurer

I hereby certify that this is a true and correct copy of the Resolution adopted by the Village Board on the 21st day of May, 2025.

Lana Kropf, WCMC, Village Clerk-Treasurer

2025
(Year)

CORRECTIONS OF ERRORS BY ASSESSORS (SEC. 70.43, WIS. STATS.)

Note: Assessor should complete columns (a) through (e) and forward to the clerk as part of the assessment roll. Send to clerk electronically as well, if possible. The clerk will complete columns (f), (g), and totals.

| (a) Parcel / Account Number Property Location & School Code Owner's Name, Street Address, City, State, Zip (1) | (b) Previous Year's Assessed Value | (c) Corrected Value | (d) Real Property Amount of Adjustment (c-b) | (e) Personal Property Amount of Adjustment (c-b) | (f) Previous Year's Net Mill Rate (2) | (g) T- Tax net school credit L- Lottery credit F- First Dollar credit N- Net Tax (3) |
|---|--|---------------------------|--|--|---|--|
| 1 MUKV1976-134 301 S Rochester St 3822 Perfection Painting Drywall LLC S86W27675 Hartwig Ave Mukwonago WI 53149-8505 | 229,200 | 201,700 | -27,500 | | 0.011952200 | T- -328.69 L- F- N- -328.69 |
| 2 MUKV1976-134 305 S Rochester St 3822 Perfection Painting Drywall LLC S86W27675 Hartwig Ave Mukwonago WI 53149-8505 | 164,000 | 153,500 | -10,500 | | 0.011952200 | T- -125.50 L- F- N- -125.50 |
| 3 MUKV2091-989-052 1625 Grey Fox Trl Unit G 3822 Kenneth & Donna Catron 1625 Grey Fox Trl Unit G Mukwonago WI 53149-8505 | 354,600 | 274,000 | -80,600 | | 0.011952200 | T- -963.35 L- F- N- -963.35 |
| 4 | | | | | | T- 0.00 L- F- N- 0.00 |
| 5 | | | | | | T- 0.00 L- F- N- 0.00 |
| 6 | | | | | | T- 0.00 L- F- N- 0.00 |



VILLAGE OF MUKWONAGO

440 River Crest Court Mukwonago, WI 53149
Tel. (262) 363-6420 | Fax: (262)363-6425 | www.villageofmukwonago.gov

MEMORANDUM

DATE: April 30 2025
TO: Village Board of Trustees
FROM: Diana Dykstra, Village Administrator
RE: Recommendation on Building Inspection Software Conversion

Background:

The Village currently utilizes BSA software for Building, Zoning, and Permitting functions. The platform has become increasingly difficult to use for both staff and the public. Its interface is not intuitive, navigation is cumbersome, and we receive daily complaints from users attempting to apply for permits, schedule inspections, or access information. A great deal of time is spent with the Clerk having to create special contractor accounts for residents.

BSA is mostly known for their financial suite of products. This module was included at the time the financial software conversion took place. BSA is unable to provide guidance or substantial changes without a full investment into their new cloud version (which was estimated over \$90,000 with the financial suite). This ongoing frustration results in an increased burden on staff and a negative experience for residents and contractors.

Proposed Solution:

Over the past six months, Building Inspection Staff have conducted a thorough evaluation process, which included interviewing municipal clients, attending demonstrations, and carefully reviewing multiple community development software platforms. Through this process, CivicReview emerged as the clear choice.

CivicReview offers the most simplistic and intuitive design, provides an outstanding customer experience, allows users and staff to access the system from any location, enables robust custom reporting capabilities, and was a top contender for customer experience. As a web based platform, all inspections, permits, or notes are instantaneous. There is no additional field computer or required upload to synch inspector activity.

After this detailed review, staff recommends transitioning to [CivicReview](#) — a web-based, modern community development platform that not only meets our current operational needs but also supports expanded functions such as code enforcement, park reservations, and future


licensing needs without added costs. CivicReview will significantly enhance efficiency, improve service delivery, and create a better experience for both staff and the public.

Recommendation:

Staff recommends the Village Board support the purchase and implementation of CivicReview software in the amount of \$9,600 subscription cost with \$3,500 for conversion and set up. This platform will modernize our community development services, enhance the customer experience, and provide a scalable solution to meet our future needs.

If the Board is supportive, staff will coordinate next steps with CivicReview to initiate the implementation process, including training, data migration, and a public communication rollout.

EXHIBITS

 Windsor Planning, Zoning, & Development
Application: Principal Structure & Exterior Addition

Applicant Information

Company Name

Primary Contact First Name*

Primary Contact Last Name*

Contact Email*

This email will be used to receive official notifications regarding your application.

Mailing Address*

City*

State*

-Select-

Zip*

Contact Phone*

(555) 555-5555

[Save to finish later](#)

Contact Us
(608) 888-0066
4084 Mueller Rd.
DeForest, WI 53532



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Accept Applications for Every Type of Building Online

Cut down on paper-pushing tasks with Civic Review. With online forms, you won't need to do any more data entry, transferring building plan files with a thumb drive (heaven forbid you lose it!). Not to mention no more dealing with rolls of paper plans bigger than your contractor's F-150.

With Civic Review, you'll be able to take online applications for your building permits. Forms are completely customizable because every municipality has different requirements.

Townsville City
Application: Building Permit

Project

Project Address*

450 Sudden Valley Estates

Project Type*

New Residential

What is the area of construction (sq. ft.)?*

2300

Please upload your building plan*

Try dropping some files here, or click to select files to upload.

Test Document 1.pdf

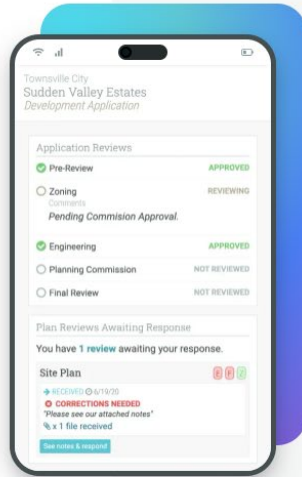
File cannot exceed 209KB

Will a new water connection be added?*

Yes No

How many 1" connections will be added?*

1



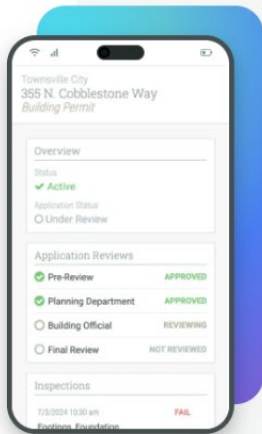
Stay in the Zone with no Distractions

Thanks to the Applicant Portal

Once an applicant has submitted their permit application, they gain access to a dedicated online portal. This nifty feature allows them to track the progress of their review, engage in dialogue with your team, and handle fee payments. You shouldn't ever be interrupted again with one of those "just asking for an update" phone calls.

Prove to Impatient Developers that You're Actually Moving Fast

...or better yet: Prove to them that they're the ones holding up the process. Through their portal they can see each phase of the plan review process. More on plan reviews farther down this page...



Fewer Phone Calls Thanks to the Applicant Portal

After applying for a building permit, applicants can login to their portal to follow the review process, communicate with your staff, and pay fees. That means they won't be calling your office saying, "I just wanted to know where my permit is in the process".

When it's time to ask for revised plans, you can request them through the portal. After-all, builders just wanna build, and you don't want to make it more difficult for them. The portal gives you a place to stay organized for each project so you can get that C of O issued faster.



Software Proposal

PREPARED ON
April 28, 2025

PREPARED FOR
Village of Mukwonago
Community and Economic Development Department

PREPARED BY
Kent Hartsfield
Civic Review
kent@civicreview.com
630.925.8288



Dear Village of Mukwonago,

Per our discussions, I am pleased to provide your team at Mukwonago with the attached software proposal for your consideration.

Our mission at Civic Review is to create easy-to-use, modern software to help local government. We're firm believers in democratizing technology for local governments of all sizes, enabling them to operate with greater efficiency and effectiveness. Civic Review does this by delivering a solution that is intuitive, collaborative, and affordable, aiming to empower improved processes for Permitting, Licensing, Code Enforcement, and Park Rental applications.

Since Civic Review is infinitely flexible and configurable, we don't force you and your staff to bend your processes to fit into Civic Review. We just want to help you do it in a modern, data-driven way — a way that makes your job easier, lightens your load, showcases all the good work that you do, and ultimately helps you better serve your community.

In the pages that follow, we'll explain how and why Civic Review solutions not only offer the best value for Mukwonago, but also make your day-to-day operations more efficient, productive, and impactful.

Civic Review already works with hundreds of local governments across the country, and we'd be delighted to welcome Mukwonago into the fold. We fully appreciate the demands on your time, so I'd like to thank you in advance for the time that you and your team will spend reviewing this proposal. If you have any questions or need additional information of any kind, please do not hesitate to ask.

I am confident that you and your team will be impressed by the Civic Review solutions and even more impressed by how hard we will work to make you happy.

Sincerely yours,

Kent Hartsfield
630.925.8288
kent@civicreview.com



Solutions Overview

We understand your dedication to improving your government's operations, and you recognize the potential of technology to facilitate this progress. However, much of the software currently available is tailored for huge cities or counties, rather than smaller communities like Mukwonago. These platforms tend to be overly complex, costly, and packed with bells and whistles you'll never use.

Civic Review is purposefully crafted for local governments, addressing all your essential requirements without unnecessary complexity. Civic Review is the just right software for organizations of all sizes

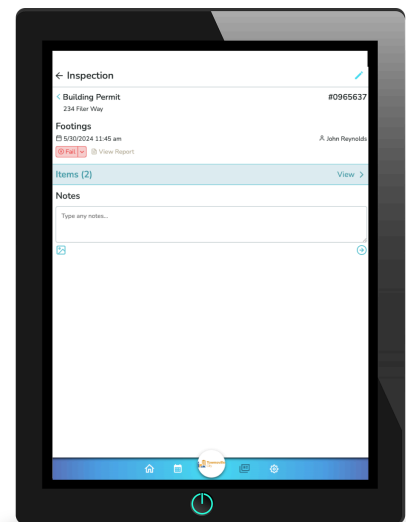
Based on our conversations with Mukwonago and our understanding of your key needs and objectives, we are proposing the following:

Permits & Inspections

Civic Review Permitting minimizes phone calls and in-person visits to your permitting counter, all while accelerating the review, approval, and issuance of permits. This provides a fully electronic process for submittals, interdepartmental reviews, fee receipts, online printable building permit certificates, as well as automatic calculation of valuations and building permit fees.

Further streamline your backlog by managing inspection scheduling and completion online, enhancing staff efficiency. Inspection types can be set up so when inspections are scheduled, they're assigned the inspector and the inspection type. Our secret sauce is the inspection item tracking, so if an inspection fails, the list of corrections that are needed are automatically carried over to the next inspection, so nothing falls through the cracks. But wait, our app also works in offline mode!

So if an inspector loses their signal on their phone/tablet, they can continue to save their work and even send reports from the field. It will all sync up and send out when they get back within range.



Planning & Zoning

From conditional use permits to new subdivision and variance requests, Civic Review Planning & Zoning software streamlines your application processes and provides Mukwonago staff with the critical tools they need.

Every submission seamlessly progresses from intake to reviews, with steps automatically assigned to the subsequent employee across teams and departments (and even external organizations), allowing you to concentrate on your day-to-day.

Record and access all communications, plans, conditions, fees, and contacts in one place. When it comes to looking for historical data - don't worry: it's all there wrapped up for easy finding.

Customers receive email notifications of any activity on their application and can check on the status, pay outstanding fees, access automatically created documents, communicate with your staff, and more from the citizen portal.



Licensing

Licensing with Civic Review offers a customizable application form, online payments, interdepartmental reviews based on rules such as license types, online renewals with automatic renewal notifications, and customizable license forms/letters. Organizations manage a variety of license types with Civic Review, including:

- Operator License
- Short Term Rental License
- Liquor License
- Solicitor License
- Pet License
- Business Change of Occupancy
- And more





Park Rental

Civic Review simplifies the process of managing Park and Community Room Rentals. Citizens can easily view available facilities, request dates and times, and submit rental requests online. The system automates reservation confirmations, fee payments, and scheduling, reducing administrative workload and providing a seamless experience for both staff and the public.

Investment

Civic Review is built to be affordable for local governments of all shapes and sizes. A summary of your investment in Civic Review includes:

| Setup Service Fees (One-time investment) | |
|---|---------|
| Setup Fee: Includes - <i>Full system configuration, data migration, and training.</i> | \$3,500 |
| Total Setup Service Fees | \$3,500 |

| Annual Subscription Service Fees (Annual investment) | |
|--|---------|
| Civic Review Permits/Inspections, Planning & Zoning, Licensing, and Park Rental - (up to 1,500 annual submissions) | \$9,600 |
| Total Annual Subscription Service Fees | \$9,600 |



Implementation & Support

The Civic Review onboarding process is designed to deliver a turnkey solution for Mukwonago. Civic Review's approach extends beyond simply implementing software, we focus on your goals and objectives, to ensure you receive a true return on investment by achieving success with Civic Review.

Phase 1 - Build

- This is where we create your forms

Phase 2 - Review

- In this phase you will review the forms to make sure they fit your needs

Phase 3 - Train

- We will provide you with a Training Course to learn how to use Civic Review

Phase 4 - Migrate Data and Setup Payment

- This is where we will add your old data to Civic Review and make sure applicants can pay online

Phase 5 - Go Time

- Start using Civic Review!

Ongoing Support & Training

Civic Review solutions are designed to be intuitive and easy-to-use. With that said, Civic Review's multi-channel support ensures that you and your team can successfully launch, adopt, and optimize the value you receive from the Civic Review platform.

The most common way for our customers to interact with us is via our in-app chat feature! You can shoot us a message anytime and get quick answers from our fantastic team. We're here to make your permitting and licensing journey a breeze.

For those who like to figure things out on their own: We also have a great collection of help articles and self-serve training material at help.civicreview.com.

Civic Review support is available with the following methods/hours:

- Email support: 24/7
- Phone support: Monday - Friday, 9am - 5pm (and emergency responses provided 24/7 - just leave a message and we'll call you right back)
- Online chat support: Monday - Friday, 9am - 5pm

What I love most about Civic Review is that the support is awesome!! The program is streamlined and efficient -- the support is even better!!! - Jan Selck, Permitting Administrator at Grain Valley, MO



SUBSCRIPTION AGREEMENT

This SUBSCRIPTION AGREEMENT (the “**Agreement**”) is made and entered into this _____ (the “**Effective Date**”) by and between Civic Review, Inc. (“**Civic Review**”) with primary offices at 15 South Main Street, Logan, UT 84321, and Village of Mukwonago (“**Subscriber**”) with offices at 440 River Crest Ct, Mukwonago, WI 53149. Civic Review and Subscriber may hereinafter be referred to collectively as the “**Parties**” or individually as a “**Party.**”

RECITALS

WHEREAS, Civic Review owns and operates <http://app.civicreview.com> (the “**Product**”), and Subscriber desires to utilize the Product to process permit and license applications and renewals.

AGREEMENT

NOW THEREFORE, in consideration of the promises and conditions set forth in this Agreement, Civic Review and Subscriber hereby agree as follows:

- 1. PRODUCT.** Civic Review hereby grants Subscriber a non-exclusive, non-transferable, one-year license to use the Product in the regular course of its business between June 1, 2025 and May 31, 2026 and any subsequent Renewal Terms (the “**Term**”). Civic Review maintains all rights of ownership to the Product.
- 2. PRICE.** Subscriber shall immediately pay Civic Review non-refundable annual subscription fees plus a one-time setup fee in total of \$13,100.00 USD (the “**Price**”) for the 0-1,500 submissions usage tier. Payment is due thirty days from the date of invoice. If the Subscriber fails to pay an invoice in full, the unpaid amount will accrue interest from the due date at a rate of 1% per month or the maximum permitted by law, whichever is lower, and Civic Review may suspend all access to the Product until payment in full is made.

| | |
|--------------------------------|------------|
| One-Time Costs (USD) | |
| Setup Fee | \$3,500.00 |
| Annually Recurring Costs (USD) | |
| Subscription Fee | \$9,600.00 |



- 3. RENEWAL.** Subscriber’s license will automatically renew at the end of the Term in one-year increments (the “**Automatic Renewal Term**”). Civic Review shall notify Subscriber of the non-refundable price (the “**Renewal Price**”) for each Automatic Renewal Term at least 45 days before the beginning of each Automatic Renewal Term. Subscriber agrees occasional price increases can be expected over time. Payment of the Renewal Price must be made at the beginning of the applicable Automatic Renewal Term. The Parties may each cancel this Subscription Agreement in writing at least 7 days before the beginning of each Automatic Renewal Term.
- 4. TERMS AND CONDITIONS.** Subscriber agrees to the additional terms and conditions set forth at www.civicreview.com/terms-of-service, which is incorporated into this Agreement. Civic Review may add to, modify, or otherwise amend the terms and conditions. Civic Review shall notify Subscriber of any such modification at least 45 days before the modification becomes effective.
- 5. NOTIFICATIONS.** All written notifications must be sent to the following:

| | |
|---|---|
| Civic Review, Inc. PO Box 506 Logan, UT 84323 | Village of Mukwonago 440 River Crest Ct Mukwonago, WI 53149 |
|---|---|
- 6. GOVERNING LAW.** This Agreement shall be governed by and construed in accordance with the laws of the State of Delaware without regard for its conflicts of law principles.
- 7. JURISDICTION AND VENUE.** The exclusive venue for any legal action to interpret or enforce any term or condition of this Agreement shall be the Second Judicial District Court in and for the State of Utah, and no other court shall have jurisdiction over the Parties.
- 8. ATTORNEY FEES.** The prevailing Party shall be entitled to recover all costs of litigation, including a reasonable attorney fee, in any action regarding the interpretation or enforcement of this Agreement.
- 9. ENTIRE AGREEMENT.** This Agreement constitutes the entire understanding between the Parties hereto with respect to the subject matter hereof and supersedes all negotiations, representations, prior discussions, and preliminary agreements between the Parties hereto, whether oral or written.
- 10. WAIVER.** No failure by any of the Parties to insist upon the strict performance of any covenant, duty, agreement, or condition of this Agreement, or to exercise any right or remedy upon the breach thereof, shall constitute a waiver of any breach of this Agreement.
- 11. SEVERABILITY.** Each of the provisions of this Agreement is independent of one another. Any provision of this Agreement found to be unenforceable shall be severed from the remaining terms and conditions, and the remainder of the terms and conditions shall be enforced to the full extent allowed in law or equity. Any unenforceable provision of this



Agreement shall be re-written by a court or other tribunal interpreting the same such that it is then enforceable and most closely approximates the intent of the Parties.

- 12. COUNTERPARTS.** This Agreement may be executed in one or more counterparts, all of which when taken together shall constitute but one agreement. The counterparts of this Agreement may be executed and delivered by any of the parties to any other party via facsimile or by .pdf file attached to electronic mail, and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or other electronic means as if the inked original had been hand-delivered and received.
- 13. AMENDMENT.** No amendment to this Agreement will be effective unless it is in writing and signed by both Parties.
- 14. ASSIGNMENT.** Except with the prior written consent of the other, neither Civic Review nor subscriber may transfer (1) any obligation imposed under this agreement, (2) any discretion granted under this agreement, (3) any right to satisfy a condition under this agreement, or (4) any remedy under this agreement. Any purported transfer in breach of this section 14 will be void.
- 15. CONFIDENTIAL INFORMATION.**

 - a.** “Confidential Information” means, for purposes of this Agreement, the non-public information provided by a Party (“Discloser”) to the other Party (“Recipient”) related to the business opportunities between the Parties, provided that such information is: (1) identified as confidential at the time of disclosure by the Discloser, or (2) if the initial disclosure is not in written or other tangible form, the Confidential Information will be so identified at the time of disclosure and reduced to written or other tangible form, appropriately marked and submitted by the Discloser to the Recipient as soon as reasonably practicable thereafter, but no later than thirty (30) days after disclosure. **Confidential Information of Civic Review shall include pricing information, product architecture, product research and development plans, non-public financial data and roadmaps, whether marked as confidential or not.** A Recipient may use the Confidential Information that it receives from the Discloser solely for the purpose of performing activities contemplated under this Agreement. For a period of five (5) years following the applicable date of disclosure of any Confidential Information, a Recipient will not disclose the Confidential Information to any third party. A Recipient will protect it by using the same degree of care, but no less than a reasonable degree of care, to prevent the unauthorized use, dissemination or publication as the Recipient uses to protect its own confidential information of a like nature. The Recipient may disclose the Confidential Information to its affiliates, agents and subcontractors with a need to know in order to fulfill the purpose of this Agreement, under a nondisclosure agreement at least as protective of the Discloser’s rights as this Agreement.
 - b.** This Section 15 imposes no obligation upon a Recipient with respect to Confidential Information which: (i) is or becomes public knowledge other than by breach of this Agreement; (ii) was in the Recipient’s possession before receipt from the Discloser and was not subject to a duty of confidentiality; (iii) is rightfully received by the Recipient

without any duty of confidentiality; (iv) is disclosed generally to a third party by the Discloser without a duty of confidentiality on the third party; or (v) is independently developed by the Recipient without use of the Confidential Information. The Recipient may disclose the Discloser's Confidential Information as required by law or court order provided: (1) the Recipient promptly notifies the Discloser in writing of the requirement for disclosure, if legally permissible; and (2) discloses only as much of the Confidential Information as is required. Upon request from the Discloser or upon termination of the Agreement, the Recipient will aim to return all Confidential Information and all copies, notes, summaries or extracts thereof or certify destruction of the same.

- c. Each Party will retain all right, title and interest to such party's Confidential Information. The parties acknowledge that a violation of the Recipient's obligations with respect to Confidential Information may cause irreparable harm to the Discloser for which a remedy at law would be inadequate. Therefore, in addition to any and all remedies available at law, Discloser will be entitled to seek an injunction or other equitable remedies in all legal proceedings in the event of any threatened or actual violation of any or all of the provisions. Subject to the terms of this Agreement: (i) Discloser may request the return of Confidential Information; (ii) or upon termination or completion of the Agreement or any Online Services, Recipient will either return (if technically feasible to do so) or destroy the Confidential Information and upon request of Discloser, will certify such destruction. Notwithstanding the foregoing and provided that such information is protected in accordance with the terms of this Agreement, the Recipient may continue to maintain copies of Confidential Information: (x) that is included in its data backup, which will be destroyed in accordance with the Recipient's data retention policies; or (y) as required to comply with applicable law, which will be destroyed when such obligation is met.

16. COMMUNICATION. Subscriber and its users agree to receiving communications from Civic Review staff and the product including but not limited to: training materials, newsletters, and product updates. Subscriber can opt-out of receiving these communications at any time.

17. INDEPENDENT CONTRACTORS. The Parties intend to be independent contractors. Nothing in this Agreement shall constitute either a partnership or joint venture between the Parties, nor shall it constitute any Party to be the agent, employee, or representative of the other Party for any purpose.

18. INTELLECTUAL PROPERTY. 'Intellectual Property' means patents, rights to apply for patents, trademarks, trade names, service marks, domain names, copyrights and all applications and registration of such worldwide, schematics, industrial models, inventions, know-how, trade secrets, computer software programs, and other intangible proprietary information. Except for rights expressly granted under this agreement, nothing in this Agreement will function to transfer any of either Party's Intellectual Property rights to the other Party.

19. INSURANCE. Civic Review shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from



or in connection with the performance of the work hereunder by Civic Review, their agents, representatives, employees, or subcontractors. Civic Review will maintain the following insurance: General Aggregate of \$4 million with \$2 million per occurrence, and first-party data breach and cyber insurance of \$1 million aggregate.

IN WITNESS WHEREOF, this Agreement has been executed by the Parties or their duly authorized representatives on the Effective Date.

Civic Review, Inc.

Village of Mukwonago

Name: John Reynolds
Title: Founder, CEO

Name:
Title:

Accounts Payable Cover Sheet

| Report: | Period or corresponding disbursement date | \$ | |
|---|--|-----------|----------------------------|
| Village Accounts Payable | 5/8/2025 | \$ | 332,030.16 |
| Spectrum & DOR | 4/2/2025 | \$ | 2,314.52 |
| Lottery Credit Settlements | 4/2/2025 | \$ | 198,234.49 |
| WE Energies | 4/2/2025 | \$ | 48,575.44 |
| Invoice Cloud | 4/9/2025 | \$ | 460.60 |
| Payroll-related | 4/9/2025 | \$ | 8,997.16 |
| Payroll-related | 4/9/2025 | \$ | 2,014.23 |
| Knight Barry Title - WE Energies Land Purchase | 4/9/2025 | \$ | 137,535.00 |
| Court | 4/8/2025 | \$ | 6,697.29 |
| Library AP | 4/11/2025 | \$ | 54,275.12 |
| Payroll-related | 4/23/2025 | \$ | 5,763.06 |
| US Bank | 4/23/2025 | \$ | 11,002.35 |
| Payroll-related | 4/23/2025 | \$ | 194,882.21 |
| | | \$ | - |
| | | \$ | - |
| | | \$ | - |
| | | \$ | - |
| Total for Approval: | | \$ | <u>1,002,781.63</u> |

The preceding list of bills payable was approved for payment

Date: _____

Approved by: _____

Reconciliation to Check Register for Prior Month

| | | |
|-----------------------------------|----|-------------------|
| 4/2/2025 | \$ | 168,310.99 |
| 4/16/2025 | \$ | 132,992.63 |
| Total | \$ | <u>301,303.62</u> |
| Prior Month activity listed above | \$ | <u>670,751.47</u> |
| Total Disbursements | \$ | 972,055.09 |
| Check Register Balance | \$ | <u>972,055.09</u> |
| Difference | \$ | <u><u>-</u></u> |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--|---|-----------------------|----------|---------------------|------------|
| VENDOR NAME: 122 ARROWHEAD ENTERPRISES INC | | | | | |
| REIMBURSE | OVER PAYMENT OF 2 OPER LICENSES | 100-4410-441700 | 90.00 | 90.00 FINANCE | 05/08/2025 |
| TOTAL VENDOR 122 ARROWHEAD ENTERPRISES INC | | | | <u>90.00</u> | |
| VENDOR NAME: ALSCO | | | | | |
| IMIL2111212 | PD MAT CLEANING SERVICE | 100-5211-539400 | 38.00 | 38.00 POLICE | 05/08/2025 |
| IMIL2113146 | VILLAGE HALL WALK OFF MATS | 100-5160-521900 | 50.60 | 50.60 DPW | 05/08/2025 |
| TOTAL VENDOR ALSCO | | | | <u>88.60</u> | |
| VENDOR NAME: AMAZON CAPITOL SERVICES | | | | | |
| 13LP-JKMW-1WYV | STOBE LIGHT SWITCHES | 100-5324-539500 | 17.98 | 17.98 DPW | 05/08/2025 |
| 1TVP-C6DD-W73D | SAND BLAST BOOTH PARTS | 100-5323-531100 | 61.97 | 61.97 DPW | 05/08/2025 |
| 1VDD-TGN9-TFDC | WARNING FLASHERS FOR COMPACT TRATORS | 100-5324-539500 | 75.98 | 75.98 DPW | 05/08/2025 |
| 1MCW-7Q3F-6FVD | IT PATCH CABLES FOR FIBER PROJECT | 480-5700-576400 | 75.10 | 75.10 DPW | 05/08/2025 |
| TOTAL VENDOR AMAZON CAPITOL SERVICES | | | | <u>231.03</u> | |
| VENDOR NAME: AMERICAN POWER, INC | | | | | |
| 192429 | CHAINSAW FILES AND CHAINS | 100-5611-531100 | 446.21 | 446.21 DPW | 05/08/2025 |
| TOTAL VENDOR AMERICAN POWER, INC | | | | <u>446.21</u> | |
| VENDOR NAME: AMERICAN TEST CENTER | | | | | |
| 2250716 | ANNUAL AERIAL AND GROUND LADDER TESTING | 150-5222-539500 | 1,344.75 | 1,344.75 FIRE | 05/08/2025 |
| TOTAL VENDOR AMERICAN TEST CENTER | | | | <u>1,344.75</u> | |
| VENDOR NAME: AT & T | | | | | |
| 8139810019 | AT&T 911 FIBER LINE | 100-5211-522900 | 984.18 | 984.18 POLICE | 05/08/2025 |
| TOTAL VENDOR AT & T | | | | <u>984.18</u> | |
| VENDOR NAME: BAKER TILLY US, LLP | | | | | |
| BT3119446 | 2024 AUDIT- PROGRESS BILLING #2 | 100-5151-521900 | 2,899.69 | 15,075.75 FINANCE | 05/08/2025 |
| | | 150-5221-521900 | 1,512.13 | | |
| | | 200-5141-521900 | 263.35 | | |
| | | 410-5363-521900 | 315.40 | | |
| | | 430-5141-521900 | 424.19 | | |
| | | 440-5511-521900 | 644.44 | | |
| | | 480-5151-521900 | 1,460.68 | | |
| | | 500-5344-521900 | 18.00 | | |
| | | 220-5151-521900 | 979.18 | | |
| | | 240-5151-521900 | 979.18 | | |
| | | 250-5151-521900 | 979.18 | | |
| | | 610-6920-692300 | 2,340.20 | | |
| | | 620-8400-852000 | 2,260.13 | | |
| TOTAL VENDOR BAKER TILLY US, LLP | | | | <u>15,075.75</u> | |
| VENDOR NAME: BOUND TREE MEDICAL LLC | | | | | |
| 85735094 | EMS SUPPLIES | 150-5231-531100 | 371.24 | 371.24 FIRE | 05/08/2025 |
| TOTAL VENDOR BOUND TREE MEDICAL LLC | | | | <u>371.24</u> | |
| VENDOR NAME: BS&A | | | | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|--|-----------------------|----------|---------------------|----------------------|
| VENDOR NAME: BS&A | | | | | |
| 160941 | ANNUAL SOFTWARE MAINTENANCE COSTS | 100-5141-522900 | 299.25 | 10,274.00 | ALLOCATE 05/08/2025 |
| | | 100-5145-522900 | 299.26 | | |
| | | 100-5142-522900 | 598.53 | | |
| | | 100-5241-522900 | 1,834.44 | | |
| | | 100-5632-522900 | 1,834.44 | | |
| | | 100-5211-522900 | 348.49 | | |
| | | 100-5300-522900 | 348.49 | | |
| | | 150-5221-522900 | 348.49 | | |
| | | 440-5511-521900 | 348.49 | | |
| | | 610-6920-692300 | 2,007.06 | | |
| | | 620-8400-852000 | 2,007.06 | | |
| TOTAL VENDOR BS&A | | | | <u>10,274.00</u> | |
| VENDOR NAME: C & M AUTO PARTS INC | | | | | |
| 6079-395431 | SQUAD 28 OIL FILTER | 100-5212-539500 | 13.17 | 13.17 | POLICE 05/08/2025 |
| 6079-395392 | PROTECTANT | 100-5323-531100 | 13.89 | 13.89 | DPW 05/08/2025 |
| 6079-395543 | SKID STEER AIR FILTER | 100-5324-539500 | 17.99 | 17.99 | DPW 05/08/2025 |
| 6079-395311 | TORO 5910 OIL FILTERS | 100-5324-539500 | 264.26 | 264.26 | DPW 05/08/2025 |
| 6079-395435 | TIRE REPAIR KITS | 100-5323-531100 | 63.48 | 63.48 | DPW 05/08/2025 |
| 6079-395361 | 524 LOADER AIR FILTERS | 100-5324-539500 | 26.48 | 26.48 | DPW 05/08/2025 |
| TOTAL VENDOR C & M AUTO PARTS INC | | | | <u>399.27</u> | |
| VENDOR NAME: CINTAS | | | | | |
| 4227076893 | STAFF UNIFORMS AND SHOP SUPPLIES | 100-5323-531100 | 150.59 | 150.59 | DPW 05/08/2025 |
| 4227077137 | UNIFORM SERVICE | 610-6920-693000 | 99.24 | 198.47 | UTILITIES 05/08/2025 |
| | | 620-8400-856000 | 99.23 | | |
| 4227828721 | STAFF UNIFORMS AND SHOP SUPPLIES | 100-5323-531100 | 150.59 | 150.59 | DPW 05/08/2025 |
| 4227828888 | UNIFORM SERVICE | 610-6920-693000 | 73.24 | 146.49 | UTILITIES 05/08/2025 |
| | | 620-8400-856000 | 73.25 | | |
| TOTAL VENDOR CINTAS | | | | <u>646.14</u> | |
| VENDOR NAME: CORE & MAIN LP | | | | | |
| W742127 | PARTS FOR VARIOUS SERVICE/HWY 83 WATER B | 610-6451-665100 | 4,360.66 | 5,106.79 | UTILITIES 05/08/2025 |
| | | 610-6453-664100 | 105.60 | | |
| | | 610-6452-665200 | 640.53 | | |
| W79830 | TRAFFIC FLANGE KIT | 610-6454-665400 | 1,949.00 | 1,949.00 | UTILITIES 05/08/2025 |
| TOTAL VENDOR CORE & MAIN LP | | | | <u>7,055.79</u> | |
| VENDOR NAME: DEPARTMENT OF ADMINISTRATION | | | | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|------------------------------|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: DEPARTMENT OF ADMINISTRATION | | | | | |
| 505-0000100464 | EMAIL FILTER 04/2025 | 100-5111-522900 | 3.17 | 50.76 ALLOCATE | 05/08/2025 |
| | | 100-5120-522900 | 0.91 | | |
| | | 100-5141-522900 | 0.45 | | |
| | | 100-5142-522900 | 1.36 | | |
| | | 100-5211-522900 | 16.32 | | |
| | | 100-5241-522900 | 1.36 | | |
| | | 100-5300-522900 | 3.63 | | |
| | | 100-5512-522900 | 0.45 | | |
| | | 100-5632-522900 | 0.45 | | |
| | | 150-5221-522900 | 18.58 | | |
| | | 610-6920-692100 | 1.36 | | |
| | | 620-8400-851000 | 1.36 | | |
| | | 100-5145-522900 | 1.36 | | |
| TOTAL VENDOR DEPARTMENT OF ADMINISTRATION | | | | <u>50.76</u> | |
| VENDOR NAME: EBIX | | | | | |
| 13917 | EBIX INVOICE | 150-5231-521900 | 8,401.88 | 8,401.88 FIRE | 05/08/2025 |
| TOTAL VENDOR EBIX | | | | <u>8,401.88</u> | |
| VENDOR NAME: EXCEL BUILDING SERVICES LLC | | | | | |
| 4410 | PD BUILDING CLEANING SERVICE | 100-5211-539400 | 975.00 | 975.00 POLICE | 05/08/2025 |
| TOTAL VENDOR EXCEL BUILDING SERVICES LLC | | | | <u>975.00</u> | |
| VENDOR NAME: FISCHER-FISCHER-THEIS, INC | | | | | |
| 25007-I01 | POLICE STATION DESIGN | 480-5700-573000 | 83,080.00 | 83,080.00 FINANCE | 05/08/2025 |
| TOTAL VENDOR FISCHER-FISCHER-THEIS, INC | | | | <u>83,080.00</u> | |
| VENDOR NAME: GORDON FLESCH CO | | | | | |
| I00966746 | CANON LEASE 1/20/24-12/19/24 | 100-5142-531200 | 20.25 | 162.10 ALLOCATE | 05/08/2025 |
| | | 100-5300-539900 | 19.08 | | |
| | | 100-5120-531100 | 8.07 | | |
| | | 100-5141-531100 | 5.03 | | |
| | | 100-5145-531100 | 9.43 | | |
| | | 100-5241-531200 | 3.78 | | |
| | | 100-5632-531200 | 4.65 | | |
| | | 100-5211-531200 | 19.91 | | |
| | | 150-5221-531100 | 20.10 | | |
| | | 410-5363-531200 | 1.62 | | |
| | | 440-5511-531200 | 18.48 | | |
| | | 500-5344-531200 | 2.25 | | |
| | | 610-6902-690300 | 15.61 | | |
| | | 620-8300-840000 | 13.84 | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|--------------------------------|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: GORDON FLESCH CO | | | | | |
| IN15130503 | CANON COPIER MONTH YEAR COPIES | 100-5142-531200 | 20.23 | 162.02 ALLOCATE | 05/08/2025 |
| | | 100-5300-539900 | 19.07 | | |
| | | 100-5120-531100 | 8.07 | | |
| | | 100-5141-531100 | 5.02 | | |
| | | 100-5145-531100 | 9.43 | | |
| | | 100-5241-531200 | 3.78 | | |
| | | 100-5632-531200 | 4.65 | | |
| | | 100-5211-531200 | 19.90 | | |
| | | 150-5221-531100 | 20.09 | | |
| | | 410-5363-531200 | 1.62 | | |
| | | 440-5511-531200 | 18.47 | | |
| | | 500-5344-531200 | 2.25 | | |
| | | 610-6902-690300 | 15.60 | | |
| | | 620-8400-851000 | 13.84 | | |
| TOTAL VENDOR GORDON FLESCH CO | | | | <u>324.12</u> | |
| VENDOR NAME: HAWKINS WATER TREATMENT | | | | | |
| 7035738 | CHEMICALS FOR WATER TREATMENT | 610-6300-663100 | 40.00 | 40.00 UTILITIES | 05/08/2025 |
| TOTAL VENDOR HAWKINS WATER TREATMENT | | | | <u>40.00</u> | |
| VENDOR NAME: HINCKLEY SPRINGS | | | | | |
| 23853226 041225 | VILLAGE HALL DRINKING WATER | 100-5160-531100 | 57.14 | 57.14 DPW | 05/08/2025 |
| TOTAL VENDOR HINCKLEY SPRINGS | | | | <u>57.14</u> | |
| VENDOR NAME: HOME DEPOT | | | | | |
| MAR 2025 DPW | MISC SUPPLY AND REPAIR PARTS | 100-5512-582100 | 148.29 | 213.46 DPW | 05/08/2025 |
| | | 100-5521-531100 | 4.98 | | |
| | | 100-5323-531100 | 51.21 | | |
| | | 100-5160-539500 | 8.98 | | |
| MAR 2025 PD | HARDWARE SUPPLIES | 100-5211-539500 | 41.86 | 41.86 POLICE | 05/08/2025 |
| TOTAL VENDOR HOME DEPOT | | | | <u>255.32</u> | |
| VENDOR NAME: HORN OIL | | | | | |
| MAR 2025 | MARCH 2025 MONTHLY FUEL | 100-5212-535100 | 2,435.35 | 17,517.79 ALLOCATE | 05/08/2025 |
| | | 100-5241-535100 | 29.83 | | |
| | | 100-5324-535100 | 12,214.35 | | |
| | | 150-5222-535100 | 604.12 | | |
| | | 150-5231-535100 | 1,373.34 | | |
| | | 610-6920-693300 | 369.56 | | |
| | | 620-8010-828000 | 342.85 | | |
| | | 620-8010-825500 | 105.79 | | |
| | | 100-5323-531100 | 42.60 | | |
| TOTAL VENDOR HORN OIL | | | | <u>17,517.79</u> | |
| VENDOR NAME: JAMES IMAGING SYSTEMS, INC | | | | | |
| 39043822 | COPIER INVOICE | 150-5221-531100 | 150.18 | 150.18 FIRE | 05/08/2025 |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|---|-----------------------|----------|---------------------|------------|
| VENDOR NAME: JAMES IMAGING SYSTEMS, INC | | | | | |
| | TOTAL VENDOR JAMES IMAGING SYSTEMS, INC | | 150.18 | | |
| VENDOR NAME: KNOX COMPANY | | | | | |
| INV-KA-395773 | KNOX BRACKETS | 150-5222-531100 | 52.00 | FIRE | 05/08/2025 |
| | TOTAL VENDOR KNOX COMPANY | | 52.00 | | |
| VENDOR NAME: LANGE ENTERPRISES INC | | | | | |
| 90562 | CARDINAL LN SIGNS - DEVELOPER FUNDED | 100-0000-211425 | 189.77 | BUILDING | 03/12/2025 |
| | TOTAL VENDOR LANGE ENTERPRISES INC | | 189.77 | | |
| VENDOR NAME: LIFE-ASSIST, INC. | | | | | |
| 1590049 | EMS SUPPLIES | 150-5231-531100 | 397.20 | FIRE | 05/08/2025 |
| 1588562 | EMS SUPPLIES | 150-5231-531100 | 1,011.55 | FIRE | 05/08/2025 |
| | TOTAL VENDOR LIFE-ASSIST, INC. | | 1,408.75 | | |
| VENDOR NAME: LORI MACCARI | | | | | |
| 040825 | CPR INSTRUCTOR MONITORING | 150-5232-533500 | 75.00 | FIRE | 05/08/2025 |
| | TOTAL VENDOR LORI MACCARI | | 75.00 | | |
| VENDOR NAME: MARTENS PLBG & HTG INC | | | | | |
| 72292 | SPUD GASKET | 100-5521-531100 | 32.00 | DPW | 05/08/2025 |
| | TOTAL VENDOR MARTENS PLBG & HTG INC | | 32.00 | | |
| VENDOR NAME: MCDONOUGH SEPTIC | | | | | |
| 115058 | HAULER STATION- PORTA TOILET | 620-8010-827000 | 95.00 | UTILITIES | 05/08/2025 |
| 115016 | PORTABLE RESTROOMS | 100-5521-531100 | 230.00 | DPW | 05/08/2025 |
| | TOTAL VENDOR MCDONOUGH SEPTIC | | 325.00 | | |
| VENDOR NAME: MUKWONAGO AREA CHAMBER OF COMM | | | | | |
| MARCH 2025 | MARCH 25 EXPEDIA | 100-0000-244000 | 626.03 | CLERK | 05/08/2025 |
| | TOTAL VENDOR MUKWONAGO AREA CHAMBER OF COMM | | 626.03 | | |
| VENDOR NAME: MUKWONAGO DOOR LLC | | | | | |
| 040425 | DPW GARAGE DOOR REPAIR | 100-5323-539500 | 125.00 | DPW | 05/08/2025 |
| | TOTAL VENDOR MUKWONAGO DOOR LLC | | 125.00 | | |
| VENDOR NAME: MUKWONAGO ROTARY CLUB | | | | | |
| 3275 | QTRLY DUES & BREAKFAST | 100-5141-532400 | 92.25 | ALLOCATE | 05/08/2025 |
| | | 100-5211-532400 | 92.25 | | |
| | TOTAL VENDOR MUKWONAGO ROTARY CLUB | | 184.50 | | |
| VENDOR NAME: MULCAHY/SHAW WATER, INC. | | | | | |
| 326648 | SAMPLER PUMP ASSEMBLY | 620-8010-833000 | 977.95 | UTILITIES | 05/08/2025 |
| | TOTAL VENDOR MULCAHY/SHAW WATER, INC. | | 977.95 | | |
| VENDOR NAME: NAPA AUTO PARTS - SP018 | | | | | |
| 246632 | REPLACEMENT VEHICLE FUSES | 100-5324-539500 | 7.28 | DPW | 05/08/2025 |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--|--|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: NAPA AUTO PARTS - SP018 | | | | | |
| | TOTAL VENDOR NAPA AUTO PARTS - SP018 | | 7.28 | | |
| VENDOR NAME: NATURAL SOLUTIONS | | | | | |
| 12422 | PLAYGROUND FIBER CHIPS | 100-5521-531100 | 1,760.00 | DPW | 05/08/2025 |
| | TOTAL VENDOR NATURAL SOLUTIONS | | 1,760.00 | | |
| VENDOR NAME: NEENAH FOUNDRY COMPANY | | | | | |
| 180282 | MANHOLE RING AND LID | 620-8030-831000 | 772.30 | UTILITIES | 05/08/2025 |
| | TOTAL VENDOR NEENAH FOUNDRY COMPANY | | 772.30 | | |
| VENDOR NAME: NORTHERN LAKE SERVICE INC | | | | | |
| 2505489 | COMPLIANCE SAMPLING- RADIOACTIVITY | 610-6300-663200 | 383.32 | UTILITIES | 05/08/2025 |
| 2505209 | COMPLIANCE SAMPLING- 2025 PERMIT RENEWAL | 620-8010-826000 | 72.48 | UTILITIES | 05/08/2025 |
| 2505194 | COMPLIANCE SAMPLING- COURIER SERVICE | 610-6300-663200 | 62.00 | UTILITIES | 05/08/2025 |
| 2505941 | COMPLIANCE SAMPLING- BACTI | 610-6300-663200 | 145.00 | UTILITIES | 05/08/2025 |
| | TOTAL VENDOR NORTHERN LAKE SERVICE INC | | 662.80 | | |
| VENDOR NAME: OATH LAW | | | | | |
| 041825 | REFUND COMMUNITY ROOM RENTAL SECURITY DE | 100-4820-485500 | 75.00 | CLERK | 05/08/2025 |
| | TOTAL VENDOR OATH LAW | | 75.00 | | |
| VENDOR NAME: PROHEALTH MEDICAL GROUP | | | | | |
| 325382 | RANDOM DOT DRUG TEST | 100-5300-521900 | 64.00 | DPW | 05/08/2025 |
| 325382 | ANNUAL AUDIOGRAM TESTING | 610-6920-693000 | 15.50 | UTILITIES | 05/08/2025 |
| | | 620-8400-856000 | 15.50 | | |
| | TOTAL VENDOR PROHEALTH MEDICAL GROUP | | 95.00 | | |
| VENDOR NAME: PRORIDER INC | | | | | |
| 82925 | NNO BIKE HELMETS | 340-5890-580602 | 795.00 | POLICE | 05/08/2025 |
| | TOTAL VENDOR PRORIDER INC | | 795.00 | | |
| VENDOR NAME: RUEKERT & MIELKE, INC. | | | | | |
| 156578 | 12-00000.100 General Services | 100-5335-521900 | 4,725.00 | FINANCE | 05/08/2025 |
| 156555 | 12-00000.400 Sewer Utility Services | 620-8400-852000 | 217.00 | FINANCE | 05/08/2025 |
| 156556 | 12-10096.300 Deback Drive Infrastructure | 200-5335-521900 | 26,557.47 | FINANCE | 05/08/2025 |
| 156576 | 12-10098.125 WWTF Phosphorus Assistance | 620-8400-852100 | 651.75 | FINANCE | 05/08/2025 |
| 156570 | 12-10063/2025 Annual GIS Services | 100-5300-521900 | 466.40 | FINANCE | 05/08/2025 |
| | | 100-5344-521900 | 427.22 | | |
| | | 100-5611-521900 | 233.20 | | |
| | | 500-5344-521900 | 39.18 | | |
| | | 610-6920-692300 | 1,167.00 | | |
| | | 620-8400-852000 | 1,167.00 | | |
| 156569 | 12-10063/2025.610A Annual GIS Services | 100-5660-521900 | 532.00 | FINANCE | 05/08/2025 |
| | | 500-5344-521900 | 48.00 | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--------------------------------------|--|---|--------------------------|---------------------|------------|
| VENDOR NAME: RUEKERT & MIELKE, INC. | | | | | |
| 156568 | 12-10063/2025.610B Annual GIS Services | 610-6920-692300 620-8400-852000 | 1,301.00 1,301.00 | 2,602.00 FINANCE | 05/08/2025 |
| 156560 | 12-10169.200 Wells 3 and 4 Radium Remova | 610-0000-000109 | 15,715.25 | 15,715.25 FINANCE | 05/08/2025 |
| 156575 | 12-10204.200 Police Station Garage Addit | 480-5700-573000 | 25,367.80 | 25,367.80 FINANCE | 05/08/2025 |
| 156562 | 12-10205.100 Sewer and Water Comprehensi | 610-6920-692300 620-8400-852000 | 2,393.00 4,949.74 | 7,342.74 FINANCE | 05/08/2025 |
| 156567 | 12-10215.125 Village Planning Services | 100-5632-521900 | 11,496.85 | 11,496.85 FINANCE | 05/08/2025 |
| 156566 | 12-10229.320 Milwaukee Tool 2024 Parking | 100-0000-211400 | 96.00 | 96.00 FINANCE | 05/08/2025 |
| 156574 | 12-10232.200 Field Park Pickleball Court | 480-5700-584900 | 2,539.95 | 2,539.95 FINANCE | 05/08/2025 |
| 156577 | 12-10236.150 Journey Salon / Development | 100-5335-521900 | 218.75 | 218.75 FINANCE | 05/08/2025 |
| 156572 | 12-92041.715 2025 SCADA Service Work | 610-6920-692300 620-8400-852000 | 54.25 54.25 | 108.50 FINANCE | 05/08/2025 |
| 156557 | 12-10149.310 EDGEWOOD CONDOS / EROSION C | 100-0000-211425 | 306.50 | 306.50 FINANCE | 04/11/2025 |
| 156558 | 12-10185.300 GS GLOBAL EXPANSION / EROSI | 100-0000-211425 | 395.84 | 395.84 FINANCE | 05/08/2025 |
| 156563 | 12-10191.300 EDGEWOOD CONDOS BIELINSKI D | 100-0000-211425 | 402.50 | 402.50 FINANCE | 05/08/2025 |
| 156559 | 12-10196.300 ADELHELM LUBRICOAT EXPANSIO | 100-0000-211425 | 197.92 | 197.92 FINANCE | 05/08/2025 |
| 156561 | 12-10210.300 CARDINAL RIDGE HEIN DEVELOP | 100-0000-211425 | 574.90 | 574.90 FINANCE | 05/08/2025 |
| 156564 | 12-10216.310 AZURA SENIOR LIVING / EROSI | 100-0000-211425 | 361.62 | 361.62 FINANCE | 05/08/2025 |
| 156565 | 12-10221.100 DUNKIN DONUTS / REVIEW | 100-0000-211425 | 633.75 | 633.75 FINANCE | 05/08/2025 |
| 156571 | 12-10230.150 ST. JAMES CHURCH EXPANSION | 100-0000-211425 | 438.75 | 438.75 FINANCE | 05/08/2025 |
| TOTAL VENDOR RUEKERT & MIELKE, INC. | | | | 105,030.84 | |
| VENDOR NAME: SHERWIN INDUSTRIES, INC | | | | | |
| SS106428 | GRACO LINELAZER LINE PAINTER FOR STREET | 430-5700-571200 | 9,335.00 | 9,335.00 DPW | 05/08/2025 |
| TOTAL VENDOR SHERWIN INDUSTRIES, INC | | | | 9,335.00 | |
| VENDOR NAME: SHERWIN-WILLIAMS | | | | | |
| 0470-4 | FIELD PAINTER SPRAY GUN | 100-5324-539500 | 129.00 | 129.00 DPW | 05/08/2025 |
| TOTAL VENDOR SHERWIN-WILLIAMS | | | | 129.00 | |
| VENDOR NAME: STERICYCLE | | | | | |
| 8010502623 | 2025 APRIL VH SHREDDING SERVICES | 100-5141-531100 100-5142-531100 100-5632-531100 | 103.51 51.76 51.76 | 207.03 ALLOCATE | 05/08/2025 |
| TOTAL VENDOR STERICYCLE | | | | 207.03 | |
| VENDOR NAME: STRYKER SALES, LLC | | | | | |
| 9205521548 | STRYKER INVOICE | 150-5231-539500 | 933.18 | 933.18 FIRE | 05/08/2025 |
| TOTAL VENDOR STRYKER SALES, LLC | | | | 933.18 | |
| VENDOR NAME: T-MOBILE | | | | | |
| MARCH 2025 | T-MOBILE INVOICE | 150-5221-522500 | 623.44 | 623.44 FIRE | 05/08/2025 |
| TOTAL VENDOR T-MOBILE | | | | 623.44 | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|------------------------------------|--------------------------------|-----------------------|----------|---------------------|------------|
| VENDOR NAME: UNDERWATER CONNECTION | | | | | |
| 54568 | ROLBIECKI OPEN WATER | 150-5233-533500 | 539.10 | FIRE | 05/08/2025 |
| 54567 | LAABS ADVANCED OPEN WATER | 150-5233-533500 | 360.00 | FIRE | 05/08/2025 |
| 54569 | LAABS RESCUE DIVER | 150-5233-533500 | 405.00 | FIRE | 05/08/2025 |
| 54570 | MENDEN RESCUE DIVER | 150-5221-533500 | 405.00 | FIRE | 05/08/2025 |
| 54611 | ROLBIECKI OPEN WATER | 150-5233-533500 | 539.10 | FIRE | 05/08/2025 |
| TOTAL VENDOR UNDERWATER CONNECTION | | | | 2,248.20 | |
| VENDOR NAME: UNTI DAVID | | | | | |
| 041425 | UNTI CPR INSTRUCTOR | 150-5232-533500 | 157.50 | FIRE | 05/08/2025 |
| TOTAL VENDOR UNTI DAVID | | | | 157.50 | |
| VENDOR NAME: USA BLUEBOOK | | | | | |
| INV00676164 | SLUDGE SAMPLING EQUIPMENT | 620-8010-827000 | 867.70 | UTILITIES | 05/08/2025 |
| TOTAL VENDOR USA BLUEBOOK | | | | 867.70 | |
| VENDOR NAME: VELOCITY LLC | | | | | |
| 2025029 | IT SERVICES 1/3/25 - 4/15/2025 | 100-5512-522900 | 380.00 | ALLOCATE | 05/08/2025 |
| | | 100-5141-521901 | 712.50 | | |
| | | 100-5145-521901 | 665.00 | | |
| | | 100-5142-521901 | 1,425.00 | | |
| | | 100-5211-521901 | 1,995.00 | | |
| | | 100-5300-521901 | 332.50 | | |
| | | 150-5221-521901 | 950.00 | | |
| | | 440-5511-521900 | 190.00 | | |
| | | 610-6920-692300 | 380.00 | | |
| | | 620-8400-852000 | 380.00 | | |
| | | 100-5150-521900 | 855.00 | | |
| | | 350-5700-576400 | 2,470.00 | | |
| 2025028 | OFFICE 365 LICENSING | 100-5111-522900 | 189.00 | ALLOCATE | 05/08/2025 |
| | | 100-5120-522900 | 64.50 | | |
| | | 100-5141-522900 | 120.00 | | |
| | | 100-5142-522900 | 210.00 | | |
| | | 100-5145-522900 | 202.50 | | |
| | | 100-5211-522900 | 1,101.00 | | |
| | | 100-5241-522900 | 202.50 | | |
| | | 100-5300-522900 | 232.50 | | |
| | | 100-5512-522900 | 52.50 | | |
| | | 100-5632-522900 | 67.50 | | |
| | | 150-5221-522900 | 1,087.50 | | |
| | | 610-6920-692100 | 172.50 | | |
| | | 620-8400-851000 | 172.50 | | |
| | | 440-5511-521900 | 30.00 | | |
| | | 100-5150-521900 | 90.00 | | |
| TOTAL VENDOR VELOCITY LLC | | | | 14,729.50 | |
| VENDOR NAME: VERIZON WIRELESS | | | | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--|--|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: VERIZON WIRELESS | | | | | |
| 6108397426 | MARCH 2025 MONTHLY BILL | 100-5141-522500 | 41.19 | 840.04 ALLOCATE | 05/08/2025 |
| | | 100-5241-522500 | 91.06 | | |
| | | 100-5323-522500 | 334.98 | | |
| | | 610-6920-692100 | 165.81 | | |
| | | 620-8400-851000 | 165.81 | | |
| | | 100-5142-522500 | 41.19 | | |
| TOTAL VENDOR VERIZON WIRELESS | | | | 840.04 | |
| VENDOR NAME: VON BRIESEN & ROPER, S.C. | | | | | |
| 489306 | MSD ISSUE ANALYSIS | 250-5130-521900 | 1,380.00 | 1,380.00 FINANCE | 05/08/2025 |
| TOTAL VENDOR VON BRIESEN & ROPER, S.C. | | | | 1,380.00 | |
| VENDOR NAME: WANASEK CORP | | | | | |
| 16249 | WATER MAIN BREAK- 83 AND MACARTHUR | 610-6451-665100 | 4,390.33 | 4,390.33 UTILITIES | 05/08/2025 |
| 16250 | WATER MAIN BREAK REAPIR - 83 AND OAKLAND | 610-6451-665100 | 4,308.02 | 4,308.02 UTILITIES | 05/08/2025 |
| 16254 | WATER MAIN BREAK REPAIR - 83 AND MACARTH | 610-6451-665100 | 10,125.99 | 10,125.99 UTILITIES | 05/08/2025 |
| 25-277-F | CURB BOX REPAIR FOR THREE SERVICES | 610-6452-665200 | 13,120.00 | 13,120.00 UTILITIES | 05/08/2025 |
| TOTAL VENDOR WANASEK CORP | | | | 31,944.34 | |
| VENDOR NAME: WAUKESHA CTY TREASURER | | | | | |
| 2025-24030019 | NET MOTION/ INTEGRAPH/CAD | 150-5221-521900 | 2,216.82 | 4,433.64 FIRE | 05/08/2025 |
| | | 150-5231-521900 | 2,216.82 | | |
| 2025-24010076 | RADIO ERROR DIAGNOSIS | 150-5222-539500 | 61.98 | 61.98 FIRE | 05/08/2025 |
| TOTAL VENDOR WAUKESHA CTY TREASURER | | | | 4,495.62 | |
| VENDOR NAME: WELDERS SUPPLY CO. | | | | | |
| 3183324 | WELDING GAS | 100-5323-531100 | 181.65 | 181.65 DPW | 05/08/2025 |
| TOTAL VENDOR WELDERS SUPPLY CO. | | | | 181.65 | |
| VENDOR NAME: WI DEPT OF JUSTICE CIB | | | | | |
| L6812T 202503 | BACKGROUND CHECKS | 100-5211-521900 | 7.00 | 35.00 POLICE | 05/08/2025 |
| | | 100-0000-242205 | 28.00 | | |
| TOTAL VENDOR WI DEPT OF JUSTICE CIB | | | | 35.00 | |
| VENDOR NAME: WI DEPT OF JUSTICE-TIME | | | | | |
| 455TIME-0000017909 | WI DOJ CIB TIME SYSTEM AND BADGNET 2ND | 100-5211-522900 | 2,256.75 | 2,256.75 POLICE | 05/08/2025 |
| TOTAL VENDOR WI DEPT OF JUSTICE-TIME | | | | 2,256.75 | |
| VENDOR NAME: ZEP SALES & SERVICE | | | | | |
| 9011070167 | ZEP SUPPLIES | 150-5222-531100 | 306.42 | 612.84 FIRE | 05/08/2025 |
| | | 150-5231-531100 | 306.42 | | |
| TOTAL VENDOR ZEP SALES & SERVICE | | | | 612.84 | |

04/24/2025 04:38 PM
User: ddoherty
DB: Mukwonago

PENDING VILLAGE BOARD REVIEW FOR VILLAGE OF MUKWONAGO
EXP CHECK RUN DATES 05/08/2025 - 05/08/2025
UNJOURNALIZED
OPEN - CHECK TYPE: PAPER CHECK

Page: 10/10

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | APPROVAL AMOUNT DEPARTMENT | POST DATE |
|-------------------|-------------|-----------------------|-------------------------------|--------------|
| GRAND TOTAL: | | | 332,030.16 | |

User: BKEIZER

BANK CODE: GEN PAY BY: EFT TRANSFER CHECK RUN DATES 04/02/2025 - 04/02/2025

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|------------------------------------|---|-----------------|-----------------|
| 04/02/2025 | AP | CHARTER COMMUNICATIONS | Invoice: 152486401032125 Ref#: 69759 (APRIL 2025 MONTHLY BILL) | | |
| AP Trx #: 105451 | | | | | |
| | | COURT | 100-5120-522500 | 19.47 | |
| | | ADMIN | 100-5141-522500 | 8.24 | |
| | | CLERK | 100-5142-522500 | 67.95 | |
| | | VH ALARM SYSTEM | 100-5160-522500 | 26.95 | |
| | | POLICE | 100-5211-522500 | 300.50 | |
| | | BLDG INSP | 100-5241-522500 | 19.47 | |
| | | DPW | 100-5323-522500 | 38.20 | |
| | | MUSEUM | 100-5512-522500 | 125.00 | |
| | | FIRE | 150-5221-522500 | 190.25 | |
| | | RECYCLING | 410-5363-522500 | 2.16 | |
| | | LIBRARY | 440-5511-522500 | 152.05 | |
| | | STORM WATER | 500-5344-522500 | 1.08 | |
| | | WATER | 610-6920-692100 | 18.34 | |
| | | SEWER | 620-8400-851000 | 18.34 | |
| | | FINANCE | 100-5145-522900 | 32.94 | |
| | | Vnd: 3200 Invoice: 152486401032125 | 100-0000-211000 | | 638.72 |
| | | Vnd: 3200 Invoice: 152486401032125 | 150-0000-211000 | | 190.25 |
| | | Vnd: 3200 Invoice: 152486401032125 | 410-0000-211000 | | 2.16 |
| | | Vnd: 3200 Invoice: 152486401032125 | 440-0000-211000 | | 152.05 |
| | | Vnd: 3200 Invoice: 152486401032125 | 500-0000-211000 | | 1.08 |
| | | Vnd: 3200 Invoice: 152486401032125 | 610-0000-211000 | | 18.34 |
| | | Vnd: 3200 Invoice: 152486401032125 | 620-0000-211000 | | 18.34 |
| | | Expected Check Run: 04/02/2025 | | <u>1,020.94</u> | <u>1,020.94</u> |
| 04/02/2025 | AP | WI DEPT OF REVENUE | Invoice: 2025 ANNUAL FEE Ref#: 69817 (2025 ANNUAL ADMINISTRATIVE FEE) | | |
| AP Trx #: 105452 | | | | | |
| | | OTHER | 260-5140-539900 | 150.00 | |
| | | OTHER | 220-5140-539900 | 150.00 | |
| | | OTHER | 240-5140-539900 | 150.00 | |
| | | OTHER | 250-5140-539900 | 150.00 | |
| | | Vnd: 0036 Invoice: 2025 ANNUAL FEE | 260-0000-211000 | | 150.00 |
| | | Vnd: 0036 Invoice: 2025 ANNUAL FEE | 220-0000-211000 | | 150.00 |
| | | Vnd: 0036 Invoice: 2025 ANNUAL FEE | 240-0000-211000 | | 150.00 |
| | | Vnd: 0036 Invoice: 2025 ANNUAL FEE | 250-0000-211000 | | 150.00 |
| | | Expected Check Run: 04/02/2025 | | <u>600.00</u> | <u>600.00</u> |
| 04/02/2025 | AP | WI DEPT OF REVENUE QTRLY TAX | Invoice: 1ST QTR 2025 Ref#: 69810 (WI DEPT OF REVENUE QTRLY TAX) | | |
| AP Trx #: 105453 | | | | | |
| | | OTHER | 100-5521-539900 | 485.75 | |
| | | OTHER | 100-5160-539900 | 50.52 | |
| | | OTHER | 440-5511-539900 | 92.16 | |
| | | OTHER | 440-5511-539900 | 65.15 | |
| | | Vnd: 0151 Invoice: 1ST QTR 2025 | 100-0000-211000 | | 536.27 |
| | | Vnd: 0151 Invoice: 1ST QTR 2025 | 440-0000-211000 | | 157.31 |
| | | Expected Check Run: 04/02/2025 | | <u>693.58</u> | <u>693.5</u> |

User: BKEIZER

BANK CODE: GEN PAY BY: EFT TRANSFER CHECK RUN DATES 04/02/2025 - 04/02/2025

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|------------------|--------------------------|-----------|-----------|
| | | | | 2,314.52 | 2,314.52 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 1,174.99 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 190.25 |
| | | VOUCHERS PAYABLE | 220-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 240-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 250-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 260-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 410-0000-211000 | | 2.16 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 309.36 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 1.08 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 18.34 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 18.34 |
| | | | TOTAL INCREASE IN PAYABI | | 2,314.52 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|-----------------|-------------------|-------------------|
| 04/02/2025 | AP | EAST TROY SCHOOL DISTRICT | | | |
| AP Trx #: 105437 | | | | | |
| | | EAST TROY SCHOOL TAX | 720-0000-246200 | 2,248.17 | |
| | | Vnd: 0022 Invoice: APR 2025 SETTLEMENT | 720-0000-211000 | | 2,248.17 |
| | | Expected Check Run: 04/02/2025 | | <u>2,248.17</u> | <u>2,248.17</u> |
| 04/02/2025 | AP | GATEWAY TECHNICAL COLLEGE | | | |
| AP Trx #: 105438 | | | | | |
| | | GATEWAY COLLEGE TAX | 720-0000-246300 | 181.70 | |
| | | Vnd: 0134 Invoice: APR 2025 SETTLEMENT | 720-0000-211000 | | 181.70 |
| | | Expected Check Run: 04/02/2025 | | <u>181.70</u> | <u>181.70</u> |
| 04/02/2025 | AP | MUKWONAGO AREA SCHOOLS | | | |
| AP Trx #: 105439 | | | | | |
| | | MUKWONAGO SCHOOL TAX | 720-0000-246000 | 152,055.51 | |
| | | Vnd: 0026 Invoice: APR 2025 SETTLEMENT | 720-0000-211000 | | 152,055.51 |
| | | Expected Check Run: 04/02/2025 | | <u>152,055.51</u> | <u>152,055.51</u> |
| 04/02/2025 | AP | PHANTOM LAKES MGMT DISTRICT | | | |
| AP Trx #: 105440 | | | | | |
| | | PHANTOM LAKES MGT DISTRICT TAX | 720-0000-245000 | 1,071.85 | |
| | | Vnd: 0029 Invoice: APR 2025 SETTLEMENT | 720-0000-211000 | | 1,071.85 |
| | | Expected Check Run: 04/02/2025 | | <u>1,071.85</u> | <u>1,071.85</u> |
| 04/02/2025 | AP | WALWORTH CTY TREASURER | | | |
| AP Trx #: 105441 | | | | | |
| | | WALWORTH COUNTY TAX | 720-0000-243110 | 707.22 | |
| | | Vnd: 0032 Invoice: APR 2025 SETTLEMENT | 720-0000-211000 | | 707.22 |
| | | Expected Check Run: 04/02/2025 | | <u>707.22</u> | <u>707.22</u> |
| 04/02/2025 | AP | WAUKESHA CTY TREASURER | | | |
| AP Trx #: 105442 | | | | | |
| | | WAUKESHA COUNTY TAX | 720-0000-243100 | 35,246.27 | |
| | | Vnd: 0033 Invoice: AP 2025 SETTLEMENT | 720-0000-211000 | | 35,246.27 |
| | | Expected Check Run: 04/02/2025 | | <u>35,246.27</u> | <u>35,246.27</u> |

User: BKEIZER

BANK CODE: GEN PAY BY: PAPER CHECK CHECK RUN DATES 04/02/2025 - 04/02/2025

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|--|---------|--|--------------------------|------------|------------|
| 04/02/2025 | AP | WCTC | | | |
| Invoice: APR 2025 SETTLEMENT Ref#: 69877 (APRIL 2025 LOTTERY CREDIT) | | | | | |
| AP Trx #: 105443 | | WAUKESHA TECH COLLEGE TAX | 720-0000-246100 | 6,723.77 | |
| | | Vnd: 0031 Invoice: APR 2025 SETTLEMENT | 720-0000-211000 | | 6,723.77 |
| | | Expected Check Run: 04/02/2025 | | | |
| | | | | 6,723.77 | 6,723.77 |
| | | | | 198,234.49 | 198,234.49 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 720-0000-211000 | | 198,234.49 |
| | | | TOTAL INCREASE IN PAYABI | | 198,234.49 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|----------------------------------|---|-----------------|-----------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69825(0700126680-00001 Digester Gas) | | |
| AP Trx #: 105457 | | 0700126680-00001 Digester Gas | 620-8010-821200 | 653.17 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 653.17 |
| | | Expected Check Run: 04/02/2025 | | <u>653.17</u> | <u>653.17</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69826(0700126680-00002 Well #3 Elec) | | |
| AP Trx #: 105458 | | 0700126680-00002 Well #3 Elec | 610-6200-662200 | 1,643.29 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 1,643.29 |
| | | Expected Check Run: 04/02/2025 | | <u>1,643.29</u> | <u>1,643.29</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69827(0700126680-00003 Street Lights) | | |
| AP Trx #: 105459 | | 0700126680-00003 Street Lights | 100-5342-522200 | 3,733.10 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 3,733.10 |
| | | Expected Check Run: 04/02/2025 | | <u>3,733.10</u> | <u>3,733.10</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69828(0700126680-00004 Greenwald) | | |
| AP Trx #: 105460 | | 0700126680-00004 Greenwald | 610-6200-662200 | 292.70 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 292.70 |
| | | Expected Check Run: 04/02/2025 | | <u>292.70</u> | <u>292.70</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69829(0700126680-00005 Booster Station) | | |
| AP Trx #: 105461 | | 0700126680-00005 Booster Station | 610-6200-662200 | 852.85 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 852.85 |
| | | Expected Check Run: 04/02/2025 | | <u>852.85</u> | <u>852.85</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69830(0700126680-00006 Field Park) | | |
| AP Trx #: 105462 | | 0700126680-00006 Field Park | 100-5521-522200 | 76.04 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 76.04 |
| | | Expected Check Run: 04/02/2025 | | <u>76.04</u> | <u>76.04</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|---|-----------------|-----------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69831(0700126680-00007 1240 N. Rochester) | | |
| AP Trx #: 105463 | | 0700126680-00007 1240 N. Rochester | 620-8020-821000 | 166.15 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 166.15 |
| | | Expected Check Run: 04/02/2025 | | <u>166.15</u> | <u>166.15</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69832(0700126680-00008 Police Garage) | | |
| AP Trx #: 105464 | | 0700126680-00008 Police Garage | 100-5211-522200 | 111.11 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 111.11 |
| | | Expected Check Run: 04/02/2025 | | <u>111.11</u> | <u>111.11</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69833(0700126680-00009 Fld Prk Baseball Lights) | | |
| AP Trx #: 105465 | | 0700126680-00009 Fld Prk Baseball Lights | 100-5521-522200 | 22.63 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 22.63 |
| | | Expected Check Run: 04/02/2025 | | <u>22.63</u> | <u>22.63</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69834(0700126680-000010 Fox River View) | | |
| AP Trx #: 105466 | | 0700126680-000010 Fox River View | 620-8020-821000 | 228.07 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 228.07 |
| | | Expected Check Run: 04/02/2025 | | <u>228.07</u> | <u>228.07</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69835(0700126680-000011 DPW Elec) | | |
| AP Trx #: 105467 | | 0700126680-000011 DPW Elec | 100-5323-522200 | 547.05 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 547.05 |
| | | Expected Check Run: 04/02/2025 | | <u>547.05</u> | <u>547.05</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69836(0700126680-000012 Fire) | | |
| AP Trx #: 105468 | | 0700126680-000012 Fire | 150-5221-522200 | 1,972.45 | |
| | | Vnd: 0034 Invoice: 5421763545 | 150-0000-211000 | | 1,972.45 |
| | | Expected Check Run: 04/02/2025 | | <u>1,972.45</u> | <u>1,972.45</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|--|---------|--|-----------------|------------------|------------------|
| 04/02/2025 | AP | WE ENERGIES | | | |
| AP Trx #: 105469 | | | | | |
| Invoice: 5421763545 Ref#: 69837(0700126680-000013 police-CTH E N of Sugd | | | | | |
| | | 0700126680-000013 police-CTH E N of Sugd | 100-5211-522200 | 22.98 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 22.98 |
| | | Expected Check Run: 04/02/2025 | | <u>22.98</u> | <u>22.98</u> |
| 04/02/2025 | AP | WE ENERGIES | | | |
| AP Trx #: 105470 | | | | | |
| Invoice: 5421763545 Ref#: 69838(0700126680-000014 Hall) | | | | | |
| | | 0700126680-000014 Hall | 100-5160-522200 | 1,429.40 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 1,429.40 |
| | | Expected Check Run: 04/02/2025 | | <u>1,429.40</u> | <u>1,429.40</u> |
| 04/02/2025 | AP | WE ENERGIES | | | |
| AP Trx #: 105471 | | | | | |
| Invoice: 5421763545 Ref#: 69839(0700126680-000014 Hall Gas) | | | | | |
| | | 0700126680-000014 Hall Gas | 100-5160-522400 | 323.78 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 323.78 |
| | | Expected Check Run: 04/02/2025 | | <u>323.78</u> | <u>323.78</u> |
| 04/02/2025 | AP | WE ENERGIES | | | |
| AP Trx #: 105472 | | | | | |
| Invoice: 5421763545 Ref#: 69840(0700126680-000016 Miniwauken Park) | | | | | |
| | | 0700126680-000016 Miniwauken Park | 100-5521-522200 | 39.33 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 39.33 |
| | | Expected Check Run: 04/02/2025 | | <u>39.33</u> | <u>39.33</u> |
| 04/02/2025 | AP | WE ENERGIES | | | |
| AP Trx #: 105473 | | | | | |
| Invoice: 5421763545 Ref#: 69841(0700126680-000017 Holz Elec) | | | | | |
| | | 0700126680-000017 Holz Elec | 620-8010-821100 | 10,449.56 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 10,449.56 |
| | | Expected Check Run: 04/02/2025 | | <u>10,449.56</u> | <u>10,449.56</u> |
| 04/02/2025 | AP | WE ENERGIES | | | |
| AP Trx #: 105474 | | | | | |
| Invoice: 5421763545 Ref#: 69842(0700126680-000018 Parks) | | | | | |
| | | 0700126680-000018 Parks | 100-5521-522200 | 20.39 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 20.39 |
| | | Expected Check Run: 04/02/2025 | | <u>20.39</u> | <u>20.39</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---|--|-----------------|-----------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69843(0700126680-000019 Atkinson Pump) | | |
| AP Trx #: 105475 | | 0700126680-000019 Atkinson Pump | 620-8020-821000 | 543.00 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 543.00 |
| | | Expected Check Run: 04/02/2025 | | <u>543.00</u> | <u>543.00</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69844(0700126680-000020 Well #6) | | |
| AP Trx #: 105476 | | 0700126680-000020 Well #6 | 610-6200-662200 | 1,223.85 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 1,223.85 |
| | | Expected Check Run: 04/02/2025 | | <u>1,223.85</u> | <u>1,223.85</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69845(0700126680-000021 DPW Gas) | | |
| AP Trx #: 105477 | | 0700126680-000021 DPW Gas | 100-5323-522400 | 453.54 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 453.54 |
| | | Expected Check Run: 04/02/2025 | | <u>453.54</u> | <u>453.54</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69846(0700126680-000022 Concession Building) | | |
| AP Trx #: 105478 | | 0700126680-000022 Concession Building | 100-5521-522200 | 84.60 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 84.60 |
| | | Expected Check Run: 04/02/2025 | | <u>84.60</u> | <u>84.60</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69847(0700126680-000023 Well #3 Gas) | | |
| AP Trx #: 105479 | | 0700126680-000023 Well #3 Gas | 610-6200-662200 | 10.23 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 10.23 |
| | | Expected Check Run: 04/02/2025 | | <u>10.23</u> | <u>10.23</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69848(0700126680-000024 Parks-200 S Rochester) | | |
| AP Trx #: 105480 | | 0700126680-000024 Parks-200 S Rochester | 100-5342-522200 | 26.76 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 26.76 |
| | | Expected Check Run: 04/02/2025 | | <u>26.76</u> | <u>26.76</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---------------------------------------|--|-----------------|-----------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69849(0700126680-000025 Tower) | | |
| AP Trx #: 105481 | | 0700126680-000025 Tower | 610-6200-662200 | 27.99 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 27.99 |
| | | Expected Check Run: 04/02/2025 | | <u>27.99</u> | <u>27.99</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69850(0700126680-000027 Police) | | |
| AP Trx #: 105482 | | 0700126680-000027 Police | 100-5211-522200 | 1,810.70 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 1,810.70 |
| | | Expected Check Run: 04/02/2025 | | <u>1,810.70</u> | <u>1,810.70</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69851(0700126680-000028 Miniwaukan Pavilion) | | |
| AP Trx #: 105483 | | 0700126680-000028 Miniwaukan Pavilion | 100-5521-522200 | 24.53 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 24.53 |
| | | Expected Check Run: 04/02/2025 | | <u>24.53</u> | <u>24.53</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69852(0700126680-000029 F. Park Sump Pump) | | |
| AP Trx #: 105484 | | 0700126680-000029 F. Park Sump Pump | 100-5521-522200 | 20.92 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 20.92 |
| | | Expected Check Run: 04/02/2025 | | <u>20.92</u> | <u>20.92</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69853(0700126680-00030 Andrews Street) | | |
| AP Trx #: 105485 | | 0700126680-00030 Andrews Street | 100-5521-522200 | 121.48 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 121.48 |
| | | Expected Check Run: 04/02/2025 | | <u>121.48</u> | <u>121.48</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69854(0700126680-000031 Holz Gas) | | |
| AP Trx #: 105486 | | 0700126680-000031 Holz Gas | 620-8010-821200 | 367.67 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 367.67 |
| | | Expected Check Run: 04/02/2025 | | <u>367.67</u> | <u>367.67</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---------------------------------|--|-----------------|-----------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69855(0700126680-000032 Well #4 Elec) | | |
| AP Trx #: 105487 | | 0700126680-000032 Well #4 Elec | 610-6200-662200 | 3,668.08 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 3,668.08 |
| | | Expected Check Run: 04/02/2025 | | <u>3,668.08</u> | <u>3,668.08</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69856(0700126680-000033 Parks) | | |
| AP Trx #: 105488 | | 0700126680-000033 Parks | 100-5521-522200 | 30.55 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 30.55 |
| | | Expected Check Run: 04/02/2025 | | <u>30.55</u> | <u>30.55</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69857(0700126680-000034 Street Lights) | | |
| AP Trx #: 105489 | | 0700126680-000034 Street Lights | 100-5342-522200 | 79.09 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 79.09 |
| | | Expected Check Run: 04/02/2025 | | <u>79.09</u> | <u>79.09</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69858(0700126680-000036 Flashers) | | |
| AP Trx #: 105490 | | 0700126680-000036 Flashers | 100-5211-522200 | 11.20 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 11.20 |
| | | Expected Check Run: 04/02/2025 | | <u>11.20</u> | <u>11.20</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69859(0700126680-000037 Well #4 Gas) | | |
| AP Trx #: 105491 | | 0700126680-000037 Well #4 Gas | 610-6200-662200 | 71.52 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 71.52 |
| | | Expected Check Run: 04/02/2025 | | <u>71.52</u> | <u>71.52</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69860(0700126680-000038 Museum) | | |
| AP Trx #: 105492 | | 0700126680-000038 Museum | 100-5512-522200 | 331.20 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 331.20 |
| | | Expected Check Run: 04/02/2025 | | <u>331.20</u> | <u>331.20</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|--|-----------------|-----------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69861(0700126680-000039 Well #5) | | |
| AP Trx #: 105493 | | 0700126680-000039 Well #5 | 610-6200-662200 | 2,347.25 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 2,347.25 |
| | | Expected Check Run: 04/02/2025 | | <u>2,347.25</u> | <u>2,347.25</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69862(0700126680-00043 Outdoor Stage) | | |
| AP Trx #: 105494 | | 0700126680-00043 Outdoor Stage | 100-5521-522200 | 43.98 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 43.98 |
| | | Expected Check Run: 04/02/2025 | | <u>43.98</u> | <u>43.98</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69863(0700126680-00048 Miniwauken Park) | | |
| AP Trx #: 105495 | | 0700126680-00048 Miniwauken Park | 100-5521-522200 | 19.02 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 19.02 |
| | | Expected Check Run: 04/02/2025 | | <u>19.02</u> | <u>19.02</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69865(0709449777-00002 Library Elec) | | |
| AP Trx #: 105496 | | 0709449777-00002 Library Elec | 440-5511-522200 | 2,417.43 | |
| | | Vnd: 0034 Invoice: 5421763545 | 440-0000-211000 | | 2,417.43 |
| | | Expected Check Run: 04/02/2025 | | <u>2,417.43</u> | <u>2,417.43</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69866(0712697628-00001 Tower Radio Bldg) | | |
| AP Trx #: 105497 | | 0712697628-00001 Tower Radio Bldg | 100-5211-522200 | 31.75 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 31.75 |
| | | Expected Check Run: 04/02/2025 | | <u>31.75</u> | <u>31.75</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69867(0712697628-00002 Mukw Dam) | | |
| AP Trx #: 105498 | | 0712697628-00002 Mukw Dam | 100-5254-522200 | 24.53 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 24.53 |
| | | Expected Check Run: 04/02/2025 | | <u>24.53</u> | <u>24.53</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---|--|------------------|------------------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69868(0712697628-00003 PD Tower meter #05662) | | |
| AP Trx #: 105499 | | 0712697628-00003 PD Tower meter #05662 | 100-5211-522200 | 21.95 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 21.95 |
| | | Expected Check Run: 04/02/2025 | | <u>21.95</u> | <u>21.95</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69869(0712697628-00004 1224 Riverton) | | |
| AP Trx #: 105500 | | 0712697628-00004 1224 Riverton | 620-8020-821000 | 137.93 | |
| | | Vnd: 0034 Invoice: 5421763545 | 620-0000-211000 | | 137.93 |
| | | Expected Check Run: 04/02/2025 | | <u>137.93</u> | <u>137.93</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69870(0712697628-00006 Well #7) | | |
| AP Trx #: 105501 | | 0712697628-00006 Well #7 | 610-6200-662200 | 613.90 | |
| | | Vnd: 0034 Invoice: 5421763545 | 610-0000-211000 | | 613.90 |
| | | Expected Check Run: 04/02/2025 | | <u>613.90</u> | <u>613.90</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69871(0712697628-00007 School Crossing Lights) | | |
| AP Trx #: 105502 | | 0712697628-00007 School Crossing Lights | 100-5342-522200 | 15.75 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 15.75 |
| | | Expected Check Run: 04/02/2025 | | <u>15.75</u> | <u>15.75</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5421763545 Ref#: 69872(0712697628-00008 Field Park Signage) | | |
| AP Trx #: 105503 | | 0712697628-00008 Field Park Signage | 100-5521-522200 | 47.94 | |
| | | Vnd: 0034 Invoice: 5421763545 | 100-0000-211000 | | 47.94 |
| | | Expected Check Run: 04/02/2025 | | <u>47.94</u> | <u>47.94</u> |
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5419533103 Ref#: 69873(0700126680-00015 STREET LIGHTS) | | |
| AP Trx #: 105504 | | 0700126680-00015 STREET LIGHTS | 100-5342-522200 | 10,763.05 | |
| | | Vnd: 0034 Invoice: 5419533103 | 100-0000-211000 | | 10,763.05 |
| | | Expected Check Run: 04/02/2025 | | <u>10,763.05</u> | <u>10,763.05</u> |

User: BKEIZER

BANK CODE: GEN PAY BY: PAPER CHECK CHECK RUN DATES 04/02/2025 - 04/02/2025

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|---|-----------|-----------|
| 04/02/2025 | AP | WE ENERGIES | Invoice: 5416109215 Ref#: 69874(HOLIDAY FESTIVE LIGHTING ELECTRICITY) | | |
| AP Trx #: 105505 | | ELECTRIC | 100-5522-522200 | 600.00 | |
| | | Vnd: 0034 Invoice: 5416109215 | 100-0000-211000 | | 600.00 |
| | | Expected Check Run: 04/02/2025 | | | |
| | | | | 600.00 | 600.00 |
| | | | | 48,575.44 | 48,575.44 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 20,888.35 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 1,972.45 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 2,417.43 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 10,751.66 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 12,545.55 |
| | | | TOTAL INCREASE IN PAYABI | | 48,575.44 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|---------------------------------|--|-----------|-----------|
| 04/08/2025 | AP | INVOICE CLOUD | Invoice: 1743-2025-3 Ref#: 69909 (INVOICE CLOUD MONTHLY FEES - MARCH 2025) | | |
| AP Trx #: 105645 | | INVOICE CLOUD CC FEES MR | 100-5142-539900 | 8.06 | |
| | | INVOICE CLOUD CC FEES BUILDING | 100-5241-539900 | 93.55 | |
| | | INVOICE CLOUD CC FEES UTILITIES | 410-5363-539900 | 119.66 | |
| | | INVOICE CLOUD CC FEES UTILITIES | 610-6920-692100 | 119.67 | |
| | | INVOICE CLOUD CC FEES UTILITIES | 620-8300-840000 | 119.66 | |
| | | Vnd: 2921 Invoice: 1743-2025-3 | 100-0000-211000 | | 101.61 |
| | | Vnd: 2921 Invoice: 1743-2025-3 | 410-0000-211000 | | 119.66 |
| | | Vnd: 2921 Invoice: 1743-2025-3 | 610-0000-211000 | | 119.67 |
| | | Vnd: 2921 Invoice: 1743-2025-3 | 620-0000-211000 | | 119.66 |
| | | Expected Check Run: 04/08/2025 | | | |
| | | | | 460.60 | 460.60 |
| | | | | 460.60 | 460.60 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 101.61 |
| | | VOUCHERS PAYABLE | 410-0000-211000 | | 119.66 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 119.67 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 119.66 |
| | | GRAND TOTAL: | | | 460.60 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|----------------------------------|---|-----------------|-----------------|
| 04/09/2025 | AP | GREAT WEST RETIREMENT SERVICES | Invoice: PO 041125 Ref#: 69944 (RETIREMENT GW PR 04-11-25) | | |
| AP Trx #: 105647 | | GW DEF COMP PR 04/11/25 | 100-0000-215250 | 794.42 | |
| | | GW DEF COMP PR 04/11/25 | 150-0000-215250 | 2,642.36 | |
| | | Vnd: 0005 Invoice: PO 041125 | 100-0000-211000 | | 794.42 |
| | | Vnd: 0005 Invoice: PO 041125 | 150-0000-211000 | | 2,642.36 |
| | | Expected Check Run: 04/09/2025 | | <u>3,436.78</u> | <u>3,436.78</u> |
| 04/09/2025 | AP | MISSION SQUARE | Invoice: PR041125 Ref#: 69943 (RETIREMENT MS/ICMA PR 04/11/2025 305155) | | |
| AP Trx #: 105648 | | MS / ICMA DEF COMP PR 04/11/2025 | 100-0000-215250 | 4,037.61 | |
| | | MS / ICMA DEF COMP PR 04/11/2025 | 150-0000-215250 | 54.04 | |
| | | MS / ICMA DEF COMP PR 04/11/2025 | 440-0000-215250 | 1,014.47 | |
| | | MS / ICMA DEF COMP PR 04/11/2025 | 610-0000-215250 | 181.29 | |
| | | MS / ICMA DEF COMP PR 04/11/2025 | 620-0000-215250 | 272.97 | |
| | | Vnd: 0010 Invoice: PR041125 | 100-0000-211000 | | 4,037.61 |
| | | Vnd: 0010 Invoice: PR041125 | 150-0000-211000 | | 54.04 |
| | | Vnd: 0010 Invoice: PR041125 | 440-0000-211000 | | 1,014.47 |
| | | Vnd: 0010 Invoice: PR041125 | 610-0000-211000 | | 181.29 |
| | | Vnd: 0010 Invoice: PR041125 | 620-0000-211000 | | 272.97 |
| | | Expected Check Run: 04/09/2025 | | <u>5,560.38</u> | <u>5,560.38</u> |
| | | | | <u>8,997.16</u> | <u>8,997.16</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 4,832.03 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 2,696.40 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 1,014.47 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 181.29 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 272.97 |
| | | | TOTAL INCREASE IN PAYABI | | 8,997.16 |

User: TRAYMOND

BANK CODE: GEN PAY BY: PAPER CHECK CHECK RUN DATES 04/09/2025 - 04/09/2025

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|----------------------------------|--|-----------|-----------|
| 04/09/2025 | AP | SECURIAN FINANCIAL GROUP INC | Invoice: 002832L-APR25 Ref#: 69945(MAY 2025 LIFE INSURANCE PREM) | | |
| AP Trx #: 105651 | | | | | |
| | | MAY 2025 LIFE INSURANCE | 100-0000-215301 | 1,354.99 | |
| | | MAY 2025 LIFE INSURANCE | 150-0000-215301 | 236.73 | |
| | | MAY 2025 LIFE INSURANCE | 440-0000-215301 | 104.38 | |
| | | MAY 2025 LIFE INSURANCE | 610-0000-215301 | 44.78 | |
| | | MAY 2025 LIFE INSURANCE | 620-0000-215301 | 183.87 | |
| | | Vnd: 3136 Invoice: 002832L-APR25 | 100-0000-211000 | | 1,354.99 |
| | | Vnd: 3136 Invoice: 002832L-APR25 | 150-0000-211000 | | 236.73 |
| | | Vnd: 3136 Invoice: 002832L-APR25 | 440-0000-211000 | | 104.38 |
| | | Vnd: 3136 Invoice: 002832L-APR25 | 610-0000-211000 | | 44.78 |
| | | Vnd: 3136 Invoice: 002832L-APR25 | 620-0000-211000 | | 183.87 |

Expected Check Run: 04/09/2025

1,924.75 1,924.75

| | | | | | |
|------------------|----|----------------------------------|---|-------|-------|
| 04/09/2025 | AP | SECURIAN FINANCIAL GROUP INC | Invoice: 76038-APR2025 Ref#: 69946(APR 2025 ACCIDENT INSURANCE) | | |
| AP Trx #: 105652 | | | | | |
| | | APRIL 2025 ACCIDENT INSURANCE | 100-0000-215305 | 74.58 | |
| | | APRIL 2025 ACCIDENT INSURANCE | 150-0000-215305 | 11.18 | |
| | | APRIL 2025 ACCIDENT INSURANCE | 440-0000-215305 | 3.72 | |
| | | Vnd: 3136 Invoice: 76038-APR2025 | 100-0000-211000 | | 74.58 |
| | | Vnd: 3136 Invoice: 76038-APR2025 | 150-0000-211000 | | 11.18 |
| | | Vnd: 3136 Invoice: 76038-APR2025 | 440-0000-211000 | | 3.72 |

Expected Check Run: 04/09/2025

89.48 89.48

2,014.23 2,014.23

Cash/Payable Account Totals:

| | | |
|--------------------------|-----------------|----------|
| VOUCHERS PAYABLE | 100-0000-211000 | 1,429.57 |
| VOUCHERS PAYABLE | 150-0000-211000 | 247.91 |
| VOUCHERS PAYABLE | 440-0000-211000 | 108.10 |
| VOUCHERS PAYABLE | 610-0000-211000 | 44.78 |
| VOUCHERS PAYABLE | 620-0000-211000 | 183.87 |
| TOTAL INCREASE IN PAYABI | | 2,014.23 |

User: TRAYMOND

BANK CODE: GEN PAY BY: EFT TRANSFER CHECK RUN DATES 04/09/2025 - 04/09/2025

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|---|-------------------|-------------------|
| 04/09/2025 | AP | KNIGHT BARRY TITLE INC | Invoice: 2277527 Ref#: 69949(WE ENERGIES PROPERTY PURCHASE) | | |
| AP Trx #: 105655 | | LAND ACQUISITION / DISPOSITION | 810-5700-589600 | 137,535.00 | |
| | | Vnd: 2332 Invoice: 2277527 | 810-0000-211000 | | 137,535.00 |
| | | Expected Check Run: 04/09/2025 | | | |
| | | | | <u>137,535.00</u> | <u>137,535.00</u> |
| | | | | <u>137,535.00</u> | <u>137,535.00</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 810-0000-211000 | | 137,535.00 |
| | | | GRAND TOTAL: | | <u>137,535.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|-----------------|-----------------|-----------------|
| 04/10/2025 | AP | TREASURER STATE OF WI | | | |
| AP Trx #: 105657 | | | | | |
| | | MARCH 2025 COURT FINES & FEES | 100-0000-242400 | 5,147.49 | |
| | | Vnd: 0222 Invoice: MARCH 2025 | 100-0000-211000 | | 5,147.49 |
| | | Expected Check Run: 04/10/2025 | | <u>5,147.49</u> | <u>5,147.49</u> |
| 04/10/2025 | AP | TREASURER WAUKESHA COUNTY | | | |
| AP Trx #: 105658 | | | | | |
| | | MARCH 2025 COURT FINES & FEES | 100-0000-243240 | 1,549.80 | |
| | | Vnd: 0223 Invoice: MARCH 2025 | 100-0000-211000 | | 1,549.80 |
| | | Expected Check Run: 04/10/2025 | | <u>1,549.80</u> | <u>1,549.80</u> |
| Cash/Payable Account Totals: | | | | <u>6,697.29</u> | <u>6,697.29</u> |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 6,697.29 |
| | | TOTAL INCREASE IN PAYABI | | | 6,697.29 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|-----------------|---------------|---------------|
| 04/11/2025 | AP | ALSCO | | | |
| AP Trx #: 105661 | | | | | |
| | | OUTSIDE SERVICES | 440-5511-531000 | 95.56 | |
| | | Vnd: 2950 Invoice: IMIL2103430 | 440-0000-211000 | | 95.56 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>95.56</u> | <u>95.56</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 105662 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 514.06 | |
| | | Vnd: 3189 Invoice: 1VDK-CXXQ-PPTH | 440-0000-211000 | | 514.06 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>514.06</u> | <u>514.06</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 105663 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 487.25 | |
| | | Vnd: 3189 Invoice: 1CFY-WWQ3-YKKJ | 440-0000-211000 | | 487.25 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>487.25</u> | <u>487.25</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 105664 | | | | | |
| | | METASPACE MAINTENANCE | 440-5511-531700 | 116.27 | |
| | | Vnd: 3189 Invoice: 1YXY-GD6D-MWQ4 | 440-0000-211000 | | 116.27 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>116.27</u> | <u>116.27</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 105665 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 39.90 | |
| | | Vnd: 3189 Invoice: 1347-ND3J-TK3D | 440-0000-211000 | | 39.90 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>39.90</u> | <u>39.90</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 105666 | | | | | |
| | | BOOKS | 440-5700-532800 | 77.53 | |
| | | Vnd: 3189 Invoice: 1PLH-4VKV-MNLY | 440-0000-211000 | | 77.53 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>77.53</u> | <u>77.53</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|---|---------------|---------------|
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 1FN6-3WV-N34D Ref#: 69797 (MIR PROGRAM SUPPLIES) | | |
| AP Trx #: 105667 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 59.99 | |
| | | Vnd: 3189 Invoice: 1FN6-3WV-N34D | 440-0000-211000 | | 59.99 |
| | | Expected Check Run: 04/11/2025 | | <u>59.99</u> | <u>59.99</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 1PLH-4VKV-LPCN Ref#: 69798 (DVD CASES) | | |
| AP Trx #: 105668 | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 73.16 | |
| | | Vnd: 3189 Invoice: 1PLH-4VKV-LPCN | 440-0000-211000 | | 73.16 |
| | | Expected Check Run: 04/11/2025 | | <u>73.16</u> | <u>73.16</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 14WK-CW4N-MDFD Ref#: 69799 (GREAT GATSBY) | | |
| AP Trx #: 105669 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 5.00 | |
| | | Vnd: 3189 Invoice: 14WK-CW4N-MDFD | 440-0000-211000 | | 5.00 |
| | | Expected Check Run: 04/11/2025 | | <u>5.00</u> | <u>5.00</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 1H93-RFH3-T11R Ref#: 69800 (GENERAL SUPPLIES) | | |
| AP Trx #: 105670 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 23.86 | |
| | | Vnd: 3189 Invoice: 1H93-RFH3-T11R | 440-0000-211000 | | 23.86 |
| | | Expected Check Run: 04/11/2025 | | <u>23.86</u> | <u>23.86</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 1YNW-NN9G-VTYQ Ref#: 69801 (BOOKS) | | |
| AP Trx #: 105671 | | BOOKS | 440-5700-532800 | 650.38 | |
| | | Vnd: 3189 Invoice: 1YNW-NN9G-VTYQ | 440-0000-211000 | | 650.38 |
| | | Expected Check Run: 04/11/2025 | | <u>650.38</u> | <u>650.38</u> |
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 1R9G-TV9W-KMY6 Ref#: 69802 (BAGS) | | |
| AP Trx #: 105672 | | OUTREACH | 440-5511-533300 | 26.77 | |
| | | Vnd: 3189 Invoice: 1R9G-TV9W-KMY6 | 440-0000-211000 | | 26.77 |
| | | Expected Check Run: 04/11/2025 | | <u>26.77</u> | <u>26.77</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|--|---------------|---------------|
| 04/11/2025 | AP | AMAZON CAPITOL SERVICES | Invoice: 1MX4-LJ46-VL47 Ref#: 69803 (ADULT PROGRAM SUPPLIES) | | |
| AP Trx #: 105673 | | PROGRAMMING | 440-5511-533100 | 220.50 | |
| | | Vnd: 3189 Invoice: 1MX4-LJ46-VL47 | 440-0000-211000 | | 220.50 |
| | | Expected Check Run: 04/11/2025 | | <u>220.50</u> | <u>220.50</u> |
| 04/11/2025 | AP | AMERICA AQUARIA | Invoice: 56721 Ref#: 69746 (MARCH FISH TANK MAINTENANCE) | | |
| AP Trx #: 105674 | | OUTSIDE SERVICES | 440-5511-531000 | 85.00 | |
| | | Vnd: 1792 Invoice: 56721 | 440-0000-211000 | | 85.00 |
| | | Expected Check Run: 04/11/2025 | | <u>85.00</u> | <u>85.00</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | Invoice: 2038925564 Ref#: 69707 (BOOKS) | | |
| AP Trx #: 105675 | | BOOKS | 440-5700-532800 | 10.27 | |
| | | Vnd: 0044 Invoice: 2038925564 | 440-0000-211000 | | 10.27 |
| | | Expected Check Run: 04/11/2025 | | <u>10.27</u> | <u>10.27</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | Invoice: 2038925565 Ref#: 69708 (BOOKS) | | |
| AP Trx #: 105676 | | BOOKS | 440-5700-532800 | 179.86 | |
| | | Vnd: 0044 Invoice: 2038925565 | 440-0000-211000 | | 179.86 |
| | | Expected Check Run: 04/11/2025 | | <u>179.86</u> | <u>179.86</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | Invoice: 2038925566 Ref#: 69709 (BOOKS) | | |
| AP Trx #: 105677 | | BOOKS | 440-5700-532800 | 13.52 | |
| | | Vnd: 0044 Invoice: 2038925566 | 440-0000-211000 | | 13.52 |
| | | Expected Check Run: 04/11/2025 | | <u>13.52</u> | <u>13.52</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | Invoice: 2038925567 Ref#: 69710 (BOOKS) | | |
| AP Trx #: 105678 | | BOOKS | 440-5700-532800 | 690.05 | |
| | | Vnd: 0044 Invoice: 2038925567 | 440-0000-211000 | | 690.05 |
| | | Expected Check Run: 04/11/2025 | | <u>690.05</u> | <u>690.05</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|---------------|---------------|
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105679 | | | | | |
| | | BOOKS | 440-5700-532800 | 16.31 | |
| | | Vnd: 0044 Invoice: 2038916325 | 440-0000-211000 | | 16.31 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>16.31</u> | <u>16.31</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105680 | | | | | |
| | | BOOKS | 440-5700-532800 | 754.02 | |
| | | Vnd: 0044 Invoice: 2038916326 | 440-0000-211000 | | 754.02 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>754.02</u> | <u>754.02</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105681 | | | | | |
| | | BOOKS | 440-5700-532800 | 44.54 | |
| | | Vnd: 0044 Invoice: 2038916327 | 440-0000-211000 | | 44.54 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>44.54</u> | <u>44.54</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105682 | | | | | |
| | | BOOKS | 440-5700-532800 | 205.39 | |
| | | Vnd: 0044 Invoice: 2038916328 | 440-0000-211000 | | 205.39 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>205.39</u> | <u>205.39</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105683 | | | | | |
| | | BOOKS | 440-5700-532800 | 16.31 | |
| | | Vnd: 0044 Invoice: 2038936353 | 440-0000-211000 | | 16.31 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>16.31</u> | <u>16.31</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105684 | | | | | |
| | | BOOKS | 440-5700-532800 | 184.43 | |
| | | Vnd: 0044 Invoice: 2038936354 | 440-0000-211000 | | 184.43 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>184.43</u> | <u>184.43</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|---------------|---------------|
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105685 | | | | | |
| | | BOOKS | 440-5700-532800 | 10.84 | |
| | | Vnd: 0044 Invoice: 2038936355 | 440-0000-211000 | | 10.84 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>10.84</u> | <u>10.84</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105686 | | | | | |
| | | BOOKS | 440-5700-532800 | 230.58 | |
| | | Vnd: 0044 Invoice: 2038936356 | 440-0000-211000 | | 230.58 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>230.58</u> | <u>230.58</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105687 | | | | | |
| | | BOOKS | 440-5700-532800 | 158.28 | |
| | | Vnd: 0044 Invoice: 2038952961 | 440-0000-211000 | | 158.28 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>158.28</u> | <u>158.28</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105688 | | | | | |
| | | BOOKS | 440-5700-532800 | 10.91 | |
| | | Vnd: 0044 Invoice: 2038952962 | 440-0000-211000 | | 10.91 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>10.91</u> | <u>10.91</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105689 | | | | | |
| | | BOOKS | 440-5700-532800 | 214.61 | |
| | | Vnd: 0044 Invoice: 2038952963 | 440-0000-211000 | | 214.61 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>214.61</u> | <u>214.61</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | | | |
| AP Trx #: 105690 | | | | | |
| | | BOOKS | 440-5700-532800 | 21.69 | |
| | | Vnd: 0044 Invoice: 2038954457 | 440-0000-211000 | | 21.69 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>21.69</u> | <u>21.69</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|----------------------------------|--|------------------|------------------|
| 04/11/2025 | AP | BAKER & TAYLOR INC. | Invoice: 2038972899 Ref#: 69811(BOOKS) | | |
| AP Trx #: 105691 | | BOOKS | 440-5700-532800 | 14.52 | |
| | | Vnd: 0044 Invoice: 2038972899 | 440-0000-211000 | | 14.52 |
| | | Expected Check Run: 04/11/2025 | | <u>14.52</u> | <u>14.52</u> |
| 04/11/2025 | AP | BAKER & TAYLOR INC. | Invoice: 2038972900 Ref#: 69812(BOOKS) | | |
| AP Trx #: 105692 | | BOOKS | 440-5700-532800 | 86.31 | |
| | | Vnd: 0044 Invoice: 2038972900 | 440-0000-211000 | | 86.31 |
| | | Expected Check Run: 04/11/2025 | | <u>86.31</u> | <u>86.31</u> |
| 04/11/2025 | AP | BERNSTEIN & ASSOCIATES, LLC | Invoice: 3096 Ref#: 69888(NAGPRA CONSULT) | | |
| AP Trx #: 105693 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 200.00 | |
| | | Vnd: 3268 Invoice: 3096 | 440-0000-211000 | | 200.00 |
| | | Expected Check Run: 04/11/2025 | | <u>200.00</u> | <u>200.00</u> |
| 04/11/2025 | AP | BLACKSTONE PUBLISHING | Invoice: 2190580 Ref#: 69725(AUDIO BOOKS) | | |
| AP Trx #: 105694 | | AV MATERIAL | 440-5700-532900 | 34.94 | |
| | | Vnd: 1107 Invoice: 2190580 | 440-0000-211000 | | 34.94 |
| | | Expected Check Run: 04/11/2025 | | <u>34.94</u> | <u>34.94</u> |
| 04/11/2025 | AP | BRIDGES LIBRARY SYSTEM | Invoice: 2025-13010062 Ref#: 69703(COOPERATIVE PURCHASE BILLING) | | |
| AP Trx #: 105695 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 535.95 | |
| | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 1,129.00 | |
| | | Vnd: 1900 Invoice: 2025-13010062 | 440-0000-211000 | | 1,664.95 |
| | | Expected Check Run: 04/11/2025 | | <u>1,664.95</u> | <u>1,664.95</u> |
| 04/11/2025 | AP | BRIDGES LIBRARY SYSTEM | Invoice: 2025-13010013 Ref#: 69730(CAFE SERVICES) | | |
| AP Trx #: 105696 | | CAF+- | 440-5511-534100 | 26,951.00 | |
| | | SHARED COUNTY DATABASES | 440-5511-534400 | 1,275.00 | |
| | | ELECTRONIC TOOLS & SERVICES | 440-5511-534000 | 441.00 | |
| | | DIGITAL COLLECTIONS | 440-5511-534900 | 4,330.00 | |
| | | Vnd: 1900 Invoice: 2025-13010013 | 440-0000-211000 | | 32,997.00 |
| | | Expected Check Run: 04/11/2025 | | <u>32,997.00</u> | <u>32,997.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|----------------------------------|---|-----------|-----------|
| 04/11/2025 | AP | BRIDGES LIBRARY SYSTEM | Invoice: 2025-13010039 Ref#: 69733 (BOOKPAGE) | | |
| AP Trx #: 105697 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 422.40 | |
| | | Vnd: 1900 Invoice: 2025-13010039 | 440-0000-211000 | | 422.40 |
| | | Expected Check Run: 04/11/2025 | | <hr/> | <hr/> |
| | | | | 422.40 | 422.40 |
| 04/11/2025 | AP | BRODART | Invoice: B6953225 Ref#: 69723 (BOOKS) | | |
| AP Trx #: 105698 | | BOOKS | 440-5700-532800 | 227.76 | |
| | | Vnd: 0987 Invoice: B6953225 | 440-0000-211000 | | 227.76 |
| | | Expected Check Run: 04/11/2025 | | <hr/> | <hr/> |
| | | | | 227.76 | 227.76 |
| 04/11/2025 | AP | BRODART | Invoice: B6953265 Ref#: 69724 (BOOKS) | | |
| AP Trx #: 105699 | | BOOKS | 440-5700-532800 | 357.06 | |
| | | Vnd: 0987 Invoice: B6953265 | 440-0000-211000 | | 357.06 |
| | | Expected Check Run: 04/11/2025 | | <hr/> | <hr/> |
| | | | | 357.06 | 357.06 |
| 04/11/2025 | AP | BRODART | Invoice: B6956568 Ref#: 69813 (BOOKS) | | |
| AP Trx #: 105700 | | BOOKS | 440-5700-532800 | 86.23 | |
| | | Vnd: 0987 Invoice: B6956568 | 440-0000-211000 | | 86.23 |
| | | Expected Check Run: 04/11/2025 | | <hr/> | <hr/> |
| | | | | 86.23 | 86.23 |
| 04/11/2025 | AP | COMPLETE OFFICE OF WISCONSIN | Invoice: 888866 Ref#: 69704 (COPY PAPER) | | |
| AP Trx #: 105701 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 110.98 | |
| | | Vnd: 3340 Invoice: 888866 | 440-0000-211000 | | 110.98 |
| | | Expected Check Run: 04/11/2025 | | <hr/> | <hr/> |
| | | | | 110.98 | 110.98 |
| 04/11/2025 | AP | COMPLETE OFFICE OF WISCONSIN | Invoice: 898886 Ref#: 69903 (CLEANING SUPPLIES) | | |
| AP Trx #: 105702 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 503.72 | |
| | | Vnd: 3340 Invoice: 898886 | 440-0000-211000 | | 503.72 |
| | | Expected Check Run: 04/11/2025 | | <hr/> | <hr/> |
| | | | | 503.72 | 503.72 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---|-----------------|-----------|-----------|
| 04/11/2025 | AP | CREATESCAPE LANDSCAPING SERVICE INC | | | |
| AP Trx #: 105703 | | Invoice: 40381 Ref#: 69766 (SPRING CLEANUP/PD BY MCADAMS) | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 5,480.00 | |
| | | Vnd: 3297 Invoice: 40381 | 440-0000-211000 | | 5,480.00 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | 5,480.00 | 5,480.00 |
| 04/11/2025 | AP | DEMCO INC | | | |
| AP Trx #: 105704 | | Invoice: 7616324 Ref#: 69705 (BOOK COVERS & LABELS) | | | |
| | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 173.74 | |
| | | Vnd: 0053 Invoice: 7616324 | 440-0000-211000 | | 173.74 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | 173.74 | 173.74 |
| 04/11/2025 | AP | GREAT AMERICAN FINANCIAL SVCS. | | | |
| AP Trx #: 105705 | | Invoice: 38856177 Ref#: 69764 (5/10/25-6/9/25 AGREEMENT) | | | |
| | | CONTRACTUAL SERVICES | 440-5511-522000 | 403.19 | |
| | | Vnd: 1290 Invoice: 38856177 | 440-0000-211000 | | 403.19 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | 403.19 | 403.19 |
| 04/11/2025 | AP | IMPACT ACQUISITIONS, LLC | | | |
| AP Trx #: 105706 | | Invoice: 3448238 Ref#: 69700 (COPIES 12/10/24-3/9/25) | | | |
| | | CONTRACTUAL SERVICES | 440-5511-522000 | 315.69 | |
| | | Vnd: 3192 Invoice: 3448238 | 440-0000-211000 | | 315.69 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | 315.69 | 315.69 |
| 04/11/2025 | AP | KLASSY KLEANERS | | | |
| AP Trx #: 105707 | | Invoice: 1073 Ref#: 69889 (WEEKEND CLEANING) | | | |
| | | OUTSIDE SERVICES | 440-5511-531000 | 1,080.00 | |
| | | Vnd: 3114 Invoice: 1073 | 440-0000-211000 | | 1,080.00 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | 1,080.00 | 1,080.00 |
| 04/11/2025 | AP | MACY FIEHWEG | | | |
| AP Trx #: 105708 | | Invoice: MARCH Ref#: 69728 (WLA EVENT) | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 24.12 | |
| | | Vnd: 3365 Invoice: MARCH | 440-0000-211000 | | 24.12 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | 24.12 | 24.12 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|-----------------|-----------------|
| 04/11/2025 | AP | MIDWEST TAPE | | | |
| AP Trx #: 105709 | | | | | |
| | | DIGITAL COLLECTIONS | 440-5511-534900 | 879.31 | |
| | | Vnd: 0074 Invoice: 506969948 | 440-0000-211000 | | 879.31 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>879.31</u> | <u>879.31</u> |
| 04/11/2025 | AP | OLEARY PLUMBING & HEATING INC | | | |
| AP Trx #: 105710 | | | | | |
| | | REPAIRS & MAINTENANCE | 440-5511-539500 | 300.59 | |
| | | Vnd: 0215 Invoice: 109305 | 440-0000-211000 | | 300.59 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>300.59</u> | <u>300.59</u> |
| 04/11/2025 | AP | PLAYAWAY PRODUCTS LLC | | | |
| AP Trx #: 105711 | | | | | |
| | | THINGERY COLLECTION | 440-5511-533000 | 224.85 | |
| | | Vnd: 3341 Invoice: 493119 | 440-0000-211000 | | 224.85 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>224.85</u> | <u>224.85</u> |
| 04/11/2025 | AP | RINDERLE DOOR CO | | | |
| AP Trx #: 105712 | | | | | |
| | | REPAIRS & MAINTENANCE | 440-5511-539500 | 1,309.22 | |
| | | Vnd: 0086 Invoice: 48106 | 440-0000-211000 | | 1,309.22 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>1,309.22</u> | <u>1,309.22</u> |
| 04/11/2025 | AP | TAMMY O'CONNELL | | | |
| AP Trx #: 105713 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 100.00 | |
| | | Vnd: 3296 Invoice: 442025 | 440-0000-211000 | | 100.00 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>100.00</u> | <u>100.00</u> |
| 04/11/2025 | AP | THOMAS PRESS, INC. | | | |
| AP Trx #: 105714 | | | | | |
| | | OUTREACH | 440-5511-533300 | 126.00 | |
| | | Vnd: 3247 Invoice: 1188-25 | 440-0000-211000 | | 126.00 |
| | | Expected Check Run: 04/11/2025 | | | |
| | | | | <u>126.00</u> | <u>126.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|-------------------------------------|-----------------|------------------|------------------|
| 04/11/2025 | AP | UNIQUE MANAGEMENT | | | |
| AP Trx #: 105715 | | | | | |
| | | OUTSIDE SERVICES | 440-5511-531000 | 19.70 | |
| | | Vnd: 0092 Invoice: 6137332 | 440-0000-211000 | | 19.70 |
| | | Expected Check Run: 04/11/2025 | | <u>19.70</u> | <u>19.70</u> |
| 04/11/2025 | AP | UNITED STATES ALLIANCE FIRE PROTECT | | | |
| AP Trx #: 105716 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 1,896.00 | |
| | | Vnd: 0588 Invoice: 1046-F149574 | 440-0000-211000 | | 1,896.00 |
| | | Expected Check Run: 04/11/2025 | | <u>1,896.00</u> | <u>1,896.00</u> |
| Cash/Payable Account Totals: | | | | <u>54,275.12</u> | <u>54,275.12</u> |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 54,275.12 |
| | | TOTAL INCREASE IN PAYABI | | | 54,275.12 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|-------------------------------------|--|-----------|-----------|
| 04/23/2025 | AP | AFLAC | Invoice: 723132 Ref#: 70149 (ACCOUNT# V1553 APRIL 2025 SUPPLEMENTAL) | | |
| AP Trx #: 106006 | | | | | |
| | | APRIL 2025 SUPPLEMENTAL INS PAYABLE | 100-0000-215302 | 501.22 | |
| | | APRIL 2025 SUPPLEMENTAL INS PAYABLE | 150-0000-215302 | 307.72 | |
| | | APRIL 2025 SUPPLEMENTAL INS PAYABLE | 610-0000-215302 | 120.43 | |
| | | APRIL 2025 SUPPLEMENTAL INS PAYABLE | 620-0000-215302 | 112.95 | |
| | | Vnd: 0004 Invoice: 723132 | 100-0000-211000 | | 501.22 |
| | | Vnd: 0004 Invoice: 723132 | 150-0000-211000 | | 307.72 |
| | | Vnd: 0004 Invoice: 723132 | 610-0000-211000 | | 120.43 |
| | | Vnd: 0004 Invoice: 723132 | 620-0000-211000 | | 112.95 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 1,042.32 | 1,042.32 |
| 04/23/2025 | AP | MUKWONAGO PROFESSIONAL | Invoice: APRIL 2025 Ref#: 70152 (APRIL 2025 FIRE UNION DUES) | | |
| AP Trx #: 106007 | | | | | |
| | | APRIL 2025 FIRE UNION DUES | 150-0000-215500 | 900.00 | |
| | | Vnd: 0017 Invoice: APRIL 2025 | 150-0000-211000 | | 900.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 900.00 | 900.00 |
| 04/23/2025 | AP | MUKWONAGO PROFESSIONAL POLICE | Invoice: APRIL 2025 Ref#: 70151 (APRIL 2025 POLICE UNION DUES) | | |
| AP Trx #: 106008 | | | | | |
| | | APRIL 2025 POLICE UNION DUES | 100-0000-215500 | 550.00 | |
| | | Vnd: 0016 Invoice: APRIL 2025 | 100-0000-211000 | | 550.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 550.00 | 550.00 |
| 04/23/2025 | AP | VILLAGE OF MUKWONAGO MRA | Invoice: APRIL 2025 Ref#: 70150 (APRIL 2025 FSA) | | |
| AP Trx #: 106009 | | | | | |
| | | APRIL 2025 FSA | 100-0000-215350 | 2,025.21 | |
| | | APRIL 2025 FSA | 150-0000-215350 | 970.91 | |
| | | APRIL 2025 FSA | 440-0000-215350 | 40.00 | |
| | | APRIL 2025 FSA | 610-0000-215350 | 4.27 | |
| | | APRIL 2025 FSA | 620-0000-215350 | 230.35 | |
| | | Vnd: 0018 Invoice: APRIL 2025 | 100-0000-211000 | | 2,025.21 |
| | | Vnd: 0018 Invoice: APRIL 2025 | 150-0000-211000 | | 970.91 |
| | | Vnd: 0018 Invoice: APRIL 2025 | 440-0000-211000 | | 40.00 |
| | | Vnd: 0018 Invoice: APRIL 2025 | 610-0000-211000 | | 4.27 |
| | | Vnd: 0018 Invoice: APRIL 2025 | 620-0000-211000 | | 230.35 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 3,270.74 | 3,270.74 |
| | | | | 5,763.06 | 5,763.06 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 3,076.43 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 2,178.63 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 40.00 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 124.70 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 343.3 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|-----------|---------|-------------|--------------------------|-----------|-----------|
| | | | TOTAL INCREASE IN PAYABI | | 5,763.06 |

User: BKEIZER BANK CODE: GEN PAY BY: EFT TRANSFER ENTRY DATES 04/17/2025 - 04/17/2025 CHECK RUN DATES 04/23/2025 - 04/23/2025
 DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/17/2025 | AP | ACORN TV ANNUAL US | | | |
| AP Trx #: 105925 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 83.99 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 83.99 |
| | | Expected Check Run: 04/23/2025 | | <u>83.99</u> | <u>83.99</u> |
| 04/17/2025 | AP | ADOBE *ADOBE | | | |
| AP Trx #: 105926 | | | | | |
| | | OUTREACH | 440-5511-533300 | 36.74 | |
| | | Vnd: MISCCC Invoice: ARMOUR ABBY | 440-0000-211000 | | 36.74 |
| | | Expected Check Run: 04/23/2025 | | <u>36.74</u> | <u>36.74</u> |
| 04/17/2025 | AP | AMAZON MARK* HP9W45F23 | | | |
| AP Trx #: 105927 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5231-531100 | 46.97 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 46.97 |
| | | Expected Check Run: 04/23/2025 | | <u>46.97</u> | <u>46.97</u> |
| 04/17/2025 | AP | AMAZON MKTPL*7Q5KS5BK3 | | | |
| AP Trx #: 105928 | | | | | |
| | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 101.99 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 340-0000-211000 | | 101.99 |
| | | Expected Check Run: 04/23/2025 | | <u>101.99</u> | <u>101.99</u> |
| 04/17/2025 | AP | AMAZON MKTPL*FJ0X16EU3 | | | |
| AP Trx #: 105929 | | | | | |
| | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | 33.95 | |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 620-0000-211000 | | 33.95 |
| | | Expected Check Run: 04/23/2025 | | <u>33.95</u> | <u>33.95</u> |
| 04/17/2025 | AP | AMAZON MKTPL*J49LO6X33 | | | |
| AP Trx #: 105930 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5211-531100 | 39.96 | |
| | | Vnd: MISCCC Invoice: STREIT DANIEL | 100-0000-211000 | | 39.96 |
| | | Expected Check Run: 04/23/2025 | | <u>39.96</u> | <u>39.96</u> |

User: BKEIZER BANK CODE: GEN PAY BY: EFT TRANSFER ENTRY DATES 04/17/2025 - 04/17/2025 CHECK RUN DATES 04/23/2025 - 04/23/2025
 DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|-----------------|-----------|-----------|
| 04/17/2025 | AP | AMAZON MKTPL*JQ3WT7FT3 | | | |
| AP Trx #: 105931 | | | | | |
| | | AMAZON MKTPL*JQ3WT7FT3 | | | |
| | | INVOICE: KUBIAK MICHAEL Ref#: 70002(NNO HELIUM) | | | |
| | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 92.99 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 340-0000-211000 | | 92.99 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 92.99 | 92.99 |
| 04/17/2025 | AP | AMAZON MKTPL*XE3L79I03 | | | |
| AP Trx #: 105932 | | | | | |
| | | AMAZON MKTPL*XE3L79I03 | | | |
| | | INVOICE: KUBIAK MICHAEL Ref#: 69997(SQUAD BROOM) | | | |
| | | OPERATIONAL SUPPLIES | 100-5212-531100 | 46.55 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 100-0000-211000 | | 46.55 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 46.55 | 46.55 |
| 04/17/2025 | AP | AMERICAN AED LLC | | | |
| AP Trx #: 105933 | | | | | |
| | | AMERICAN AED LLC | | | |
| | | INVOICE: KUBIAK MICHAEL Ref#: 69998(AED REPLACEMENT BATTERY) | | | |
| | | REPAIRS & MAINTENANCE | 100-5212-539500 | 327.00 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 100-0000-211000 | | 327.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 327.00 | 327.00 |
| 04/17/2025 | AP | APPLE.COM/BILL | | | |
| AP Trx #: 105934 | | | | | |
| | | APPLE.COM/BILL | | | |
| | | INVOICE: SURA MATTHEW J Ref#: 70029(APPLE INVOICE) | | | |
| | | OPERATIONAL SUPPLIES | 150-5221-531100 | 0.99 | |
| | | Vnd: MISCCC Invoice: SURA MATTHEW J | 150-0000-211000 | | 0.99 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 0.99 | 0.99 |
| 04/17/2025 | AP | ARBOR DAY FOUNDATION | | | |
| AP Trx #: 105935 | | | | | |
| | | ARBOR DAY FOUNDATION | | | |
| | | INVOICE: BITTNER RONALD Ref#: 69957(ARBOR DAY YEAR DECALS) | | | |
| | | OPERATIONAL SUPPLIES | 100-5611-531100 | 6.25 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 6.25 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 6.25 | 6.25 |
| 04/17/2025 | AP | BADGER BURGER COMPANY SOU | | | |
| AP Trx #: 105936 | | | | | |
| | | BADGER BURGER COMPANY SOU | | | |
| | | INVOICE: DYKSTRA DIANA Ref#: 69977(PLANNING DOT MEETING) | | | |
| | | PLANNING DOT MEETING | 100-5141-533500 | 56.84 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 56.84 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 56.84 | 56.84 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|--|-----------|-----------|
| 04/17/2025 | AP | BATTERIES PLUS #0580 | Invoice: SMITH JAMES A Ref#: 70016(UPS BATTERIES) | | |
| AP Trx #: 105937 | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | 69.31 | |
| | | OPERATION SUPPLY/EXPENSE | 620-8020-827000 | 69.30 | |
| | | OPERATION SUPPLY/EXP-PUMPING | 610-6200-662300 | 69.31 | |
| | | Vnd: MISCCC Invoice: SMITH JAMES A | 620-0000-211000 | | 138.61 |
| | | Vnd: MISCCC Invoice: SMITH JAMES A | 610-0000-211000 | | 69.31 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 207.92 | 207.92 |
| 04/17/2025 | AP | BOOKWORM GARDENS | Invoice: CEITHAMER EMILY Ref#: 69974(EXPLORE PASS) | | |
| AP Trx #: 105938 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 100.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 100.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 100.00 | 100.00 |
| 04/17/2025 | AP | BUFFALO WILD WNGS 0082 | Invoice: KINDER MATTHEW Ref#: 69991(TRAINING- WRWA MEAL ALLOWANCE) | | |
| AP Trx #: 105939 | | MISC GENERAL EXPENSES | 610-6920-693000 | 13.54 | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 13.53 | |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 610-0000-211000 | | 13.54 |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 620-0000-211000 | | 13.53 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 27.07 | 27.07 |
| 04/17/2025 | AP | CANVA* I04458-48058181 | Invoice: KIM CATHRYN Ref#: 69981(BUSINESS CARDS) | | |
| AP Trx #: 105940 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 214.00 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 214.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 214.00 | 214.00 |
| 04/17/2025 | AP | DISNEY PLUS | Invoice: CEITHAMER EMILY Ref#: 69963(MONTHLY BUNDLE) | | |
| AP Trx #: 105941 | | THINGERY MAINTENANCE | 440-5511-531800 | 17.94 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 17.94 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 17.94 | 17.94 |
| 04/17/2025 | AP | DNR WS2 EM1 EPAY DEM SALE | Invoice: SUKOWATY JAYME Ref#: 70027(WATER LICENSE RENEWAL) | | |
| AP Trx #: 105942 | | MISC GENERAL EXPENSES | 610-6920-693000 | 45.00 | |
| | | Vnd: MISCCC Invoice: SUKOWATY JAYME | 610-0000-211000 | | 45.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 45.00 | 45.00 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/17/2025 | AP | DNR WS2 EM1 EPAY DEM SRVF | | | |
| AP Trx #: 105943 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 0.90 | |
| | | Vnd: MISCCC Invoice: SUKOWATY JAYME | 610-0000-211000 | | 0.90 |
| | | Expected Check Run: 04/23/2025 | | <u>0.90</u> | <u>0.90</u> |
| 04/17/2025 | AP | DOLLARTREE | | | |
| AP Trx #: 105944 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 75.00 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 75.00 |
| | | Expected Check Run: 04/23/2025 | | <u>75.00</u> | <u>75.00</u> |
| 04/17/2025 | AP | DOMINO'S 2096 | | | |
| AP Trx #: 105945 | | | | | |
| | | OUTREACH | 440-5511-533300 | 82.26 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 82.26 |
| | | Expected Check Run: 04/23/2025 | | <u>82.26</u> | <u>82.26</u> |
| 04/17/2025 | AP | DOMINO'S 2096 | | | |
| AP Trx #: 105946 | | | | | |
| | | OUTREACH | 440-5511-533300 | 15.73 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 15.73 |
| | | Expected Check Run: 04/23/2025 | | <u>15.73</u> | <u>15.73</u> |
| 04/17/2025 | AP | EAGLE MEDIA INC. | | | |
| AP Trx #: 105947 | | | | | |
| | | CLOTHING ALLOWANCE | 150-5233-534600 | 84.00 | |
| | | CLOTHING ALLOWANCE | 150-5221-534600 | 83.00 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 167.00 |
| | | Expected Check Run: 04/23/2025 | | <u>167.00</u> | <u>167.00</u> |
| 04/17/2025 | AP | FIVE GUYS WI 1062 QSR | | | |
| AP Trx #: 105948 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 9.48 | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 9.49 | |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 610-0000-211000 | | 9.48 |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 620-0000-211000 | | 9.49 |
| | | Expected Check Run: 04/23/2025 | | <u>18.97</u> | <u>18.97</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/17/2025 | AP | GOVX | | | |
| AP Trx #: 105949 | | | | | |
| | | CLOTHING ALLOWANCE | 100-5211-534600 | 126.99 | |
| | | Vnd: MISCCC Invoice: STREIT DANIEL | 100-0000-211000 | | 126.99 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>126.99</u> | <u>126.99</u> |
| 04/17/2025 | AP | HI STEVENS POINT CONVEN | | | |
| AP Trx #: 105950 | | | | | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 121.99 | |
| | | Vnd: MISCCC Invoice: BROWN DAVID | 620-0000-211000 | | 121.99 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>121.99</u> | <u>121.99</u> |
| 04/17/2025 | AP | HOME2 SUITE GREEN BAY | | | |
| AP Trx #: 105951 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 162.00 | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 162.00 | |
| | | Vnd: MISCCC Invoice: CASTLE WAYNE A | 610-0000-211000 | | 162.00 |
| | | Vnd: MISCCC Invoice: CASTLE WAYNE A | 620-0000-211000 | | 162.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>324.00</u> | <u>324.00</u> |
| 04/17/2025 | AP | INTL CRANE FDN. | | | |
| AP Trx #: 105952 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 60.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 60.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>60.00</u> | <u>60.00</u> |
| 04/17/2025 | AP | JOURNAL SENTINEL | | | |
| AP Trx #: 105953 | | | | | |
| | | NEWSPAPERS | 440-5511-532700 | 422.29 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 422.29 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>422.29</u> | <u>422.29</u> |
| 04/17/2025 | AP | LS ODDWILLOWS GAME HA | | | |
| AP Trx #: 105954 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 20.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 20.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>20.00</u> | <u>20.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/17/2025 | AP | MAILCHIMP | | | |
| AP Trx #: 105955 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5141-531100 | 47.25 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 47.25 |
| | | Expected Check Run: 04/23/2025 | | <u>47.25</u> | <u>47.25</u> |
| 04/17/2025 | AP | METRO MARKET #384 | | | |
| AP Trx #: 105956 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5144-531100 | 78.81 | |
| | | Vnd: MISCCC Invoice: KROPF LANA | 100-0000-211000 | | 78.81 |
| | | Expected Check Run: 04/23/2025 | | <u>78.81</u> | <u>78.81</u> |
| 04/17/2025 | AP | METRO MARKET #384 | | | |
| AP Trx #: 105957 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5221-531100 | 19.59 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 19.59 |
| | | Expected Check Run: 04/23/2025 | | <u>19.59</u> | <u>19.59</u> |
| 04/17/2025 | AP | MILW ART MUSEUM | | | |
| AP Trx #: 105958 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 600.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 600.00 |
| | | Expected Check Run: 04/23/2025 | | <u>600.00</u> | <u>600.00</u> |
| 04/17/2025 | AP | MILWAUKEEDOMESALLIANCE | | | |
| AP Trx #: 105959 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 500.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 500.00 |
| | | Expected Check Run: 04/23/2025 | | <u>500.00</u> | <u>500.00</u> |
| 04/17/2025 | AP | NETFLIX.COM | | | |
| AP Trx #: 105960 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 24.99 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 24.99 |
| | | Expected Check Run: 04/23/2025 | | <u>24.99</u> | <u>24.99</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-------------------------------------|-----------------|-----------|-----------|
| 04/17/2025 | AP | NNA SERVICES LLC | | | |
| AP Trx #: 105961 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 20.00 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 20.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 20.00 | 20.00 |
| 04/17/2025 | AP | OPC MSC*SERVICE FEE 024 | | | |
| AP Trx #: 105962 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 5.62 | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 5.63 | |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 610-0000-211000 | | 5.62 |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 620-0000-211000 | | 5.63 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 11.25 | 11.25 |
| 04/17/2025 | AP | OPC*WI RURAL WTR CONF | | | |
| AP Trx #: 105963 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 165.00 | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 165.00 | |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 610-0000-211000 | | 165.00 |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 620-0000-211000 | | 165.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 330.00 | 330.00 |
| 04/17/2025 | AP | PAYPAL *WISCONSIN L WI | | | |
| AP Trx #: 105964 | | | | | |
| | | Training & Travel | 500-5344-533500 | 10.37 | |
| | | TRAINING & TRAVEL | 100-5323-533500 | 113.13 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 500-0000-211000 | | 10.37 |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 113.13 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 123.50 | 123.50 |
| 04/17/2025 | AP | PHCC-WISCONSIN | | | |
| AP Trx #: 105965 | | | | | |
| | | TRAINING & TRAVEL | 100-5241-533500 | 89.00 | |
| | | Vnd: MISCCC Invoice: RUTENBECK TIM | 100-0000-211000 | | 89.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 89.00 | 89.00 |
| 04/17/2025 | AP | PHCC-WISCONSIN | | | |
| AP Trx #: 105966 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 119.00 | |
| | | Vnd: MISCCC Invoice: SUKOWATY JAYME | 610-0000-211000 | | 119.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 119.00 | 119.00 |

User: BKEIZER BANK CODE: GEN PAY BY: EFT TRANSFER ENTRY DATES 04/17/2025 - 04/17/2025 CHECK RUN DATES 04/23/2025 - 04/23/2025
 DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|--|---------------|---------------|
| 04/17/2025 | AP | PIGGLY WIGGLY #208 | Invoice: DYKSTRA DIANA Ref#: 69978(120 PROCLAMATION EVENT) | | |
| AP Trx #: 105967 | | 120 PROCLAMATION EVENT | 100-5111-531100 | 24.99 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 24.99 |
| | | Expected Check Run: 04/23/2025 | | <u>24.99</u> | <u>24.99</u> |
| 04/17/2025 | AP | POSITIVE PROMOTIONS | Invoice: KUBIAK MICHAEL Ref#: 69999(NNO GIVEAWAY ITEMS) | | |
| AP Trx #: 105968 | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 465.82 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 340-0000-211000 | | 465.82 |
| | | Expected Check Run: 04/23/2025 | | <u>465.82</u> | <u>465.82</u> |
| 04/17/2025 | AP | POSITIVE PROMOTIONS | Invoice: KUBIAK MICHAEL Ref#: 70001(NNO GIVEAWAY ITEMS) | | |
| AP Trx #: 105969 | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 338.95 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 340-0000-211000 | | 338.95 |
| | | Expected Check Run: 04/23/2025 | | <u>338.95</u> | <u>338.95</u> |
| 04/17/2025 | AP | PY *PIZZA RANCH STEVENS | Invoice: BROWN DAVID Ref#: 69958(TRAINING- MEAL ALLOWANCE) | | |
| AP Trx #: 105970 | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 17.27 | |
| | | Vnd: MISCCC Invoice: BROWN DAVID | 620-0000-211000 | | 17.27 |
| | | Expected Check Run: 04/23/2025 | | <u>17.27</u> | <u>17.27</u> |
| 04/17/2025 | AP | S/S AUTOMOTIVE | Invoice: SUKOWATY JAYME Ref#: 70025(2019 2500 SILVERADO FENDER REPAIR) | | |
| AP Trx #: 105971 | | TRANSPORTATION EXPENSES | 610-6920-693300 | 822.00 | |
| | | Vnd: MISCCC Invoice: SUKOWATY JAYME | 610-0000-211000 | | 822.00 |
| | | Expected Check Run: 04/23/2025 | | <u>822.00</u> | <u>822.00</u> |
| 04/17/2025 | AP | SCHLITZ AUDUBON NATURE CE | Invoice: CEITHAMER EMILY Ref#: 69967(EXPLORE PASS) | | |
| AP Trx #: 105972 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 75.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 75.00 |
| | | Expected Check Run: 04/23/2025 | | <u>75.00</u> | <u>75.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|-----------|-----------|
| 04/17/2025 | AP | SEW MUCH MORE | | | |
| AP Trx #: 105973 | | | | | |
| | | METASPACE MAINTENANCE | 440-5511-531700 | 419.94 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 419.94 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 419.94 | 419.94 |
| 04/17/2025 | AP | SEW MUCH MORE | | | |
| AP Trx #: 105974 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 70.89 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 70.89 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 70.89 | 70.89 |
| 04/17/2025 | AP | SIMPLE TIRE | | | |
| AP Trx #: 105975 | | | | | |
| | | REPAIRS & MAINTENANCE | 100-5324-539500 | 154.46 | |
| | | Vnd: MISCCC Invoice: PETERSON RANDY | 100-0000-211000 | | 154.46 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 154.46 | 154.46 |
| 04/17/2025 | AP | SQ *DRIFTLESS PATHWAYS | | | |
| AP Trx #: 105976 | | | | | |
| | | BOOKS | 440-5700-532800 | 18.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 18.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 18.00 | 18.00 |
| 04/17/2025 | AP | STICKERAPP | | | |
| AP Trx #: 105977 | | | | | |
| | | OUTREACH | 440-5511-533300 | 101.00 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 101.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 101.00 | 101.00 |
| 04/17/2025 | AP | THE BUSINESS JOURNALS | | | |
| AP Trx #: 105978 | | | | | |
| | | BUSINESS JOURNAL | 100-5670-531100 | 220.00 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 220.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 220.00 | 220.00 |

User: BKEIZER BANK CODE: GEN PAY BY: EFT TRANSFER ENTRY DATES 04/17/2025 - 04/17/2025 CHECK RUN DATES 04/23/2025 - 04/23/2025
 DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|--|---------------|---------------|
| 04/17/2025 | AP | THE HOME DEPOT #4921 | Invoice: BROWN DAVID Ref#: 69960(ATKINSON LS- REPAIR/REPLACE LEVEL SENS(| | |
| AP Trx #: 105979 | | MAINTENANCE-LIFT STATIONS/PUMP | 620-8020-832000 | 24.20 | |
| | | Vnd: MISCCC Invoice: BROWN DAVID | 620-0000-211000 | | 24.20 |
| | | Expected Check Run: 04/23/2025 | | <u>24.20</u> | <u>24.20</u> |
| 04/17/2025 | AP | THE HOME DEPOT #4921 | Invoice: BROWN DAVID Ref#: 69961(ATKINSON LS- REPAIR/REPLACE LEVEL SENS(| | |
| AP Trx #: 105980 | | MAINTENANCE-LIFT STATIONS/PUMP | 620-8020-832000 | 10.87 | |
| | | Vnd: MISCCC Invoice: BROWN DAVID | 620-0000-211000 | | 10.87 |
| | | Expected Check Run: 04/23/2025 | | <u>10.87</u> | <u>10.87</u> |
| 04/17/2025 | AP | THE HOME DEPOT #4921 | Invoice: KIM CATHRYN Ref#: 69986(DOORSTOP) | | |
| AP Trx #: 105981 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 12.44 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 12.44 |
| | | Expected Check Run: 04/23/2025 | | <u>12.44</u> | <u>12.44</u> |
| 04/17/2025 | AP | THRIFT BOOKS GLOBAL, LLC | Invoice: CEITHAMER EMILY Ref#: 69965(BOOKS) | | |
| AP Trx #: 105982 | | BOOKS | 440-5700-532800 | 282.06 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 282.06 |
| | | Expected Check Run: 04/23/2025 | | <u>282.06</u> | <u>282.06</u> |
| 04/17/2025 | AP | US BANK STATEMENT CREDITS | Invoice: KINDER MATTHEW Ref#: 69987(CREDIT FOR TAX CHARGE) | | |
| AP Trx #: 105983 | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | | 34.49 |
| | | Vnd: 3384 Invoice: KINDER MATTHEW | 620-0000-211000 | 34.49 | |
| | | Expected Check Run: 04/23/2025 | | <u>34.49</u> | <u>34.49</u> |
| 04/17/2025 | AP | US BANK STATEMENT CREDITS | Invoice: SMITH JAMES A Ref#: 70015(RETURN- UPS BATTERIES) | | |
| AP Trx #: 105984 | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | | 60.25 |
| | | OPERATION SUPPLY/EXPENSE | 620-8020-827000 | | 60.25 |
| | | OPERATION SUPPLY/EXP-PUMPING | 610-6200-662300 | | 60.25 |
| | | Vnd: 3384 Invoice: SMITH JAMES A | 620-0000-211000 | 120.50 | |
| | | Vnd: 3384 Invoice: SMITH JAMES A | 610-0000-211000 | 60.25 | |
| | | Expected Check Run: 04/23/2025 | | <u>180.75</u> | <u>180.75</u> |

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| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-------------------------------------|--|-----------------|-----------------|
| 04/17/2025 | AP | US BANK STATEMENT CREDITS | Invoice: STREIT DANIEL Ref#: 70024(UNIFORM ALLOWANCE - STREIT RETURN/REI | | |
| AP Trx #: 105985 | | CLOTHING ALLOWANCE | 100-5211-534600 | | 118.64 |
| | | Vnd: 3384 Invoice: STREIT DANIEL | 100-0000-211000 | 118.64 | |
| | | Expected Check Run: 04/23/2025 | | <u>118.64</u> | <u>118.64</u> |
| 04/17/2025 | AP | USPS PO 5657100149 | Invoice: BITTNER RONALD Ref#: 69956(PRIORITY MAIL FOR LAND PURCHASE CLO | | |
| AP Trx #: 105986 | | LAND ACQUISITION / DISPOSITION | 480-5700-589600 | 10.10 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 480-0000-211000 | | 10.10 |
| | | Expected Check Run: 04/23/2025 | | <u>10.10</u> | <u>10.10</u> |
| 04/17/2025 | AP | USPS PO 5657100149 | Invoice: KROPF LANA Ref#: 69993(ELECTION POSTAGE- OVERNIGHT BALLOT) | | |
| AP Trx #: 105987 | | POSTAGE | 100-5144-531500 | 31.40 | |
| | | Vnd: MISCCC Invoice: KROPF LANA | 100-0000-211000 | | 31.40 |
| | | Expected Check Run: 04/23/2025 | | <u>31.40</u> | <u>31.40</u> |
| 04/17/2025 | AP | VBS*VONAGE BUSINESS | Invoice: DOHERTY DIANA Ref#: 69976(4-11-2025 - 5-10-2025) | | |
| AP Trx #: 105988 | | TELEPHONE | 100-5141-522500 | 79.16 | |
| | | TELEPHONE | 100-5142-522500 | 79.41 | |
| | | SOFTWARE SUPPORT/MAINTENANCE | 100-5145-522900 | 79.16 | |
| | | TELEPHONE | 100-5241-522500 | 59.37 | |
| | | TELEPHONE | 100-5323-522500 | 59.62 | |
| | | TELEPHONE | 100-5512-522500 | 19.79 | |
| | | TELEPHONE | 100-5120-522500 | 19.79 | |
| | | TELEPHONE | 100-5211-522500 | 350.66 | |
| | | TELEPHONE | 150-5221-522500 | 361.48 | |
| | | TELEPHONE | 440-5511-522500 | 403.56 | |
| | | OFFICE SUPPLIES & EXPENSES | 610-6920-692100 | 61.99 | |
| | | OFFICE SUPPLIES & EXPENSES | 620-8400-851000 | 62.00 | |
| | | Vnd: MISCCC Invoice: DOHERTY DIANA | 100-0000-211000 | | 746.96 |
| | | Vnd: MISCCC Invoice: DOHERTY DIANA | 150-0000-211000 | | 361.48 |
| | | Vnd: MISCCC Invoice: DOHERTY DIANA | 440-0000-211000 | | 403.56 |
| | | Vnd: MISCCC Invoice: DOHERTY DIANA | 610-0000-211000 | | 61.99 |
| | | Vnd: MISCCC Invoice: DOHERTY DIANA | 620-0000-211000 | | 62.00 |
| | | Expected Check Run: 04/23/2025 | | <u>1,635.99</u> | <u>1,635.99</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|---|--------------|--------------|
| 04/17/2025 | AP | WAL-MART #1571 | Invoice: CEITHAMER EMILY Ref#: 69970 (PROGRAM SUPPLIES) | | |
| AP Trx #: 105989 | | PROGRAMMING | 440-5511-533100 | 46.13 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 46.13 |
| | | Expected Check Run: 04/23/2025 | | <u>46.13</u> | <u>46.13</u> |
| 04/17/2025 | AP | WAL-MART #1571 | Invoice: KIM CATHRYN Ref#: 69985 (CLEANING SUPPLIES) | | |
| AP Trx #: 105990 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 89.35 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 89.35 |
| | | Expected Check Run: 04/23/2025 | | <u>89.35</u> | <u>89.35</u> |
| 04/17/2025 | AP | WAL-MART #1571 | Invoice: PRIDE JAMES Ref#: 70006 (BINGO PRIZES) | | |
| AP Trx #: 105991 | | PROGRAMMING | 440-5511-533100 | 43.11 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 43.11 |
| | | Expected Check Run: 04/23/2025 | | <u>43.11</u> | <u>43.11</u> |
| 04/17/2025 | AP | WAL-MART #1571 | Invoice: STIEN JEFFREY R Ref#: 70017 (EMS SUPPLIES) | | |
| AP Trx #: 105992 | | OPERATIONAL SUPPLIES | 150-5231-531100 | 22.16 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 22.16 |
| | | Expected Check Run: 04/23/2025 | | <u>22.16</u> | <u>22.16</u> |
| 04/17/2025 | AP | WAL-MART #1571 | Invoice: STIEN JEFFREY R Ref#: 70018 (MOPS EMS SUPPLIES) | | |
| AP Trx #: 105993 | | OPERATIONAL SUPPLIES | 150-5231-531100 | 23.92 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 23.92 |
| | | Expected Check Run: 04/23/2025 | | <u>23.92</u> | <u>23.92</u> |
| 04/17/2025 | AP | WAUKESHA COUNTY WI REGIS | Invoice: KROPF LANA Ref#: 69995 (DAM RECORDED DOCUMENT- 4810253 CONV. FEI | | |
| AP Trx #: 105994 | | OTHER | 100-5142-539900 | 2.00 | |
| | | Vnd: MISCCC Invoice: KROPF LANA | 100-0000-211000 | | 2.00 |
| | | Expected Check Run: 04/23/2025 | | <u>2.00</u> | <u>2.00</u> |

User: BKEIZER BANK CODE: GEN PAY BY: EFT TRANSFER ENTRY DATES 04/17/2025 - 04/17/2025 CHECK RUN DATES 04/23/2025 - 04/23/2025
 DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---------------------------------------|-----------------|---------------|---------------|
| 04/17/2025 | AP | WAUKESHA COUNTY WI REGIS | | | |
| AP Trx #: 105995 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5142-531100 | 13.00 | |
| | | Vnd: MISCCC Invoice: KROPF LANA | 100-0000-211000 | | 13.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>13.00</u> | <u>13.00</u> |
| 04/17/2025 | AP | WHOLESALESOCKDEALS.COM | | | |
| AP Trx #: 105996 | | | | | |
| | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 383.05 | |
| | | Vnd: MISCCC Invoice: KUBIAK MICHAEL | 340-0000-211000 | | 383.05 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>383.05</u> | <u>383.05</u> |
| 04/17/2025 | AP | WI DFI WS2 CFI CC EPAY | | | |
| AP Trx #: 105997 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 20.00 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 20.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>20.00</u> | <u>20.00</u> |
| 04/17/2025 | AP | WM SUPERCENTER #1571 | | | |
| AP Trx #: 105998 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 145.17 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 145.17 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>145.17</u> | <u>145.17</u> |
| 04/17/2025 | AP | WM SUPERCENTER #1571 | | | |
| AP Trx #: 105999 | | | | | |
| | | OTHER | 100-5211-539900 | 65.44 | |
| | | Vnd: MISCCC Invoice: ZAESKE DEBBIE | 100-0000-211000 | | 65.44 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>65.44</u> | <u>65.44</u> |
| 04/17/2025 | AP | WWW.APWA.NET | | | |
| AP Trx #: 106000 | | | | | |
| | | TRAINING & TRAVEL | 100-5323-533500 | 150.00 | |
| | | Vnd: MISCCC Invoice: WILHARMS MICHAEL | 100-0000-211000 | | 150.00 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>150.00</u> | <u>150.00</u> |

User: BKEIZER BANK CODE: GEN PAY BY: EFT TRANSFER ENTRY DATES 04/17/2025 - 04/17/2025 CHECK RUN DATES 04/23/2025 - 04/23/2025
 DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|-------------------------------------|-----------------|-------------------------|-------------------------|
| 04/17/2025 | AP | WWW.BESTOFSIGNS.COM | | | |
| AP Trx #: 106001 | | | | | |
| | | OUTREACH | 440-5511-533300 | 107.17 | |
| | | Vnd: MISCCC Invoice: PRIDE JAMES | 440-0000-211000 | | 107.17 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>107.17</u> | <u>107.17</u> |
| 04/17/2025 | AP | WWW.UI.COM | | | |
| AP Trx #: 106002 | | | | | |
| | | SOFTWARE SUPPORT/MAINTENANCE | 100-5512-522900 | 143.80 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 143.80 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>143.80</u> | <u>143.80</u> |
| 04/17/2025 | AP | ZOOM.COM 888-799-9666 | | | |
| AP Trx #: 106003 | | | | | |
| | | ELECTRONIC TOOLS & SERVICES | 440-5511-534000 | 159.90 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 159.90 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>159.90</u> | <u>159.90</u> |
| 04/17/2025 | AP | ZORO TOOLS INC | | | |
| AP Trx #: 106004 | | | | | |
| | | BLDG REPAIRS & MAINTENANCE | 100-5211-539400 | 301.98 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 301.98 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | <u>301.98</u> | <u>301.98</u> |
| | | | | <u><u>11,670.11</u></u> | <u><u>11,670.11</u></u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 2,667.17 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 642.11 |
| | | VOUCHERS PAYABLE | 340-0000-211000 | | 1,382.80 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 4,266.66 |
| | | VOUCHERS PAYABLE | 480-0000-211000 | | 10.10 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 10.37 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 1,413.59 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 609.55 |
| | | TOTAL INCREASE IN PAYABI | | | 11,002.35 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|---|-----------|-----------|
| 04/23/2025 | AP | DELTA DENTAL OF WISCONSIN | Invoice: APR 2025 V Ref#: 70146(MAY 2025 VISION PREMIUMS) | | |
| AP Trx #: 106010 | | | | | |
| | | MAY 2025 VISION PREMIUMS | 100-0000-215303 | 131.83 | |
| | | MAY 2025 VISION PREMIUMS | 150-0000-215303 | 30.02 | |
| | | MAY 2025 VISION PREMIUMS | 440-0000-215303 | 30.16 | |
| | | MAY 2025 VISION PREMIUMS | 500-0000-215303 | 0.11 | |
| | | MAY 2025 VISION PREMIUMS | 610-0000-215303 | 11.23 | |
| | | MAY 2025 VISION PREMIUMS | 620-0000-215303 | 20.77 | |
| | | Vnd: 2974 Invoice: APR 2025 V | 100-0000-211000 | | 131.83 |
| | | Vnd: 2974 Invoice: APR 2025 V | 150-0000-211000 | | 30.02 |
| | | Vnd: 2974 Invoice: APR 2025 V | 440-0000-211000 | | 30.16 |
| | | Vnd: 2974 Invoice: APR 2025 V | 500-0000-211000 | | 0.11 |
| | | Vnd: 2974 Invoice: APR 2025 V | 610-0000-211000 | | 11.23 |
| | | Vnd: 2974 Invoice: APR 2025 V | 620-0000-211000 | | 20.77 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 224.12 | 224.12 |
| 04/23/2025 | AP | DELTA DENTAL OF WISCONSIN | Invoice: APR 2025 Ref#: 70147(MAY 2025 DENTAL PREMIUMS) | | |
| AP Trx #: 106011 | | | | | |
| | | MAY 2025 DENTAL PREMIUMS | 100-0000-215304 | 2,884.39 | |
| | | MAY 2025 DENTAL PREMIUMS | 150-0000-215304 | 407.84 | |
| | | MAY 2025 DENTAL PREMIUMS | 440-0000-215304 | 209.44 | |
| | | MAY 2025 DENTAL PREMIUMS | 500-0000-215304 | 2.37 | |
| | | MAY 2025 DENTAL PREMIUMS | 610-0000-215304 | 107.74 | |
| | | MAY 2025 DENTAL PREMIUMS | 620-0000-215304 | 181.26 | |
| | | Vnd: 2974 Invoice: APR 2025 | 100-0000-211000 | | 2,884.39 |
| | | Vnd: 2974 Invoice: APR 2025 | 150-0000-211000 | | 407.84 |
| | | Vnd: 2974 Invoice: APR 2025 | 440-0000-211000 | | 209.44 |
| | | Vnd: 2974 Invoice: APR 2025 | 500-0000-211000 | | 2.37 |
| | | Vnd: 2974 Invoice: APR 2025 | 610-0000-211000 | | 107.74 |
| | | Vnd: 2974 Invoice: APR 2025 | 620-0000-211000 | | 181.26 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 3,793.04 | 3,793.04 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|--|------------|------------|
| 04/23/2025 | AP | EMPLOYEE TRUST FUNDS | Invoice: APRIL 2025 Ref#: 70145(MAY 2025 HEALTH INSURANCE) | | |
| AP Trx #: 106012 | | | | | |
| | | MAY 2025 HEALTH INSURANCE | 100-0000-215300 | 70,654.88 | |
| | | MAY 2025 HEALTH INSURANCE | 150-0000-215300 | 19,591.23 | |
| | | MAY 2025 HEALTH INSURANCE | 440-0000-215300 | 5,794.75 | |
| | | MAY 2025 HEALTH INSURANCE | 500-0000-215300 | 59.99 | |
| | | MAY 2025 HEALTH INSURANCE | 610-0000-215300 | 6,212.72 | |
| | | MAY 2025 HEALTH INSURANCE | 620-0000-215300 | 7,644.44 | |
| | | WENDLANDT PREM TO COLLECT APRIL 2025 | 620-0000-215300 | | 436.80 |
| | | BOYER PREM TO COLLECT FROM PR 04/11/25 | 100-0000-215300 | 129.68 | |
| | | RUTENBECK FAMILY PREM - ADJ NEXT BILLING | 100-0000-215300 | 1,307.49 | |
| | | Vnd: 0008 Invoice: APRIL 2025 | 100-0000-211000 | | 72,092.05 |
| | | Vnd: 0008 Invoice: APRIL 2025 | 150-0000-211000 | | 19,591.23 |
| | | Vnd: 0008 Invoice: APRIL 2025 | 440-0000-211000 | | 5,794.75 |
| | | Vnd: 0008 Invoice: APRIL 2025 | 500-0000-211000 | | 59.99 |
| | | Vnd: 0008 Invoice: APRIL 2025 | 610-0000-211000 | | 6,212.72 |
| | | Vnd: 0008 Invoice: APRIL 2025 | 620-0000-211000 | | 7,207.64 |
| | | Expected Check Run: 04/23/2025 | | 111,395.18 | 111,395.18 |
| 04/23/2025 | AP | GREAT WEST RETIREMENT SERVICES | Invoice: PR 042525 Ref#: 70154(RETIREMENT GW PR 04-25-25) | | |
| AP Trx #: 106013 | | | | | |
| | | GW PR 04/25/25 DEF COMP | 100-0000-215250 | 794.42 | |
| | | GW PR 04/25/25 DEF COMP | 150-0000-215250 | 2,614.87 | |
| | | Vnd: 0005 Invoice: PR 042525 | 100-0000-211000 | | 794.42 |
| | | Vnd: 0005 Invoice: PR 042525 | 150-0000-211000 | | 2,614.87 |
| | | Expected Check Run: 04/23/2025 | | 3,409.29 | 3,409.29 |
| 04/23/2025 | AP | MISSION SQUARE | Invoice: PR042525 Ref#: 70153(RETIREMENT MS / ICMA PR 04/25/25 305155) | | |
| AP Trx #: 106014 | | | | | |
| | | ICMA / MS DEF COMP PR 04/25/25 | 100-0000-215250 | 4,089.70 | |
| | | ICMA / MS DEF COMP PR 04/25/25 | 150-0000-215250 | 53.59 | |
| | | ICMA / MS DEF COMP PR 04/25/25 | 440-0000-215250 | 970.56 | |
| | | ICMA / MS DEF COMP PR 04/25/25 | 610-0000-215250 | 194.39 | |
| | | ICMA / MS DEF COMP PR 04/25/25 | 620-0000-215250 | 267.44 | |
| | | ICMA / MS DEF COMP PR 04/25/25 | 500-0000-215250 | 4.29 | |
| | | Vnd: 0010 Invoice: PR042525 | 100-0000-211000 | | 4,089.70 |
| | | Vnd: 0010 Invoice: PR042525 | 150-0000-211000 | | 53.59 |
| | | Vnd: 0010 Invoice: PR042525 | 440-0000-211000 | | 970.56 |
| | | Vnd: 0010 Invoice: PR042525 | 610-0000-211000 | | 194.39 |
| | | Vnd: 0010 Invoice: PR042525 | 620-0000-211000 | | 267.44 |
| | | Vnd: 0010 Invoice: PR042525 | 500-0000-211000 | | 4.29 |
| | | Expected Check Run: 04/23/2025 | | 5,579.97 | 5,579.97 |

User: BKEIZER

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| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|------------------------------------|---|-----------|-----------|
| 04/23/2025 | AP | UKG INC. | Invoice: 300197227 Ref#: 70142 (PAYROLL PROCESSING FEES MARCH 2025) | | |
| AP Trx #: 106015 | | | | | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5300-539900 | 112.44 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5111-539900 | 98.39 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5120-539900 | 28.11 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5141-539900 | 14.06 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5145-539900 | 56.21 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5142-539900 | 28.11 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5241-539900 | 28.11 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5670-521900 | 14.06 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5211-539900 | 140.56 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5212-539900 | 140.56 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 100-5213-521900 | 28.11 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 150-5221-539900 | 407.61 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 150-5233-531100 | 84.33 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 440-5511-534000 | 393.56 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 610-6902-690300 | 42.17 | |
| | | PAYROLL PROCESSING FEES MARCH 2025 | 620-8300-840000 | 42.17 | |
| | | Vnd: 3181 Invoice: 300197227 | 100-0000-211000 | | 688.72 |
| | | Vnd: 3181 Invoice: 300197227 | 150-0000-211000 | | 491.94 |
| | | Vnd: 3181 Invoice: 300197227 | 440-0000-211000 | | 393.56 |
| | | Vnd: 3181 Invoice: 300197227 | 610-0000-211000 | | 42.17 |
| | | Vnd: 3181 Invoice: 300197227 | 620-0000-211000 | | 42.17 |
| | | Expected Check Run: 04/23/2025 | | | |
| | | | | 1,658.56 | 1,658.56 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|-----------|---------|-------------|-----------|-----------|-----------|
|-----------|---------|-------------|-----------|-----------|-----------|

| | | | | | |
|------------------|----|------------------------------|--|--------|--------|
| 04/23/2025 | AP | UKG INC. | Invoice: 300197226 Ref#: 70143(2024 W2 PRINTING) | | |
| AP Trx #: 106016 | | | | | |
| | | 2024 W2 PRINTING | 100-5300-539900 | 32.45 | |
| | | 2024 W2 PRINTING | 100-5111-539900 | 20.65 | |
| | | 2024 W2 PRINTING | 100-5120-539900 | 5.90 | |
| | | 2024 W2 PRINTING | 100-5145-539900 | 14.75 | |
| | | 2024 W2 PRINTING | 100-5142-539900 | 5.90 | |
| | | 2024 W2 PRINTING | 100-5241-539900 | 5.90 | |
| | | 2024 W2 PRINTING | 100-5632-539900 | 2.95 | |
| | | 2024 W2 PRINTING | 100-5211-539900 | 38.35 | |
| | | 2024 W2 PRINTING | 100-5212-539900 | 50.15 | |
| | | 2024 W2 PRINTING | 100-5213-521900 | 5.90 | |
| | | 2024 W2 PRINTING | 150-5221-539900 | 118.00 | |
| | | 2024 W2 PRINTING | 440-5511-534000 | 120.95 | |
| | | 2024 W2 PRINTING | 610-6902-690300 | 20.65 | |
| | | 2024 W2 PRINTING | 620-8300-840000 | 8.85 | |
| | | 2024 W2 PRINTING | 150-5233-531100 | 17.70 | |
| | | 2024 W2 PRINTING | 100-5141-539900 | 5.90 | |
| | | 2024 W2 PRINTING | 100-5144-521900 | 85.55 | |
| | | 2024 W2 PRINTING | 100-5670-521900 | 5.90 | |
| | | Vnd: 3181 Invoice: 300197226 | 100-0000-211000 | | 280.25 |
| | | Vnd: 3181 Invoice: 300197226 | 150-0000-211000 | | 135.70 |
| | | Vnd: 3181 Invoice: 300197226 | 440-0000-211000 | | 120.95 |
| | | Vnd: 3181 Invoice: 300197226 | 610-0000-211000 | | 20.65 |
| | | Vnd: 3181 Invoice: 300197226 | 620-0000-211000 | | 8.85 |

Expected Check Run: 04/23/2025

| | |
|--------|--------|
| 566.40 | 566.40 |
|--------|--------|

| | | | | | |
|------------------|----|-------------------------------|--|-----------|-----------|
| 04/23/2025 | AP | WI RETIREMENT SYSTEM | Invoice: APRIL 2025 Ref#: 70144(WISCONSIN RETIREMENT CONTRIBUTIONS - MAI | | |
| AP Trx #: 106017 | | | | | |
| | | WRS MARCH 2025 CONTRIBUTIONS | 100-0000-215200 | 39,535.39 | |
| | | WRS MARCH 2025 CONTRIBUTIONS | 150-0000-215200 | 17,634.42 | |
| | | WRS MARCH 2025 CONTRIBUTIONS | 440-0000-215200 | 6,410.20 | |
| | | WRS MARCH 2025 CONTRIBUTIONS | 610-0000-215200 | 2,134.24 | |
| | | WRS MARCH 2025 CONTRIBUTIONS | 620-0000-215200 | 2,978.12 | |
| | | ADJ | 100-0000-215200 | 0.08 | |
| | | Vnd: 0019 Invoice: APRIL 2025 | 100-0000-211000 | | 39,535.47 |
| | | Vnd: 0019 Invoice: APRIL 2025 | 150-0000-211000 | | 17,634.42 |
| | | Vnd: 0019 Invoice: APRIL 2025 | 440-0000-211000 | | 6,410.20 |
| | | Vnd: 0019 Invoice: APRIL 2025 | 610-0000-211000 | | 2,134.24 |
| | | Vnd: 0019 Invoice: APRIL 2025 | 620-0000-211000 | | 2,978.12 |

Expected Check Run: 04/23/2025

| | |
|-----------|-----------|
| 68,692.45 | 68,692.45 |
|-----------|-----------|

| | |
|------------|------------|
| 195,319.01 | 195,319.01 |
|------------|------------|

Cash/Payable Account Totals:

| | | |
|------------------|-----------------|------------|
| VOUCHERS PAYABLE | 100-0000-211000 | 120,496.83 |
| VOUCHERS PAYABLE | 150-0000-211000 | 40,959.61 |
| VOUCHERS PAYABLE | 440-0000-211000 | 13,929.62 |
| VOUCHERS PAYABLE | 500-0000-211000 | 66.76 |
| VOUCHERS PAYABLE | 610-0000-211000 | 8,723.1^ |
| VOUCHERS PAYABLE | 620-0000-211000 | 10,706.2 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|-----------|---------|-------------|--------------------------|-----------|------------|
| | | | TOTAL INCREASE IN PAYABI | | 194,882.21 |

GENERAL VILLAGE

| | | | | | |
|--------------------|--------------------------------|----------------------|---------------------|----------------------|---------------------|
| 100-111xxx | General Fund | 4,231,586.27 | 1,251,682.62 | 984,304.17 | 1,995,599.48 |
| 100-111005/020/033 | Checking/MRA/Accrued Sick | 1,075,191.92 | 606,562.36 | 336,646.05 | 131,983.51 |
| 150-111300 | Fire Department | 849,679.12 | 206,676.62 | 643,002.50 | |
| 200-110xxx | Community Development (Deback) | 539,224.57 | 11,378.03 | 527,846.54 | |
| 210-111xxx | Wisc Development - RLF | 91,695.87 | 91,695.87 | - | |
| 220-111xxx | TID#3-General | 292,030.34 | 292,030.34 | - | |
| 240-111xxx | TID#4-General | 982,820.97 | 243,161.03 | 739,659.94 | |
| 250-111xxx | TID#5-General | 3,159,526.91 | 250,080.49 | 2,909,446.42 | |
| 260-111xxx | TID#6-General | 5,708.83 | 5,708.83 | | |
| 300-111xxx | Debt Service | 1,931,586.26 | 101,091.54 | 1,830,494.72 | |
| 320-111300 | Fire Department Designated | 991,753.12 | 329.25 | 316,726.54 | 674,697.33 |
| 340-111xxx | Village Designated Funds | 867,254.63 | 274,334.43 | 592,920.20 | |
| 350-111xxx | American Rescue Plan Act | 233,603.07 | 1,766.87 | 231,836.20 | |
| 410-111300 | Recycling | 329,776.36 | 329,776.36 | - | |
| 430-111300 | Capital Equipment | 248,869.24 | 246,422.26 | 2,446.98 | |
| 440-111xxx | Library | 522,001.41 | 184,780.84 | 337,220.57 | |
| 480-111xxx | Capital Improvement Funds | 1,780,194.09 | 2,915.10 | 1,777,278.99 | |
| 500-111300 | Stormwater District #1 | 82,091.73 | 82,091.73 | - | |
| 600-111xxx | Impact Fees | 186,312.82 | 186,312.82 | - | |
| 720-111xxx | Taxroll | 708,115.11 | 378,354.33 | 329,760.78 | |
| 810-111xxx | Parkland Site | 268,450.02 | 21,531.63 | 246,918.39 | |
| TOTAL | | 19,377,472.66 | 4,768,683.35 | 11,806,508.99 | 2,802,280.32 |

WATER UTILITY

| | | | | | |
|--------------|---------------------------|---------------------|-------------------|---------------------|-------------------|
| 610-111300 | Cash | 229,172.13 | 229,172.13 | | |
| 610-111200 | Bonds & Unrestricted Cash | 2,720,476.76 | | 2,720,476.76 | |
| 610-111050 | Current Year Debt Reserve | 166,529.29 | 166,529.29 | - | |
| 610-111060 | Required Debt Reserve | 527,778.79 | - | 84,647.89 | 443,130.90 |
| 610-111080 | Impact Fee | 36,742.19 | 36,742.19 | - | |
| 610-111033 | Accrued Sick Pay | 11,171.30 | | 11,171.30 | - |
| TOTAL | | 3,691,870.46 | 432,443.61 | 2,816,295.95 | 443,130.90 |

SEWER UTILITY

| | | | | | |
|--------------|----------------------------|---------------------|-------------------|---------------------|-------------------|
| 620-111300 | Cash | 344,979.81 | 344,979.81 | | |
| 620-111200 | Bonds & Unrestricted Cash | 460,690.46 | | 460,690.46 | |
| 620-111040 | Sewer Connection Fee | 409,914.65 | 27,561.66 | 382,352.99 | - |
| 620-111060 | Required Debt Reserve | 836,504.77 | - | 62,614.68 | 773,890.09 |
| 620-111050 | Current Year Debt Reserve | 273,355.98 | 273,355.98 | - | |
| 620-111070 | Equipment Replacement Fund | 813,787.13 | - | 813,787.13 | - |
| 620-111080 | Impact Fee | 14,363.01 | 14,363.01 | - | |
| 620-111033 | Accrued Sick Pay | 11,171.31 | | 11,171.31 | - |
| TOTAL | | 3,164,767.12 | 660,260.46 | 1,730,616.57 | 773,890.09 |

| | | | | |
|--------------------|----------------------|---------------------|----------------------|---------------------|
| GRAND TOTAL | 26,234,110.24 | 5,861,387.42 | 16,353,421.51 | 4,019,301.31 |
|--------------------|----------------------|---------------------|----------------------|---------------------|

Prepared by Diana Doherty

balance check

26,234,110.24

PERIOD ENDING 03/31/2025

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2025 AMENDED BUDGET | YTD BALANCE 03/31/2025 | AVAILABLE BALANCE | % BDGT USED |
|---------------------------------|-----------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 100 - GENERAL FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 235,000.00 | 14,391.15 | 220,608.85 | 6.12 |
| OFS | OTHER FINANCING SOURCES | 18,250.00 | 18,250.00 | 0.00 | 100.00 |
| PTAX | GENERAL PROPERTY TAX | 3,264,504.00 | 2,544,322.78 | 720,181.22 | 77.94 |
| TAXES | OTHER TAXES | 400,500.00 | 97,600.01 | 302,899.99 | 24.37 |
| IGOVTRV | INTERGOVERNMENTAL REVENUES | 1,130,909.00 | 141,999.27 | 988,909.73 | 12.56 |
| LICPER | LICENSES & PERMITS | 427,373.00 | 108,156.23 | 319,216.77 | 25.31 |
| LAWORD | FINES & FORFEITURES | 145,000.00 | 43,565.00 | 101,435.00 | 30.04 |
| PUBCHGS | PUBLIC CHARGES FOR SERVICES | 18,698.00 | 6,021.68 | 12,676.32 | 32.20 |
| LEISURE | LEISURE ACTIVITIES | 72,000.00 | 0.00 | 72,000.00 | 0.00 |
| IGOVTCH | INTERGOVERNMENTAL CHARGES | 205,100.00 | 61,670.17 | 143,429.83 | 30.07 |
| INVTINC | INVESTMENT INCOME | 262,228.00 | 103,327.23 | 158,900.77 | 39.40 |
| TOTAL REVENUES | | 6,179,562.00 | 3,139,303.52 | 3,040,258.48 | 50.80 |
| Expenditures | | | | | |
| 5111 | VILLAGE BOARD | 72,363.00 | 15,111.25 | 57,251.75 | 20.88 |
| 5112 | HISTORIC PRESERVATION | 290.00 | 0.00 | 290.00 | 0.00 |
| 5120 | MUNICIPAL COURT | 40,322.00 | 16,185.06 | 24,136.94 | 40.14 |
| 5130 | VILLAGE ATTORNEY | 108,750.00 | 7,570.00 | 101,180.00 | 6.96 |
| 5141 | VILLAGE ADMINISTRATOR | 222,341.00 | 44,013.05 | 178,327.95 | 19.80 |
| 5142 | CLERK-TREASURER | 265,331.00 | 42,349.17 | 222,981.83 | 15.96 |
| 5144 | ELECTIONS | 31,650.00 | 4,447.08 | 27,202.92 | 14.05 |
| 5145 | FINANCE DEPARTMENT | 88,397.00 | 17,080.48 | 71,316.52 | 19.32 |
| 5150 | IT SERVICES | 15,000.00 | 30.00 | 14,970.00 | 0.20 |
| 5151 | INDEPENDENT AUDITING | 15,000.00 | 946.51 | 14,053.49 | 6.31 |
| 5153 | ASSESSMENT OF PROPERTY | 36,200.00 | 8,967.56 | 27,232.44 | 24.77 |
| 5154 | RISK & PROPERTY INSURANCE | 136,300.00 | 58,880.54 | 77,419.46 | 43.20 |
| 5160 | VILLAGE HALL | 55,638.00 | 12,482.50 | 43,155.50 | 22.44 |
| 5211 | POLICE ADMINISTRATION | 1,414,158.00 | 321,788.84 | 1,092,369.16 | 22.75 |
| 5212 | POLICE PATROL | 1,267,853.00 | 279,438.12 | 988,414.88 | 22.04 |
| 5213 | CRIME INVESTIGATION | 279,521.00 | 63,429.03 | 216,091.97 | 22.69 |
| 5215 | POLICE TRAINING | 9,000.00 | 1,202.74 | 7,797.26 | 13.36 |
| 5220 | FIRE STATION (VILLAGE) | 9,705.00 | 2,534.51 | 7,170.49 | 26.12 |
| 5235 | EMERGENCY GOVERNMENT | 2,000.00 | 0.00 | 2,000.00 | 0.00 |
| 5241 | BUILDING INSPECTOR | 339,312.00 | 77,496.29 | 261,815.71 | 22.84 |
| 5247 | BOARD OF APPEALS | 900.00 | 0.00 | 900.00 | 0.00 |
| 5254 | DAMS | 12,823.00 | 2,254.16 | 10,568.84 | 17.58 |
| 5300 | DPW GENERAL ADMINISTRATION | 418,931.00 | 100,035.83 | 318,895.17 | 23.88 |
| 5323 | GARAGE | 78,464.00 | 30,804.85 | 47,659.15 | 39.26 |
| 5324 | MACHINERY & EQUIPMENT | 134,480.00 | 20,989.55 | 113,490.45 | 15.61 |
| 5335 | ENGINEERING | 75,000.00 | 8,354.44 | 66,645.56 | 11.14 |
| 5341 | STREETS & ALLEYS | 12,993.00 | 1,586.22 | 11,406.78 | 12.21 |
| 5342 | STREET LIGHTING | 179,250.00 | 29,685.48 | 149,564.52 | 16.56 |
| 5343 | CURBS GUTTERS & SIDEWALKS | 2,694.00 | 41.76 | 2,652.24 | 1.55 |
| 5344 | STORM SEWER | 13,972.00 | 2,752.18 | 11,219.82 | 19.70 |
| 5345 | STREET CLEANING | 23,309.00 | 484.70 | 22,824.30 | 2.08 |
| 5346 | BRIDGES & CULVERTS | 500.00 | 0.00 | 500.00 | 0.00 |
| 5347 | SNOW & ICE CONTROL | 93,150.00 | 21,460.97 | 71,689.03 | 23.04 |
| 5348 | STREET SIGNS & MARKINGS | 21,663.00 | 851.46 | 20,811.54 | 3.93 |
| 5362 | GARBAGE COLLECTION | 7,189.00 | 620.14 | 6,568.86 | 8.63 |
| 5431 | ANIMAL POUND | 2,500.00 | 0.00 | 2,500.00 | 0.00 |
| 5512 | MUSEUM | 10,750.00 | 1,592.03 | 9,157.97 | 14.81 |
| 5521 | PARKS | 208,919.00 | 8,385.13 | 200,533.87 | 4.01 |
| 5522 | CELEBRATIONS | 8,118.00 | 913.49 | 7,204.51 | 11.25 |
| 5611 | FORESTRY | 40,889.00 | 17,946.77 | 22,942.23 | 43.89 |
| 5613 | WEED CONTROL | 542.00 | 0.00 | 542.00 | 0.00 |
| 5632 | PLANNING DEPARTMENT | 129,250.00 | 10,401.00 | 118,849.00 | 8.05 |
| 5660 | STORMWATER MASTER PLAN | 19,250.00 | 386.54 | 18,863.46 | 2.01 |
| 5670 | ECONOMIC DEVELOPMENT | 42,895.00 | 17,238.98 | 25,656.02 | 40.19 |
| 5900 | OTHER FINANCING USES | 232,000.00 | 200,000.00 | 32,000.00 | 86.21 |
| TOTAL EXPENDITURES | | 6,179,562.00 | 1,450,738.41 | 4,728,823.59 | 23.48 |
| Fund 100 - GENERAL FUND: | | | | | |
| TOTAL REVENUES | | 6,179,562.00 | 3,139,303.52 | 3,040,258.48 | 50.80 |
| TOTAL EXPENDITURES | | 6,179,562.00 | 1,450,738.41 | 4,728,823.59 | 23.48 |
| NET OF REVENUES & EXPENDITURES | | 0.00 | 1,688,565.11 | (1,688,565.11) | 100.00 |

PERIOD ENDING 03/31/2025

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2025 AMENDED BUDGET | YTD BALANCE 03/31/2025 | AVAILABLE BALANCE | % BDGT USED |
|---------------------------------|-----------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 0.00 | 44.40 | (44.40) | 100.00 |
| PTAX | GENERAL PROPERTY TAX | 613,110.00 | 153,277.50 | 459,832.50 | 25.00 |
| EBIX | EBIX REVENUES | 1,303,000.00 | 332,108.86 | 970,891.14 | 25.49 |
| IGOVTRV | INTERGOVERNMENTAL REVENUES | 128,000.00 | 61,364.02 | 66,635.98 | 47.94 |
| PUBCHGS | PUBLIC CHARGES FOR SERVICES | 500.00 | 0.00 | 500.00 | 0.00 |
| IGOVTCH | INTERGOVERNMENTAL CHARGES | 613,110.00 | 153,277.50 | 459,832.50 | 25.00 |
| INVSTINC | INVESTMENT INCOME | 40,000.00 | 12,453.30 | 27,546.70 | 31.13 |
| TOTAL REVENUES | | 2,697,720.00 | 712,525.58 | 1,985,194.42 | 26.41 |
| Expenditures | | | | | |
| 5140 | ADMINISTRATIVE & GENERAL | 29,150.00 | 7,287.48 | 21,862.52 | 25.00 |
| 5221 | FIRE ADMINISTRATION | 1,139,329.00 | 261,722.43 | 877,606.57 | 22.97 |
| 5222 | FIRE SUPPRESSION | 72,900.00 | 4,061.53 | 68,838.47 | 5.57 |
| 5223 | FIRE TRAINING | 29,429.00 | 4,904.39 | 24,524.61 | 16.67 |
| 5231 | AMBULANCE | 485,681.00 | 72,461.60 | 413,219.40 | 14.92 |
| 5232 | AMBULANCE TRAINING | 20,738.00 | 3,389.67 | 17,348.33 | 16.35 |
| 5233 | REFERENDUM FUNDED STAFFING | 751,579.00 | 165,294.74 | 586,284.26 | 21.99 |
| 5700 | CAPITAL OUTLAY EXPENDITURES | 80,000.00 | 0.00 | 80,000.00 | 0.00 |
| 5880 | USE OF GRANTS/DONATIONS | 0.00 | 1,515.55 | (1,515.55) | 100.00 |
| 5900 | OTHER FINANCING USES | 88,914.00 | 0.00 | 88,914.00 | 0.00 |
| TOTAL EXPENDITURES | | 2,697,720.00 | 520,637.39 | 2,177,082.61 | 19.30 |
| Fund 150 - FIRE/AMBULANCE FUND: | | | | | |
| TOTAL REVENUES | | 2,697,720.00 | 712,525.58 | 1,985,194.42 | 26.41 |
| TOTAL EXPENDITURES | | 2,697,720.00 | 520,637.39 | 2,177,082.61 | 19.30 |
| NET OF REVENUES & EXPENDITURES | | 0.00 | 191,888.19 | (191,888.19) | 100.00 |

PERIOD ENDING 03/31/2025

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2025 AMENDED BUDGET | YTD BALANCE 03/31/2025 | AVAILABLE BALANCE | % BDGT USED |
|--------------------------------|-------------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 610 - WATER UTILITY FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 200.00 | 0.00 | 200.00 | 0.00 |
| UTILREV | UTILITY REVENUES | 2,217,000.00 | 528,068.27 | 1,688,931.73 | 23.82 |
| CONTRIB | CONTRIBUTED CAPITAL | 0.00 | 36,206.00 | (36,206.00) | 100.00 |
| MISCINC | MISC INCOME UTILITIES | 162,000.00 | 114,683.10 | 47,316.90 | 70.79 |
| IGOVTCH | INTERGOVERNMENTAL CHARGES | 1,200.00 | 116.18 | 1,083.82 | 9.68 |
| INVTINC | INVESTMENT INCOME | 104,600.00 | 35,155.23 | 69,444.77 | 33.61 |
| TOTAL REVENUES | | 2,485,000.00 | 714,228.78 | 1,770,771.22 | 28.74 |
| Expenditures | | | | | |
| 5900 | OTHER FINANCING USES | 80,162.00 | 15,000.00 | 65,162.00 | 18.71 |
| 6200 | PUMPING OPERATIONS | 154,102.00 | 31,825.00 | 122,277.00 | 20.65 |
| 6210 | PUMPING MAINTENANCE | 72,228.00 | 6,669.97 | 65,558.03 | 9.23 |
| 6300 | WATER TREATMENT OPERATIONS | 122,842.00 | 18,011.78 | 104,830.22 | 14.66 |
| 6310 | WATER TREATMENT MAINTENANCE | 23,549.00 | 1,560.85 | 21,988.15 | 6.63 |
| 6450 | T&D-DISTR RSRVR/STNDP MAINT | 4,316.00 | 84.53 | 4,231.47 | 1.96 |
| 6451 | T&D-MAINS MAINTENANCE | 60,480.00 | 2,743.56 | 57,736.44 | 4.54 |
| 6452 | T&D-SERVICES MAINTENANCE | 57,940.00 | 5,515.82 | 52,424.18 | 9.52 |
| 6453 | T&D-METERS MAINTENANCE | 38,471.00 | 2,080.66 | 36,390.34 | 5.41 |
| 6454 | T&D-HYDRANTS MAINTENANCE | 51,402.00 | 49.10 | 51,352.90 | 0.10 |
| 6901 | METER READING LABOR | 4,368.00 | 390.70 | 3,977.30 | 8.94 |
| 6902 | ACCOUNTING & COLLECTING LABOR | 87,678.00 | 20,443.81 | 67,234.19 | 23.32 |
| 6920 | ADMINISTRATIVE & GENERAL EXP | 1,097,872.00 | 211,033.82 | 886,838.18 | 19.22 |
| TOTAL EXPENDITURES | | 1,855,410.00 | 315,409.60 | 1,540,000.40 | 17.00 |
| Fund 610 - WATER UTILITY FUND: | | | | | |
| TOTAL REVENUES | | 2,485,000.00 | 714,228.78 | 1,770,771.22 | 28.74 |
| TOTAL EXPENDITURES | | 1,855,410.00 | 315,409.60 | 1,540,000.40 | 17.00 |
| NET OF REVENUES & EXPENDITURES | | 629,590.00 | 398,819.18 | 230,770.82 | 63.35 |

PERIOD ENDING 03/31/2025

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2025 AMENDED BUDGET | YTD BALANCE 03/31/2025 | AVAILABLE BALANCE | % BDGT USED |
|--------------------------------|------------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 620 - SEWER UTILITY FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 400.00 | 9,366.00 | (8,966.00) | 2,341.50 |
| OFS | OTHER FINANCING SOURCES | 15,000.00 | 15,000.00 | 0.00 | 100.00 |
| UTILREV | UTILITY REVENUES | 2,090,000.00 | 553,420.65 | 1,536,579.35 | 26.48 |
| LICPER | LICENSES & PERMITS | 26,500.00 | 26,654.00 | (154.00) | 100.58 |
| CONTRIB | CONTRIBUTED CAPITAL | 12,500.00 | 13,381.00 | (881.00) | 107.05 |
| MISCINC | MISC INCOME UTILITIES | 225,000.00 | 55,337.59 | 169,662.41 | 24.59 |
| INVSTINC | INVESTMENT INCOME | 97,474.00 | 26,764.64 | 70,709.36 | 27.46 |
| TOTAL REVENUES | | 2,466,874.00 | 699,923.88 | 1,766,950.12 | 28.37 |
| Expenditures | | | | | |
| 5900 | OTHER FINANCING USES | 133,154.00 | 0.00 | 133,154.00 | 0.00 |
| 8010 | WWTP-TREATMENT/DISPOSAL/GP | 697,277.00 | 131,753.65 | 565,523.35 | 18.90 |
| 8020 | LIFT STATIONS/PUMPING EQUIP | 31,350.00 | 3,568.17 | 27,781.83 | 11.38 |
| 8030 | WASTEWATER COLLECTION SYSTEM | 110,147.00 | 18,128.17 | 92,018.83 | 16.46 |
| 8300 | ACCOUNTING/COLLECTING | 84,678.00 | 20,870.34 | 63,807.66 | 24.65 |
| 8400 | ADMINISTRATIVE & GENERAL | 739,763.00 | 148,217.20 | 591,545.80 | 20.04 |
| TOTAL EXPENDITURES | | 1,796,369.00 | 322,537.53 | 1,473,831.47 | 17.95 |
| Fund 620 - SEWER UTILITY FUND: | | | | | |
| TOTAL REVENUES | | 2,466,874.00 | 699,923.88 | 1,766,950.12 | 28.37 |
| TOTAL EXPENDITURES | | 1,796,369.00 | 322,537.53 | 1,473,831.47 | 17.95 |
| NET OF REVENUES & EXPENDITURES | | 670,505.00 | 377,386.35 | 293,118.65 | 56.28 |

PERIOD ENDING 03/31/2025

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2025 AMENDED BUDGET | YTD BALANCE 03/31/2025 | AVAILABLE BALANCE | % BDGT USED |
|--------------------------------|-------------|------------------------|---------------------------|----------------------|----------------|
| TOTAL REVENUES - ALL FUNDS | | 13,829,156.00 | 5,265,981.76 | 8,563,174.24 | 38.08 |
| TOTAL EXPENDITURES - ALL FUNDS | | <u>12,529,061.00</u> | <u>2,609,322.93</u> | <u>9,919,738.07</u> | <u>20.83</u> |
| NET OF REVENUES & EXPENDITURES | | 1,300,095.00 | 2,656,658.83 | (1,356,563.83) | 204.34 |

Village of Mukwonago
440 River Crest Court
Mukwonago, WI 53149
Phone: (262) 363-6420
Fax: (262) 363-6425
www.villageofmukwonago.gov

VILLAGE OF MUKWONAGO SPECIAL EVENT PERMIT APPLICATION

Application Fee: See fee sheet

Date Submitted: 2/20/25

Total Fees Paid: 20.00

PAID
CK NO. _____
DATE 2/20/25

Application must be received a minimum of 90 days prior to the special event. Fees are non-refundable.

ORGANIZATION INFORMATION

Name of Organization: LifePoint Church

Mailing Address: 400 Bayview Rd. City: Mukwonago State: WI Zip: 53149

3. _____
Event Contact Person: Rachel Houciss

Event Contact Person: Rachel Houciss

EVENT INFORMATION

Name of the Event: Church & Picnic in the Park Date(s) of the Event: 8/31/25

Event Start Time: 8 am Event End Time: 3 pm

Location of the Event: Field Park

- A. Will your event take place in a residential neighborhood? *If yes, you will be required to notify all adjacent property owners when the event will occur.* YES NO
- B. Please provide your COVID-19 Action Plan.
- C. You MUST attach a detailed map/sketch of your event indicating the specific location, layout of your event, and the direction of the route, including all turns and the number of traffic lanes to be used.
- D. If you are using a Village park, you must reserve the park through the Village Clerk-Treasurer's Office prior to getting your special event permit approved by the Village Board. Call 262-363-6420 ext 2104.
- E. Briefly describe your event and its purpose.

F. Based on the class definitions found in the manual, what class is your event? CLASS I CLASS II

G. Estimated # of participants: _____ Spectators: _____ Vendors: _____

PROCEDURAL CHECKLIST FOR SPECIAL EVENT PERMIT REVIEW AND APPROVAL

This form is designed to be a guide for submitting a complete application for a special event.

Application:

- Completed application form including the procedural checklist.
- Application fee: see fee sheet.

Other Documents:

- Plan of operation/proposal.
- Overview of the site to be used for the event (layout of the event site).
- Any additional information as determined by Village staff.

DEPOSIT REQUIREMENTS

The applicant may be required to submit to the Village Clerk-Treasurer's Office a cleaning/damage deposit of \$200 for each scheduled day of the event (or portion thereof) two weeks prior to the starting date of the event. That deposit shall be refunded to the applicant, if, upon inspection, all is in order, or a prorated portion thereof as may be necessary to reimburse the Village for loss or cleaning costs. The Village reserves the right to retain the entire deposit if cleanup is not completed satisfactorily in the time frame as specified in the permit. Unless otherwise stated in the permit, the applicant shall be fully responsible for all necessary cleanup associated with the permitted event to be completed within 12 hours after the conclusion of the event. (This deposit is separate from any deposit required for rental of Village parks).

TERMINATION OF AN EVENT

The Village reserves the right to shut down a special event that is in progress if it is deemed to be a public safety hazard by the Police Department, Fire Department, and/or there is a violation of Village Ordinances, State Statutes or the terms of the applicant's permit. The Village Administrator and/or his/her designee may revoke an approved Special Events Permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.

CERTIFICATION

By signing this form, the applicant certifies authorization to act on behalf of their organization, and hereby agrees to hold the Village, its officers, agents, employees, and contractors harmless against all claims, liability, loss, damage or expense (including but not limited to actual attorney fees) incurred by the Village for any damage or injury to person or property caused by or resulting directly or indirectly from the activities for which the permit is granted. Any change to coverage requires Village approval.

(The applicant's signature must be from a Managing Member if the business/organization is an LLC, or from the President or Vice President if the business/organization is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below.)



Signature - Applicant

Signature - Applicant

Rachel Houeiss Admin Asst.

Name & Title (PRINT)

Name & Title (PRINT)

2/20/25

Date

Date

FOR OFFICE USE ONLY

| Date Fees Paid | Receipt # | Date Deposit Paid | Deposit Returned? |
|------------------------------------|---|-------------------|-------------------|
| | | | |
| Police Department: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Fire Department: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Public Works Department: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Clerk: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Board Approval Date | Village President Signature | Permit # | Issue Date |
| | | | |

PAID

MAR 26 2025

Village of Mukwonago
440 River Crest Court, P.O. Box 206
Mukwonago, WI 53149
Phone: (262) 363-6434
Fax: (262) 363-6438
www.villageofmukwonago.com

VILLAGE OF MUKWONAGO SPECIAL EVENT PERMIT APPLICATION

Application Fee: See fee sheet

Application must be received a minimum of 90 days prior to the special event. Fees are non-refundable.

ORGANIZATION INFORMATION

Name of Organization: St. James Catholic Church

Mailing Address: 830 E Veterans Way City: Mukwonago State: WI Zip: 53149

Phone Number: [REDACTED] Is the organization a 501(c)3 organization? YES NO

Website Address: www.stjamesmukwonago.org

Event Contact Person: Jim Hepp

Mailing Address: [REDACTED]

Home Phone: [REDACTED]

Email Address: [REDACTED]

EVENT INFORMATION

Name of the Event: St. James Festival Date(s) of the Event: 8-22 thru 8-24-2025

Event Start Time: 8-22-25 4:00pm Event End Time: 8-24-25 4:00pm

Location of the Event: 830 E. Veterans Way (on Parish property)

- A. Will your event take place in a residential neighborhood? *If yes, you will be required to notify all adjacent property owners when the event will occur.* YES NO
- B. You MUST attach a detailed map/sketch of your event indicating the specific location, layout of your event, and the direction of the route, including all turns and the number of traffic lanes to be used.
- C. If you are using a Village park, you must reserve the park through the Village Clerk-Treasurer's Office prior to getting your special event permit approved by the Village Board. Call 262-363-6420, Option 4.
- D. Generally describe your event and its purpose.

Parish Festival
A fundraiser and special event for the parish
\$10 - Beer & wine permit
\$60 - Special event x 3 days
\$50 - tent inspection

- E. Based on the class definitions found in the manual, what class is your event? CLASS I CLASS II
- F. Estimated # of participants: 300/day Spectators: 600/day Vendors: 4-5/day
2000/night 600/night

Handwritten initials

OTHER INFORMATION

- A. Is there an outdoor bar that will serve alcohol? *If yes, temporary Class B beer and/or wine (picnic) and operator (bartender) licenses are necessary under separate application.* YES NO
- B. Please list the number of Village of Mukwonago licensed bartenders that will be on site: 1 or more
- C. Will you be selling/serving food? *If yes, you will need to contact Waukesha County Health Department (262-896-8300) for proper permits.* YES NO
- D. Will your event need electricity? *If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized.* YES NO
- E. Will you be setting up any lighting? *If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized.* YES NO
- F. Will your event require any fencing? *If yes, please provide plans for the fencing location and the gates.* YES NO
- G. Does your event involve fireworks? *If yes, you will need to contact the Fire Department (262-363-6426) for proper permits.* YES NO
- H. Does your event involve amplified music? YES NO
 If yes, will the amplified music be a: Band DJ Other
 Hours of amplified music: Approx. 4 hrs/day
- I. Please list the number of security staff you will be providing for the event: per police
- J. Will you need barricades provided by the Village for your event? YES NO
 If yes, how many? 24
- K. Will you be erecting any tents, canopies, or other temporary structure(s)? *If yes, please provide a plan for their proposed locations. The Fire Department and Building Inspection Department will need to inspect these structures prior to the start of your event.* YES NO
- L. Will you be providing portable restrooms and wash stations? *If yes, please provide a description of how many restrooms/wash stations will be provided, their locations, and the plan for how solid waste will be disposed of.* YES NO
- M. Will you provide parking for your participants? *If yes, please provide a plan describing where parking will be available.* YES NO
- N. Will you provide dumpster/clean-up services? *If yes, please provide a clean-up and refuse collection plan.* YES NO
- O. What other assistance do you foresee needing from the Village (personnel, materials, equipment, etc.)?
Police reserves for Friday
Saturday
Sunday
- P. Have you reviewed and do you have a copy of the Village of Mukwonago Special Events Manual and the Village of Mukwonago Ordinance? YES NO

INSURANCE REQUIREMENTS

The Special Event Sponsor will obtain liability insurance for an event that includes alcohol, has more than 150 people per day or involves a road closure. Proof of this insurance with coverage no less than \$1,000,000 which names and endorses the Village, its officers, agents, employees, and contractors as an additional insured party is due no later than 20 days before the event.

Are you able to provide these insurance documents, if required? YES NO

PROCEDURAL CHECKLIST FOR SPECIAL EVENT PERMIT REVIEW AND APPROVAL

This form is designed to be a guide for submitting a complete application for a special event.

Application:

- Completed application form including the procedural checklist.
- Application fee: see fee sheet.

Other Documents:

- Plan of operation/proposal.
- Overview of the site to be used for the event (layout of the event site).
- Any additional information as determined by Village staff.

DEPOSIT REQUIREMENTS

The applicant may be required to submit to the Village Clerk-Treasurer's Office a cleaning/damage deposit of \$200 for each scheduled day of the event (or portion thereof) two weeks prior to the starting date of the event. That deposit shall be refunded to the applicant, if, upon inspection, all is in order, or a prorated portion thereof as may be necessary to reimburse the Village for loss or cleaning costs. The Village reserves the right to retain the entire deposit if cleanup is not completed satisfactorily in the time frame as specified in the permit. Unless otherwise stated in the permit, the applicant shall be fully responsible for all necessary cleanup associated with the permitted event to be completed within 12 hours after the conclusion of the event. (This deposit is separate from any deposit required for rental of Village parks).

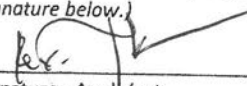
TERMINATION OF AN EVENT

The Village reserves the right to shut down a special event that is in progress if it is deemed to be a public safety hazard by the Police Department, Fire Department, and/or there is a violation of Village Ordinances, State Statutes or the terms of the applicant's permit. The Village Administrator and/or his/her designee may revoke an approved Special Events Permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.

CERTIFICATION

By signing this form, the applicant certifies authorization to act on behalf of their organization, and hereby agrees to hold the Village, its officers, agents, employees, and contractors harmless against all claims, liability, loss, damage or expense (including but not limited to actual attorney fees) incurred by the Village for any damage or injury to person or property caused by or resulting directly or indirectly from the activities for which the permit is granted. Any change to coverage requires Village approval.

(The applicant's signature must be from a Managing Member if the business/organization is an LLC, or from the President or Vice President if the business/organization is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below.)

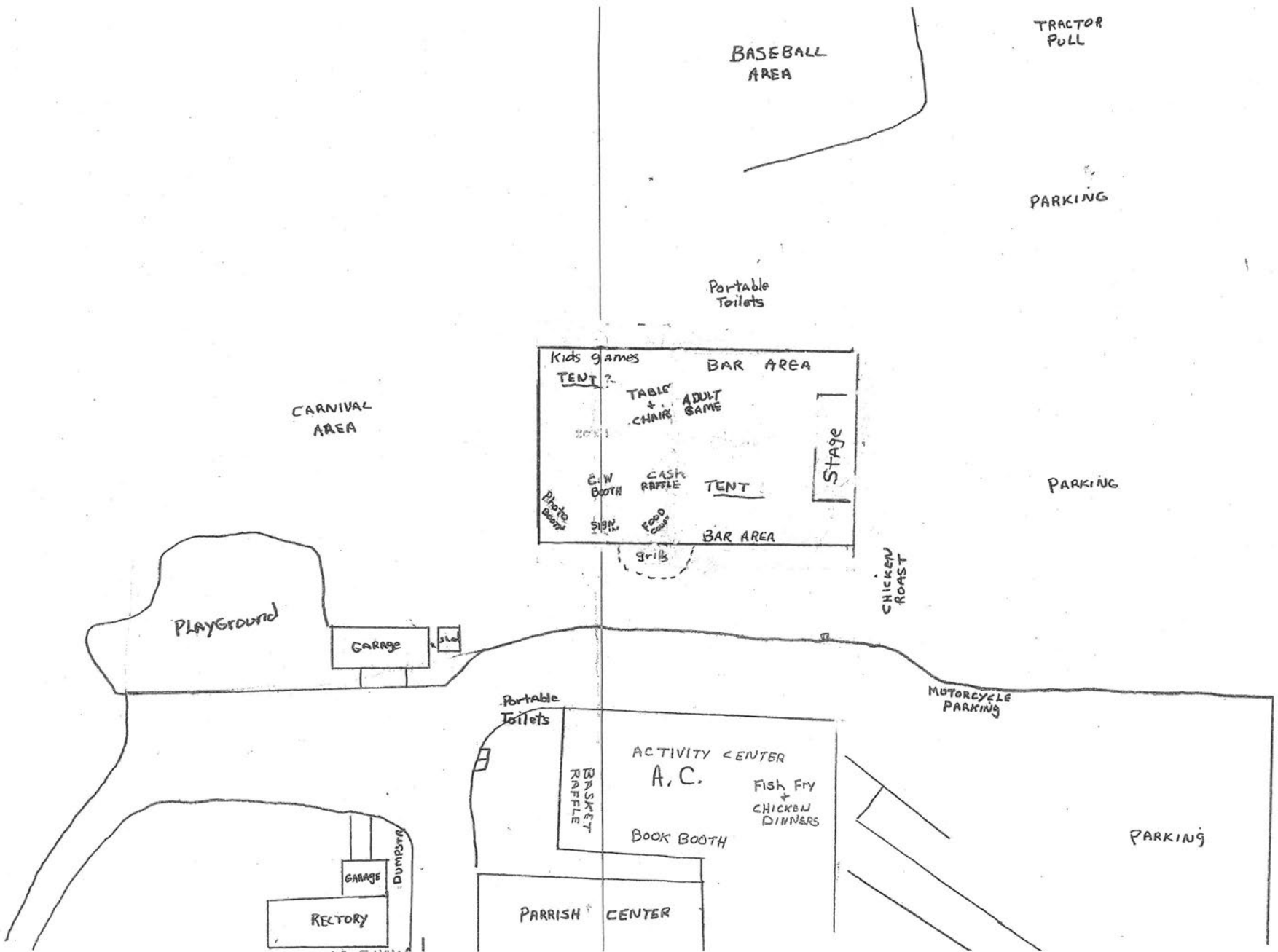

 Signature - Applicant
 Pastor Fr. Jordan Bejhause
 Name & Title (PRINT)
 3/5/24
 Date

 Signature - Applicant

 Name & Title (PRINT)

 Date

| FOR OFFICE USE ONLY | | | |
|-----------------------------|---|-------------------|-------------------|
| Date Fees Paid | Receipt # | Date Deposit Paid | Deposit Returned? |
| Police Department: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Fire Department: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Public Works Department: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Clerk: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Board Approval Date | Village President Signature | Permit # | Issue Date |



VILLAGE OF MUKWONAGO
Park Facilities Rental Application

Date Submitted: 2/7/2025

Event Date: July 3rd 2025

Rain date July 5th 2025

GUIDELINES

This form must be completely in its entirety and submitted to the Village of Mukwonago Clerk's Office, 440 River Crest Ct, Mukwonago, WI 53149, for approval. A Signed copy authorizing the use of the Park Facility will be returned to the requesting party. Fees and the park form must be on file **two (2) months** prior to the event. "Residents" include Village of Mukwonago residents.

Mail completed applications to: Village Clerk-Treasurer's Office
ATTN: Park Usage
440 River Crest Ct
Mukwonago WI 53149
Email to: lgourdoux@villageofmukwonago.com

FEES (check those that apply)

Indianhead Beach

| | | |
|------------------|----------------------------|----------|
| Open-air Shelter | \$50.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$25.00 per day | \$ _____ |

Miniwaukan

| | | |
|--------------------------|----------------------------|----------|
| Park Pavilion | \$50.00 per day | \$ _____ |
| Electricity Coordination | \$15.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$25.00 per day | \$ _____ |

Minor

| | | |
|------------------|----------------------------|----------|
| Open-air Shelter | \$50.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$25.00 per day | \$ _____ |

Revised 5/2022

Phantom Glen

| | | |
|--------------------------|----------------------------|----------|
| Park Pavilion | \$50.00 per day | \$ _____ |
| Electricity Coordination | \$15.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$25.00 per day | \$ _____ |

DEPOSIT (all rentals, check those that apply)

| | | |
|--------------|------------------|----------|
| Park Deposit | \$100.00 per day | \$ _____ |
| Key Deposit | \$25.00 | \$ _____ |

RENTAL INFORMATION

Date(s) of Event: July 3rd with a rain date July 5th

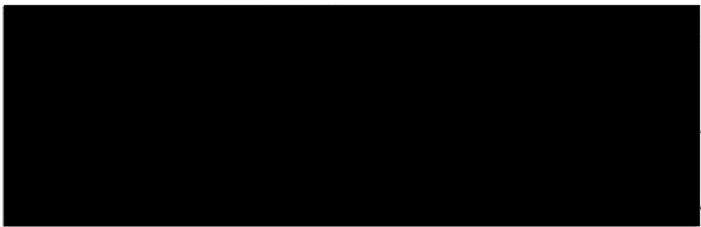
Estimated Number of Participants: 2

NOTE: (If there are 150 people or more, a Special Event Permit will be required under separate application)

Event Start Time: Setup starts at 3pm, majority of park closes at 8pm, show at 9:30pm Event End Time: 11pm, PLMD team will complete debris cleanup by 10am the following day

APPLICANT INFORMATION

Name: Jake Jagmin on behalf of Phantom Lakes Management District.

: Mukwonago State/Zip: 53149

ORGANIZATION INFORMATION (if applicable)

Name of Organization: Phantom Lake Management District

Mailing Address:  City: Mukwonago State/Zip: 53149

Phone Number: _____ Is organization a 501(c)3? Yes: _____ No: _____

Website Address: https://phantomlakes.us/

Revised 5/2022

TERMINATION OF AN EVENT

The Village reserves the right to shut down an event that is in progress if it is deemed to be a public safety hazard by the Police Department, Fire Department, and/or there is a violation of Village Ordinances, State Statutes or the terms of the applicant's permit. The Village Administrator and/or his/her designee may revoke an approved park facilities use permit if the applicant fails to comply in good faith with the provisions of the permit prior to the event date.

CERTIFICATION

By signing this form, the applicant certifies authorization to act on behalf of their organization, and hereby agrees to hold the Village, its officers, agents, employees, and contractors harmless against all claims, liability, loss, damage or expense (including but not limited to actual attorney fees) incurred by the Village for any damage or injury to person or property caused by or resulting directly or indirectly from the activities for which the permit is granted. Any change to coverage requires Village approval.



Applicant Signature

2-7-2025

Date

Jake Jagmin

Print Name

Office Use Only

Fees Paid

Receipt #

Deposit Returned

Key # Issued

Key Returned

Department Approval

Administrator _____

Building Inspection _____

Fire _____

DPW _____

Police _____

Utilities _____

VILLAGE OF MUKWONAGO

Please read through each of the items below and initial each line to signify that you have read, understand, and agree.

JJ Reservations are dependent upon availability.

NA Keys are responsibility of the Applicant to check out at Village Hall, no greater than 48 hours in advance of your event. After completion of the event, keys can be placed in the drop box behind Village Hall. Lost keys will result in re-keying charges. No keys needed, Village Police to lock restrooms at 8pm.

NA The buildings are not to be left unlocked or unattended at any time. Any damages resulting from being left unattended will be the responsibility of the Applicant.

JJ The Applicant should review the facility at opening and complete "Pre-Event" inspection of the Facility Checklist. Any pre-existing damages or problems must be identified at that time.

JJ Banners at parks: Banners are responsibility of Applicant. Banners may only be put up 2 weeks prior to the event at the park. Banners are limited in size to 5 ft x 7 ft (35 Sq Ft)

JJ Parking is only allowed in designated parking areas. **Performance Stage:** NO vehicles are allowed on the path without prior approval from the Public Works Director or designee. 5 Star Fireworks to park truck and trailer on the grass during setup.

JJ Following the event, a representative from the Public Works Department will conduct a "Post-Event" inspection and complete the Facility Checklist. The applicant will be notified if the facility was found in unsatisfactory condition.

JJ Layout: A sketch of the event area, toilet facilities, concession area, and parking areas shall be submitted with the application. Please include layout map. Attached is the map used in the past. DPW to install/remove posts, FD to install caution tape onto posts and place barricades to close the car parking lot. Setup zone starts at 3pm and expands to the keep out zone at 8pm. PLMD will remove the caution tape the morning after the event when the area has been inspected for unexploded shells in daylight.

Cleaning/Damages

JJ Applicants shall be liable for any loss, damage or injury sustained by virtue of the activity conducted. Damage fee will be determined by the number of man hours required and/or cost for services or property replacement. JJ authorizing on behalf of PLMD. Liability is PLMD's responsibility.

NA There are no decorations allowed to be affixed to the Ceiling. Applicant must adhere to the required post event clean up items on the facility checklist. Any items left incomplete may result in a forfeit of any or all of the damage deposit. Additional clean up charges will be billed at \$50 per 1/2 hour.

JJ Applicant agrees to abide by all Park Rules, Regulations, and Ordinances of the Village of Mukwonago.

JJ The applicant of this rental agreement shall be solely responsible for any violation, damages to the building and cleaning of the building. Any repair costs for damages will be withheld from damage deposit, direct billed to applicant or charges as a special assessment against the applicant's property tax bill. JJ authorizing on behalf of PLMD. Liability is PLMD's responsibility.

VILLAGE OF MUKWONAGO

- JJ Once approval has been granted, the Village Board, Village Administrator, Chief or Police, or Public Works Director may revoke same if it is deemed that such action is justified by an actual or potential emergency to weather, fire, riot, or administrative or clerical error. No fee would be charged for cancelation by a Village Officer. FD to confirm valid and proper insurance certificates are in place prior to the event. [The contractor (5-star fireworks) does not renew his annual insurance policy until approximately May (as has occurred in years past)]
- JJ Applicant agrees to indemnify and hold harmless for all expenses, liability, and/or claim arising out of harm or activity of attendees to the event. For certain events, the Village may require the applicant to file evidence of insurance in force or other evidence of adequate financial responsibility. The Village may also require the applicant to provide trained security personnel at event, if necessary.
JJ authorizing on behalf of PLMD. Liability is PLMD's responsibility.
- JJ Security and Protection: The sponsor of any event shall be responsible for adequate uniformed security personnel. A security plan shall be furnished at least seven (7) days prior to the date of the event for Police Department approval. *NOTE:* Check with Police Department to see if off-duty or reserve police officers would be available for event. Only security personnel approved by the Mukwonago Police Department may be used. PLMD will coordinate with the Village Police Chief, Town Police Chief, Village DPW, Fire Chief and Village Parks and Recreation
- JJ Parking Space(s) on Village streets or Village Owned Parking Lot: Parking of cars shall be on paved areas only. Heavy vehicles on grassy areas for loading and unloading must be authorized the Public Works Director or designee. The Police Department shall be notified in advance if traffic control is needed on public thoroughfares. 5 Star Fireworks to park truck and trailer on the grass during setup.
- NA Fires: All fires must be in personal grills or designated fireplaces.
- JJ Clean-up: Cleaning of the park is the responsibility of the organizer. The event area shall be maintained in an orderly manner during the event and final clean-up shall commence immediately post event. If clean-up is not completed by the end of the next business day, Village personnel shall be utilized and a bill, minus the deposit will be issued to the organizer. Future use of Village facilities may be revoked. Cleaning to be conducted immediately after the event with flashlights. Debris will be picked up the following morning before 10am
- Please respond YES or NO to the following questions. Please supply additional information if required.**
- YES **Insurance Requirements (Required for Special Event):** If YES, the Applicant will provide evident of liability insurance in a form acceptable to the Village Attorney, with limits of not less than \$1 Million per occurrence and \$2 Million in the aggregate, which coverage names the Village of Mukwonago, its officers, agents, employees and contractors as Additional Insured on a primary and non-contributory basis. Evidence of this coverage must be provided by a Policy Endorsement received by the Village not less than 20 days prior to the event. A Certificate of Insurance must evidence this coverage throughout the duration of the event. Applicant further agrees to indemnify and hold harmless the Village of Mukwonago, its officers, agents, employees, contractors and assigns, as and against any and all claims, demands, actions and causes of action, including actual attorney fees, arising from the Applicant's use of Village property and the issuance of this Permit. Fire Chief Stein to verify valid insurance document in place prior to the event. Anticipated availability is May 2025.
- NO **Sales:** If YES, attach a list of all vendors and products for sale.

VILLAGE OF MUKWONAGO

NO **Electricity:** If YES, list pavilions where electricity is needed. **Performance Stage:** Power Requirements: ___ 110V 20 Amp ___ 110V 30 Amp ___ 110V 50 Amp

NO **Food/Non-Alcoholic Beverages:** If YES, the necessary permits and related information for the sale of food shall be obtained from the Waukesha County Health Department (262-896-8300).

YES **Street Usage/Roadway Closure:** If YES, if the event is in the street, street barricades are required. What type and How many barricades will be required? _____

Caution tape around setup and 'keep out' zone, barricades to close car parking lot or no parking after 8 pm signs. DPW and FD to be responsible for installation of caution tape and barricades.

NO **Parking Space(s) on Private Lots:** IF YES, if parking in private lots near the event is required, the applicant shall obtain written permission from the adjacent property owners directly.

NO **Alcohol Served:** If YES, if beer or other fermented malt beverages are sold, a Temporary Class "B"/"Class B" Retailer's License must be completed and turned in with payment with the rental application. Please list the number of Village of Mukwonago licensed bartenders that will be on site: _____

NO **Admission or Gate Fee Charged:** If YES, explain in detail the reason for the fee.

NO **Loudspeakers and/or Amplification:** If YES, will it be a: Band ___ DJ ___ Other ___
What are the hours be? _____ All noise (loudspeakers and/or amplification ends at 11 p.m.

NO **Tents, Canopies, or Other Temporary Structures:** If YES, please provide a plan for their proposed locations. The Fire Department and Building Inspection Department will need to inspect these structures prior to the start of your event.

NO **Inflatable Devices:** If YES, number and location of devices.

NO **Additional Port-a-Pots:** If Yes, using the information below, will your event require Portable Restrooms? Majority of Phantom Glenn park to be closed to spectators during the event due to the safety distances required.

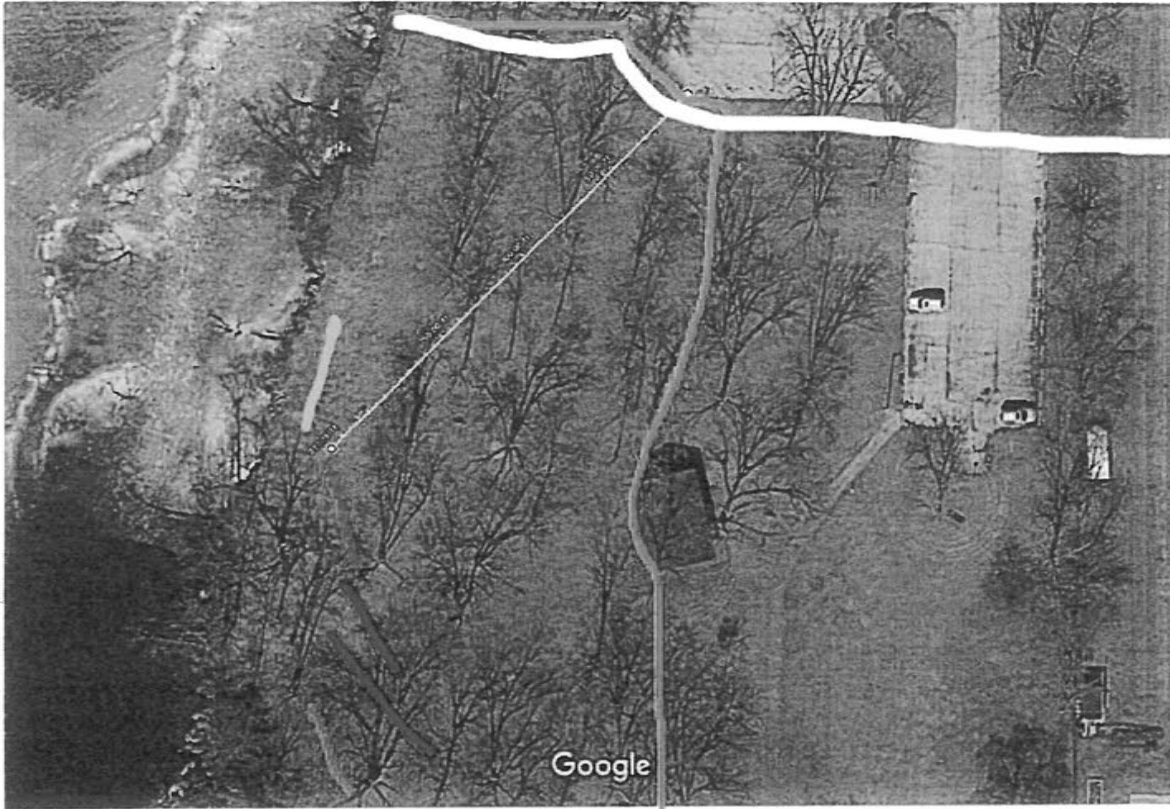
Determining if you need additional port-a-pots. Attendance at the function exceeds 300 people. Any damage will be the responsibility of the sponsoring group. They shall be clean, usable, properly enclosed, emptied when full, and a minimum 100 feet from food preparation areas. They shall be removed the next regular business day. The following schedule should be followed:

301-400 persons – 3 port-a-pots (1 for the men & 2 for the women)

401-500 persons – 6 port-a-pots (2 for the men & 4 for the women)

501-600 persons – 9 port-a-pots (3 for the men & 6 for the women)

for additional 250 persons over 600, an additional port-a-pot for each sex will be required



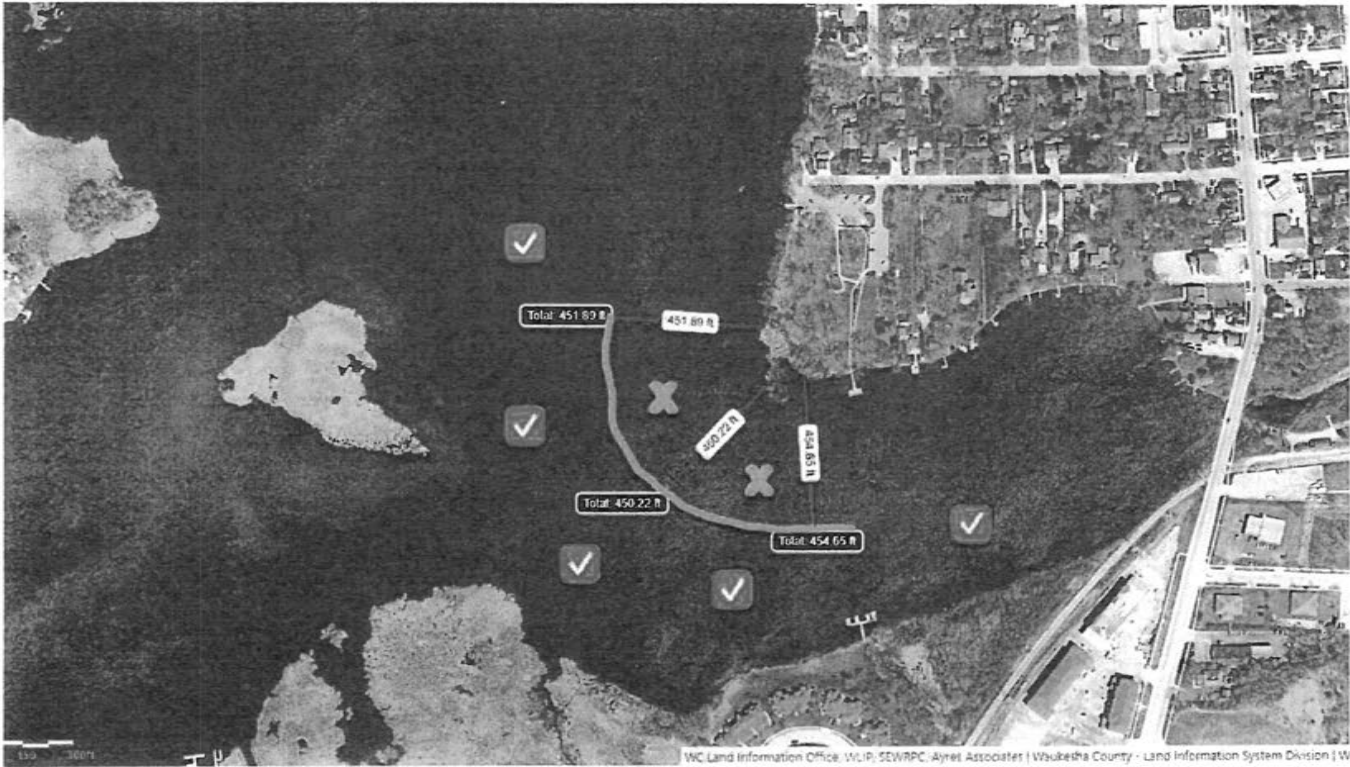
White line represents posts and caution tape that shall be installed by 8PM to create the keep out zone. Bathrooms should be locked by Village Police at 8PM.

No cars are to be within the car parking lot after 8PM. DPW/FD/Police to place barricades prior to this time or utilize no parking after 8pm signs.

Orange line represents posts and caution tape that shall be installed by 3PM to create the setup area. Contractor to park a truck and/or trailer within this area during setup. Bathrooms to remain accessible until 8PM.

Red line represents 5" shell launch area
Blue line represents 4" shell launch area
Green line represents 3" shell launch area
Yellow line is for "cakes" launch area

Caution tape will be removed by PLMD after the area is inspected for unexploded shells in the daylight and any additional firework debris is picked up. This will be completed no later than 10am the morning following the event. (Contractor will also inspect and clean up directly after the fireworks display using flashlights).



Lake patrol to keep boats 450' away from launch site, during the fireworks display. Boat launch will remain open.

FIVE STAR FIREWORKS, CO.

Mystic Fireworks, Inc., d/b/a Five Star Fireworks

P. O. Box 143

Oconomowoc, WI 53066-0143

Telephone (262)569-7820; Cell (262)490-4164

www.fivestarfirerworks.com

THIS AGREEMENT is made this 16th day of January, 2025, between:

Mystic Fireworks Inc. d/b/a

FIVE STAR FIREWORKS

- and -

CUSTOMER, Phantom Lake Management District, P.O. Box 391, Mukwonago, WI 53149

Customer agrees to engage Mystic Fireworks, Inc. d/b/a Five Star Fireworks, ("Five Star") to shoot a fireworks show ("Show") on July 3, 2025 at Phantom Lake Park.

Customer agrees to pay Five Star the total price \$6,500.00, subject to modification for changes, for the labor, shooting and furnishing of fireworks for the Show referenced above.

A non-refundable down payment of \$2,000.00 shall be made by May 1, 2025. The remaining amount is due 35 days after the display.

Five Star and the Customer agree as follows:

FIREWORKS EXHIBITION TERMS AND CONDITIONS

1. **Parties.** This contract engages the services of Five Star to produce and perform pyrotechnic displays over a one-year period for the Customer as referenced above.
2. **Product.** Five Star agrees to furnish to Customer a fireworks display Show containing the fireworks indicated on the attached Exhibit "A" which is a list of the purchased fireworks to be used for the Show.
3. **Supply.** In the event any of the fireworks listed in Exhibit "A" should not be available through no fault of Five Star, Five Star reserves the right to substitute said fireworks with comparable fireworks without further notice. Any said substitutions will be of equal or greater value to Customer and will not affect the "look" or "feel" of the Show.
4. **Date.** The date of the Show shall be for July 3, 2025.
5. **Weather.** In case of inclement weather, the displays will be rescheduled for another day and time as mutually agreed but not July 4th. In the event inclement weather forces the cancellation of the Show and said Show is not rescheduled, Customer shall pay a restocking charge of 15% of the cost of the Show or \$1,500.00.
6. **Financing/Sponsorship.** Should a Customer lose funding for the Show or a sponsor of the Show withdraws funds, the Customer must give written notice of same to Five Star indicating what amount of funds were lost and what is the new budget for the Show. Notice must be received before the end of April of the year the Show is to be produced. The Customer will have the following options:

- a. **Cancellation.** If the funds available for the Show are less than the amount necessary to conduct a reasonable Show, then the contract for that year may be canceled. If the Customer has additional years remaining on its contract, then the Customer must make all reasonable efforts to secure financing for the remaining Shows. Cancellation of the contract due to lack of funds does not free Customer of the terms of this Contract or allow Customer to search out other fireworks companies to shoot the Show.
- b. **Reorganization.** After informing Five Star of the loss of funds, Customer can arrange with Five Star a reorganization the Show given the new amounts available. If notice is received less than thirty (30) days prior to the Show, any cancellation or change will be disallowed. Five Star reserves the right to refuse cancellation or reorganization of the Show based on its own judgment of the facts in any given situation.

7. **Personnel.** Five Star shall provide qualified personnel who will handle the delivery, set-up and execution of the display fireworks, as well as appropriate clean-up of the display area. Said personnel are under the direct control and supervision of Five Star. Any changes in the Show or information regarding the Show on the date of the Show must be referred to the site supervisor.

8. **Safety.** Five Star shall take all safety precautions with respect to the Show, shall comply with all safety measures required by the Contract, and with all applicable laws, ordinances, rules, regulations and lawful orders of any public authority for the safety of persons or property at the Show. The following provisions are also necessary for the safety of the Show:

- a. **Area.** Customer shall provide Five Star with sufficient area to shoot said Show in a safe and reasonable manner in accordance with NFPA guidelines and standards.
- b. **Police and Fire.** Customer shall provide all necessary police and fire personnel, as well as any other appropriate protection necessary. This includes, but is not limited to contact with the police and fire departments in the area, providing private security as necessary, providing access to fire suppression equipment and water, and any other necessary safety personnel or equipment.
- c. **After-Show Inspection and Clean-Up.** Five Star will, to the best of its ability, conduct a search of the grounds after the Show, in an effort to dispose of any unexploded shells and for a general clean-up of the area. The extent of this inspection and clean-up may be affected by other commitments, inclement weather, or other unforeseeable circumstances, including, but not limited to; fire, lighting, rain, snow, or any other factors that hamper its after-show inspection and clean-up.
- d. **Morning Search.** Customer explicitly acknowledges and accepts responsibility to conduct a search of the grounds and surrounding area the morning after the Show. Customer acknowledges that this search is of critical importance. If any unexploded or defective fireworks are found that were missed during Five Star's inspection the previous evening, Customer shall notify Five Star immediately for further instructions concerning proper disposal.

9. **Hold Harmless.** To save harmless Five Star and all other workers or subcontractors from any and all losses or damage (including, without limiting the generality of the foregoing, legal fees and disbursements paid or incurred by Five Star to enforce the provisions of this Contract) occasioned by

the failure of the Customer to carry out the provisions of this Contract unless such failure results from causes beyond the control of the Customer.

10. **Non-Assignment.** Not to assign or sub-let this Contract, or any part thereof, and not to assign any money due or to become due hereunder without first obtaining the written consent of the Customer hereto.

11. **Permits.** The customer and Five Star will be responsible for obtaining all necessary permits for the Show. Failure to obtain permits may result in cancellation of the Show.

12. **Entire Agreement.** This Agreement constitutes the entire Contract of the parties. It is expressly agreed that no statement, arrangement, warranty, or understanding, oral or written, express or implied, will be recognized unless it is stated in, or otherwise permitted by, this Agreement. Customer warrants that the person executing this Agreement, and any subsequent change orders, has legal authority to do so. Customer acknowledges review and approval of the entire Agreement before execution. This Agreement is not assignable by either party without the other's consent.

13. **Debt or Obligations.** Each party shall be responsible for its separate debts and obligations.

14. **Payment.** The cost of each display shall be \$6,500.00, and the cost of \$2,000,000.00 liability insurance shall be included, for a total amount due of \$6,500.00. The Customer shall pay a non-refundable deposit in the amount of \$2,000.00 by May 1, 2025. The remaining balance shall be due and payable 35 days after the evening of the Show. A 5% financing charge shall be applied per month until the receipt by Five Star of any unpaid balance.

15. **Indemnification.** Five Star shall indemnify Customer against all liability to any person for or by reason of any condition, whether defective or otherwise, of any fireworks, apparatus, equipment, or fixtures furnished by Five Star in connection with the Show, and against all liability to any person for or by reason of any act of omission of Five Star or any of its agents or employees.

16. **Severability.** The invalidity of any part of this Agreement shall not be deemed to affect the validity of any other part. In the event that any provision of this Agreement is held to be invalid, the parties agree that the remaining provisions shall be deemed to be in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provisions.

17. **Access.** Customer agrees to maintain access for Five Star to the display area, to keep the site free from obstructions, and to obtain permission for Five Star to gain access through any property as necessary to facilitate the shooting of the Show. Customer shall be solely responsible for all risk, shall hold Five Star harmless and free of liability, and shall compensate for any damage or costs arising out of such access or the failure to maintain access.

18. **Protection of Customer's Property and Site.** Customer agrees to remove or protect any personal property inside and outside the display area. Five Star shall take reasonable efforts to avoid damage to existing property, and in such event, shall not be responsible for damage to the Customer's property or any other property in the area where the Show was shot, including existing walks, driveways, telephone or electric lines, lawn, shrubs, trees, homes or other property whether caused in whole or in part by Five Star, its employees or subcontractors, or their suppliers in the performance of the Show or in the delivery of materials to the display site.

19. **Insurance.** Five Star shall maintain workers compensation and general liability insurance (in an amount of \$2,000,000.00), as necessary, either through itself or its parent company, Five Star Fireworks, Corp. Customer, as appropriate, shall maintain homeowners insurance covering all

physical loss to any structure or buildings near the display area, and expressly including, but not be limited to; coverage for multiple perils, collapse, fire, weather damage, theft, vandalism and malicious mischief, naming Five Star as additional insured. Customer assumes all risk of loss during the Show, save for what is covered under the policies held by Five Star on its behalf. It is the Customer's responsibility to contact their insurance agent and inform them of the necessary required coverage or assume any loss not covered by their insurance carrier.

20. **Alternative Dispute Resolution.** In the event that either party requests, in writing, that a dispute relating in any way to this Agreement be resolved by mediation, the other party to this contract *must* proceed to mediate the dispute prior to filing a lawsuit. In the event mediation is requested, the mediation shall be conducted by the Mediation Service of the Metropolitan Builders Association of Greater Milwaukee or any other mediator or group that the parties can mutually agree to. Disputes that are subject to mandatory mediation include, but are not limited to contractual disputes and disputes directly relating to the Show or to the provision of services and/or materials for the Show. The parties agree, in the event the dispute proceeds to mediation, that they will make a good faith effort to resolve their dispute(s) through the mediation process and that they will abide by the MBA Mediation Service policies and procedures.

21. **Waiver.** Customer's commencement of litigation against Five Star for breach of contract or other dispute(s) prior to providing the notice required above, shall be deemed a waiver of any and all claims Customer may have had against Five Star for breach of contract or other dispute(s).

22. **Acceptance.** In executing this Agreement, Customer represents that Customer has the necessary financial resources to fulfill its obligations under this Agreement and has the legal authority to execute this Agreement.

By signing this Agreement, Customer represents and warrants that: (1) they have the authority to execute this Agreement for the Show; and (2) they have reviewed and approved the Agreement and the attached Exhibit "A." This Agreement shall become binding on Five Star and Customer upon signing below.

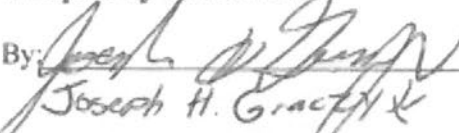
Submitted by Five Star:

By: _____
Tim Heinecke, President

Date: 1-26-25

The undersigned Customer certifies that he/she has carefully read this entire Agreement before signing below and acknowledges receipt of a copy of the entire Agreement at the time of signing.

Accepted by Customer:

By: 
Joseph H. Gracoff

Date: 23 Jan 25

Accepted by Five Star:

By: _____
Tim Heinecke, President

Date: _____

Rain date 5 July 2025 JAG.



Agenda Cover Report

| | |
|--|--|
| Date: 4/28/25 | Committee/Board: Health and Recreation |
| Submitted by: Ron Bittner | Department: Public Works |
| Date of Committee Action: 5/7/25 | Date of Village Board Action: |

| |
|--|
| <p>Subject: Discussion and Guidance on permitting Sponsorship Signage Displays for Youth Athletic Organizations at Village Parks</p> |
| <p>Executive Summary: Currently the Village Ordinance prohibits advertising in village parks. Staff would like direction on the feasibility of allowing youth athletic organizations to display sponsorship signage on temporary outfield fencing and goals installed and owned by the organizations. These organizations rely on sponsorship funds to reduce costs for participants. The Clubs pay the village a variety of fees associated with field use and preparation. The program could lead to revenue sharing and/or a village program to fund annual park maintenance.</p> <p>58-31 (e) <u>(e)</u> Sales or advertising. No person in a park shall:</p> <p><u>(1)</u> Expose or offer for sale any article or thing, nor shall there be stationed any stand, cart or vehicle for the transportation, sale or display of any such article or thing. Exception is made as to any regularly licensed concessioner acting by and under the authority and regulation of the Village Board.</p> <p><u>(2)</u> Announce, advertise or call the public attention in any way to any article or service for sale or hire.</p> <p><u>(3)</u> Paste, glue, tack or otherwise post any sign, placard, advertisement or inscription whatever, nor shall any person erect or cause to be erected any sign on any public lands or highways or roads adjacent to a park, playground or recreational area.</p> |
| |
| |

Attachments Included

MAR 26 2025

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE \$ _____

Application Date: 3-3-2025

Town Village City of MUKWONAGO

County of WAUKESHA

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

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 8-22-25 and ending 8-24-25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization (check appropriate box) -> Bona fide Club Church Lodge/Society Veteran's Organization Fair Association or Agricultural Society Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name St. James Catholic Church

(b) Address 830 E. Veterans Way (Street) Town Village City

(c) Date organized _____

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Jim Hepp

Vice President John Langenohl

Secretary Michelle Millard

Treasurer St. James office - Chrystal Annett

(g) Name and address of manager or person in charge of affair: Jim Hepp



2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 830 E. Veterans Way

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? PART- Activity Center

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

3. Name of Event

(a) List name of the event St. James Parish Festival

(b) Dates of event 8-22-25 thru 8-24-25

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] (Signature / Date)

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

PAID

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

FEE \$ 30.00

Application Date: 4/7/25 APR 07 2025

Town [] Village [x] City of Mukwonago

County of Waukesha

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

- [x] A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning June 5th, July 17th, July 31st and ending 4pm-9pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization (check appropriate box) -> [] Bona fide Club [] Church [x] Lodge/Society
[] Veteran's Organization [] Fair Association or Agricultural Society
[] Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Mukwonago Food Pantry

(b) Address 325 Eagle Lake Ave, Mukwonago, WI 53149
Town [] Village [x] City []

(c) Date organized 8/1/1989

(d) If corporation, give date of incorporation N/A

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: []

(f) Names and addresses of all officers:
President Cathy Schultz, Mukwonago
Vice President Rob Vick, Mukwonago
Secretary Alexis McCarthy, Waukesha
Treasurer Nancy VanDerWalt, Mukwonago

(g) Name and address of manager or person in charge of affair: Hannah Havelberg

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Phaulkon Junction Stage/proctor event area

(b) Lot Block

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

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

3. Name of Event

(a) List name of the event Phaulkon Junction Concert/Event Dates:

(b) Dates of event June 5th, July 17th, & July 31st

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] 4/7/25 (Signature / Date)

Mukwonago Food Pantry (Name of Organization)

Date Filed with Clerk 4/7/25

Date Reported to Council or Board

Date Granted by Council

License No.

VILLAGE OF MUKWONAGO
440 RIVER CREST CT
MUKWONAGO, WI 53149
Phone : (262) 363-6420

Received From: MUKWONAGO FOOD PANTRY
Date: 04/07/2025 Time: 11:49:59 AM
Receipt: 93770
Cashier: SZERFAS

OPERATOR LIC 25/26, LIQ LIC 3 EVENTS
2025, PJS VENDOR FEE X3

| ITEM REFERENCE | AMOUNT |
|--|----------|
| 125 Special Event Permit PJS VENDOR 6.5, 7.17, 7.31.25 | \$150.00 |
| 121 Operators License Operators License | \$35.00 |
| 121.1 WI DOJ - Background Checks WI DOJ - Background Checks | \$10.00 |
| 118 Liquor & Malt License TEMP LIQ LIC X3 PJS EVENTS | \$30.00 |
| TOTAL | \$225.00 |
| Check 393 | \$225.00 |
| Total Tendered: | \$225.00 |
| Change: | \$0.00 |

OALC # 46

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)
ALDI INC. (WISCONSIN)

2. Business Trade Name or DBA
ALDI #46

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

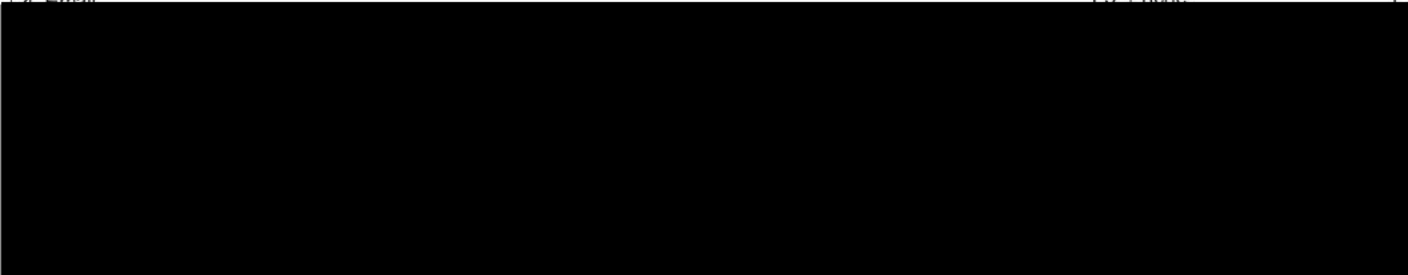
4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit 2024-5

6. Describe the reason for appointing a successor agent, if successor is checked above.
 N/A Agent/Manager Change

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
 Fait Matthew C

4. Email 5. Phone



Part C: Agent Questions

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

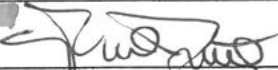
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

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

Continued →

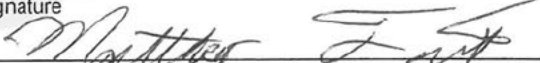
Part D: Business Attestation

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 BEATTIE | First Name PHILIP | M.I. J |
| Title ASSISTANT TREASURER | [REDACTED] | |
| Signature  | Date 3/21/2025 | |

Part E: Agent Attestation

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

| | | |
|---|-----------------------|-----------|
| Last Name Fait | First Name Matthew | M.I. C |
| Signature  | Date 3/31/25 | |



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Matthew Fait

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date

03/31/2025



Expiration Date

03/31/2027



Certificate #

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

RESOLUTION 2025-08

A RESOLUTION AUTHORIZING AND DIRECTING THE PROPER VILLAGE OFFICIAL(S) TO ISSUE THE LIQUOR LICENSE RENEWALS FOR THE PERIOD OF JULY 1, 2025, TO JUNE 30, 2026

WHEREAS the Clerk/Treasurer's office has received applications for Liquor License renewals for the period of July 1, 2025, to June 30, 2026, for the following businesses:

Combination "Class A" Intoxicating Liquor & Class "A" Fermented Malt Beverage:

- 909 Greenwald Enterprises, INC d/b/a Mukwonago Amoco, 909 Greenwald Ct, Judith Schwartz, Agent
- Aldi, INC d/b/a Aldi #46, 111 E Wolf Run Rd, Matthew Fait, Agent
- Khasria Two, INC d/b/a Village Wine & Liquor, 712 Main St, Harjinder Khasria, Agent
- Kwik Trip, INC d/b/a Kwik Trip #282, 1212 N Rochester St, Susan Michealson, Agent
- Navjot 159 LLC d/b/a Town Liquor & Food, 411 Main St, Sukpreet Randhawa, Agent
- Ultra Mart Foods, LLC d/b/a Metro Market #384, 1010 N Rochester St, Rick Kloth, Agent
- Walgreen Co. d/b/a Walgreens #07039, 212 N Rochester St, Brian Marinello, Agent
- Wal-Mart Stores East, LP d/b/a Walmart #1571, 250 Wolf Run, Charles Burns, Agent
- Wind Lake Beverage d/b/a Aman's Beer & Wine, 110 Chapman Blvd, Amandip Singh, Agent

Class "A" Fermented Malt Beverage:

- 122 Arrowhead Enterprises, INC, d/b/a Arrowhead BP, 122 Arrowhead Dr, Judith Schwartz, Agent
- 1060 Rochester Enterprises, INC d/b/a Rochester BP, 1060 N Rochester St, Judith Schwartz, Agent

Combination "Class B" Liquor & Class "B" Fermented Malt Beverage:

- American Legion Post #375 d/b/a American Legion Post #375, 627 Veteran's Way East, Tammy Stelter, Agent
- Blue Bay INC, Blue Bay Restaurant, 927 Main St, Vlaznim Islumi, Agent
- The Boneyard Pub & Grille, INC d/b/a Boneyard Pub & Grille, 215 Bay View Rd, James Jones, Agent
- FJ Partners, LLC d/b/a Sol de Mexico, 507 Main St, Jose Jaimes-Lopez, Agent
- Jay's Lanes, INC d/b/a Jay's Lanes, 326 Atkinson St, Jeffrey Jay,

Agent

- Sandys Miller Time LLC d/b/a Sandys Miller Time, 701 Main St, Brian Anspach, Agent
- Take A Big Bite, INC d/b/a Fork in the Road Restaurant, 215 N Rochester St, Therese Hennessy, Agent
- Wind Lake Beverage d/b/a The Terrance at Aman's, 110 Chapman Blvd, Amandip Singh, Agent

Combination Reserve “Class B” Liquor & Class “B” Fermented Malt Beverage:

- Crush LLC d/b/a Crush Wine Bar and Social, 110 Main St, Paul Kwiecien, Agent
- DAA Smokehouse LLC d/b/a David Alan Alan's Smokehouse & Saloon, 325 Bay View Rd, Ste D/E, Tina O'Bryan, Agent
- El Pueblo, INC d/b/a Antigua Real Restaurant, 355 Bay View Rd, Marco Alarcon Castillo, Agent
- The Elegant Farmer, INC d/b/a The Elegant Cork, 1541 Main St, Keith Schmidt, Agent

WHEREAS, the Committee of the Whole met on May 7, 2025, to consider the terms of the Liquor License renewal applications and, upon advisement from the Police Chief, recommends approval of all licenses; now therefore

BE IT RESOLVED by the Village Board for the Village of Mukwonago, that the proper official(s) be hereby authorized and directed to issue the Liquor License to these businesses contingent upon payment of all outstanding liabilities and delinquencies with the Village of Mukwonago and wholesaler invoices, and clearance of any Department of Revenue holds.

Dated and approved this 21st day of May, 2025.



Attest:

Fred Winchowky, Village President

Lana Kropf, WCMC, Village Clerk-Treasurer

Form
AB-200

Alcohol Beverage License Application

PAID

APR 15 2025

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ _____
- "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------|
| License Fees | \$ 300 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 335 |

| Part A: Premises/Business Information | | | |
|---|--|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) 122 ARROWHEAD ENTERPRISES INC. | | | |
| 2. Business Trade Name or DBA ARROWHEAD BP | | | |
| 3. FEIN 84-3614081 | | 4. Wisconsin Seller's Permit Number 456-1029906398-04 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization 11/05/2019 | 8. Wisconsin DFI Registration Number 0036563 |
| 9. Premises Address 122 ARROWHEAD DRIVE | | | |
| 10. City MUKWONAGO | | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: MUKWONAGO | 15. Aldermanic District |
| 16. Premises Phone (262) 363-2371 | | 17. Premises Email [REDACTED] | 18. Website N/A |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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. 122 ARROWHEAD DRIVE, MUKWONAGO, WI 53149. BACKROOM, DISPLAYS THROUGHOUT THE STORE AND IN THE BEER CAVE | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

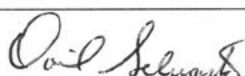
| Last Name | First Name | Title | Phone |
|-----------|------------|----------------|------------|
| SCHWARTZ | DAVID | PRESIDENT | [REDACTED] |
| SCHWARTZ | KELLY | VICE PRESIDENT | |
| SCHWARTZ | JUDITH | AGENT | |
| | | | |

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 SCHWARTZ | First Name DAVID | M.I. C |
| Title PRESIDENT | Email [REDACTED] | Phone [REDACTED] |
| Signature  | Date 04/01/25 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/15/25 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------|
| License Fees | \$ 300 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 335 |

Part A: Premises/Business Information

PAID
APR 15 2025

| | | | |
|--|--|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) 1060 ROCHESTER ENTERPRISES INC. | | | |
| 2. Business Trade Name or DBA ROCHESTER BP | | | |
| 3. FEIN 84-3599356 | | 4. Wisconsin Seller's Permit Number 456-1029891744-04 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization 11/05/2019 | 8. Wisconsin DFI Registration Number 0036562 |
| 9. Premises Address 1060 N ROCHESTER ST | | | |
| 10. City Waukesha Mukwonago | | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: MUKWONAGO | 15. Aldermanic District |
| 16. Premises Phone (262) 363-4565 | | 17. Website n/a | |
| 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. Beer is located in displays throughout the store and in the cooler, back of the cooler, in the backrooms and in office. 1060 N Rochester St, Mukw | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

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 | |

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|----------------|------------|
| SCHWARTZ | DAVID | PRESIDENT | [REDACTED] |
| SCHWARTZ | KELLY | VICE PRESIDENT | |
| SCHWARTZ | JUDITH | AGENT | |
| | | | |

Part D: Attestation

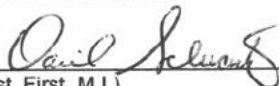
One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | |
|--|---------------------|
| Signature  | Date 04/02/2025 |
| Name (Last, First, M.I.) SCHWARTZ, DAVID C | |
| Title PRESIDENT | Phone [REDACTED] |

Part E: For Clerk Use Only

| | | | |
|--|---------------------------------|----------------------|----------------|
| Date application was filed with clerk 4/15/2025 | Date license issued | Date license expires | License number |
| License fees | Signature of Clerk/Deputy Clerk | | |

OAK #46

Form
AB-200

Alcohol Beverage License Application

| | |
|------------------------|------------------|
| For Municipal Use Only | |
| Municipality | V. Mukwonago |
| License Period | 7/1/25 - 6/30/26 |

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

- Class "A" Beer \$ 400 Class "B" Beer \$ _____
- "Class A" Liquor \$ 400 "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------|
| License Fees | \$ 800 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 835 |

PAID

APR 07 2025

pg 4/125

Part A: Premises/Business Information

| | | | |
|--|---|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) ALDI, INC. (WISCONSIN) | | | |
| 2. Business Trade Name or DBA ALDI #46 | | | |
| 3. FEIN 36-3498392 | | 4. Wisconsin Seller's Permit Number 4560000089014-04 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization 12/02/1986 | 8. Wisconsin DFI Registration Number A025780 |
| 9. Premises Address 111 E WOLF RD | | | |
| 10. City MUKWONAGO | | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of MUKWONAGO | | 15. Aldermanic District |
| 16. Premises Phone (262) 368-1214 | 17. Premises Email [REDACTED] | | 18. Website N/A |
| 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. SINGLE STORY BRICK BUILDING. ALCOHOL WILL BE SOLD ON THE SALES FLOOR AND STORED IN THE BACKROOM. ALCOHOL SALES RECORDS WILL BE KEPT IN THE OFFICE AT THE STORE. | | | |
| 20. Mailing Address (if different from premises address) 9342 S 13th Street | | | |
| 21. City Oak Creek | | 22. State WI | 23. Zip Code 53154 |

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 N/A | Location | Trial Date |
| Penalty Imposed N/A | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated N/A | Location | Trial Date |
| Penalty Imposed N/A | 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.
 N/A

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.
 N/A

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 ALDI INC. (BATAVIA, IL) | 4b. Business Entity FEIN 42-1051659 |
|--|--|

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 |
|-----------|------------|-----------------|------------|
| BEHM | DAVID K. | CFO | [REDACTED] |
| BEATTIE | PHILIP J. | ASST. TREASURER | [REDACTED] |
| FAIT | MATTHEW C. | MANAGER | [REDACTED] |

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 BEATTIE | First Name PHILIP | M.I. J |
| Title ASSISTANT TREASURER | Email [REDACTED] | Phone [REDACTED] |
| Signature | Date 3/21/2025 | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/7/2025 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | VILLAGE OF MUKWONAGO |
| License Period | 2025 - 2026 |

Form
AB-200

Alcohol Beverage License Application

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

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

| Fees | |
|----------------------|---------------|
| License Fees | \$ 800 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 835 |

| | | | |
|---|---|--|--|
| Part A: Premises/Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietorship) WIND LAKE BEVERAGE INC | | | |
| 2. Business Trade Name or DBA AMANS BEER + WINE | | | |
| 3. FEIN 30-0642080 | | 4. Wisconsin Seller's Permit Number 456-1027274103-03 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization 2010 | 8. Wisconsin DFI Registration Number W056809 |
| 9. Premises Address 110 Chapman Farm blvd | | | |
| 10. City Mukwonago | | 11. State WI | 12. Zip Code 53149 |
| 13. County Walworth | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Mukwonago | | 15. Aldermanic District |
| 16. Premises Phone [REDACTED] | 17. Premises Email [REDACTED] | 18. Website www.amansbeer.com | |
| are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol is stored on the second floor and sold on retail floor | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|-------|
| Singh | Amandip | | |
| | | | |
| | | | |

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 SINGH | First Name AMANDIP | M.I. |
| Title OWNER | Email | Phone |
| Signature | Date 4/28/25 | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/28/2025 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--|
| Municipality Mukwonago Village of |
| License Period July 1, 2025 – June 30, 2026 |

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

- Class "A" Beer \$ 300⁻ Class "B" Beer \$ _____
 "Class A" Liquor \$ 500⁻ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|--|
| License Fees | \$ <u>800⁻</u> |
| Background Check Fee | \$ <u>10⁻</u> |
| Publication Fee | \$ <u>25⁻</u> |
| Total Fees | \$ <u>835⁻</u> pd 4/2/25 |

Part A: Premises/Business Information

| | | | |
|---|---|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc. | | | |
| 2. Business Trade Name or DBA Kwik Trip 282 | | | |
| 3. FEIN 39-1036365 | | 4. Wisconsin Seller's Permit Number 456-000028761403 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization Wisconsin | | 7. Date of Organization October 7, 1964 | 8. Wisconsin DFI Registration Number 1K04801 |
| 9. Premises Address 1212 N Rochester St | | | |
| 10. City Mukwonago | | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Mukwonago Village of | | 15. Aldermanic District ----- |
| 16. Premises Phone 262-363-2513 | | [REDACTED] | 18. Website www.KwikTrip.com |
| 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. One-story frame construction with storage in walk-in cooler, on sales floor, behind sales counter. | | | |
| 20. Mailing Address (if different from premises address) Kwik Trip – Legal Dept., P.O. Box 2107 | | | |
| 21. City La Crosse | | 22. State WI | 23. Zip Code 54602-2107 |

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 **Please see enclosed list of retail store violations. | 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 beverages.

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

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

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

| | |
|--------------------------------------|-----------------------------------|
| 4a. Name of Business Entity ----- | 4b. Business Entity FEIN ----- |
|--------------------------------------|-----------------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | [Redacted] |
|------------|------------|-----------------|------------|
| Zietlow | Scott | CEO & President | [Redacted] |
| Wagner | David | CFO & Treasurer | [Redacted] |
| Michealson | Susan | Agent | [Redacted] |
| | | | |

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 Zietlow | First Name Scott | M.I. P |
|----------------------|---------------------|-----------|

| | |
|--------------------------|------------|
| Title CEO & President | [Redacted] |
|--------------------------|------------|

| | |
|-----------------------------------|-----------------------|
| Signature <i>Scott P. Zietlow</i> | Date March 1, 2025 |
|-----------------------------------|-----------------------|

Part E: For Clerk Use Only

| | | | |
|---|----------------|----------------------|---------------------|
| Date Application Was Filed With Clerk 4/2/25 | License Number | Date License Granted | Date License Issued |
|---|----------------|----------------------|---------------------|

| | |
|---------------------------------|---|
| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---------------------------------|---|

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/25 - 6/30/26 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|----------------------|
| License Fees | \$ <u>800</u> |
| Background Check Fee | \$ <u>10</u> |
| Publication Fee | \$ <u>25</u> |
| Total Fees | \$ <u>835</u> |

| Part A: Premises/Business Information | | | |
|--|---|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) Ultra Mart Foods, LLC | | | |
| 2. Business Trade Name or DBA Metro Market #384 | | | |
| 3. FEIN 39-6043054 | | 4. Wisconsin Seller's Permit Number 456-0002831081-06 | |
| 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 11/23/1951 | 8. Wisconsin DFI Registration Number 1K02886 |
| 9. Premises Address 1010 N. Rochester Street | | | |
| 10. City Mukwonago | | 11. State WI | 12. Zip Code 53149-8738 |
| 13. County Waukesha | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | | 15. Aldermanic District |
| 16. Premises Phone (262) 363-3026 | 17. Premises Email [REDACTED] | 18. Website metromarket.net | |
| 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. 1 story grocery & liquor, in exterior parking stalls designated for pickup service for alcohol sold through the online clicklist service. | | | |
| 20. Mailing Address (if different from premises address) Kroger Business License PO Box 305103 | | | |
| 21. City Nashville | | 22. State TN | 23. Zip Code 37230-5103 |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? .. Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

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

| | |
|---|--|
| 4a. Name of Business Entity Roundy's Supermarkets, Inc | 4b. Business Entity FEIN 39-0854535 |
|---|--|

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 |
|--------------|--------------|-------|------------|
| See Attached | Officer List | | |
| Kloth | Rick | Agent | [REDACTED] |
| | | | |
| | | | |

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 Fedder | First Name Ann | M.I. M |
|---------------------|-------------------|-----------|

| | | |
|-------------------------|---------------------|---------------------|
| Title Vice President | Email [REDACTED] | Phone [REDACTED] |
|-------------------------|---------------------|---------------------|

| | |
|---------------------------------------|-------------------|
| Signature <i>Ann Fedder Roundy</i> | Date 4/11/2025 |
|---------------------------------------|-------------------|

Part E: For Clerk Use Only

| | | | |
|--|----------------|----------------------|---------------------|
| Date Application Was Filed With Clerk 4/21/25 | License Number | Date License Granted | Date License Issued |
|--|----------------|----------------------|---------------------|

| | |
|---------------------------------|---|
| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---------------------------------|---|

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality Village of Mukwonago |
| License Period 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|-------------------------|
| License Fees | \$ <u>800.00</u> |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ <u>835.00</u> |

| Part A: Premises/Business Information | | | | PAID | |
|--|--|--|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) 909 GREENWALD ENTERPRISES INC. | | | | APR 15 2025 | |
| 2. Business Trade Name or DBA MUKWONAGO AMOCO | | | | | |
| 3. FEIN 84-3587532 | | | 4. Wisconsin Seller's Permit Number 456-1030181271-04 | | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | | | |
| 6. State of Organization WI | | 7. Date of Organization 11/05/2019 | | 8. Wisconsin DFI Registration Number N051363 | |
| 9. Premises Address 909 GREENWALD CT | | | | | |
| 10. City MUKWONAGO | | | 11. State WI | 12. Zip Code 53149 | |
| 13. County Waukesha | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: MUKWONAGO | | 15. Aldermanic District | |
| 16. Premises Phone (262) 363-8345 | | 17. Premises Email [REDACTED] | | 18. Website N/A | |
| 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. Beer and liquor will be stored in cooler, in displays throughout the store and in the backrooms at 909 Greenwald Court. | | | | | |
| 20. Mailing Address (if different from premises address) | | | | | |
| 21. City | | | 22. State | 23. Zip Code | |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | |
|-----------|------------|----------------|--|
| SCHWARTZ | DAVID | PRESIDENT | |
| SCHWARTZ | KELLY | VICE PRESIDENT | |
| SCHWARTZ | JUDITH | AGENT | |
| | | | |

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 | First Name | M.I. |
| SCHWARTZ | DAVID | C |

| | | |
|-----------|-------|-------|
| Title | Email | Phone |
| PRESIDENT | | |

| | |
|---|----------|
| Signature | Date |
|  | 04/02/25 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|----------------------|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| 4/15/25 | | | |

| | |
|---------------------------------|---|
| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
| | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality Village of Mukwonago |
| License Period 2025 - 2026 |

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

- Class "A" Beer \$ 300
 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500
 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|--------------------------------|
| License Fees | \$ 800 |
| Background Check Fee | \$ <u>10</u> <i>pd</i> |
| Publication Fee | \$ <u>25</u> <i>pd 4115125</i> |
| Total Fees | \$ <u>835</u> |

| Part A: Premises/Business Information | | | |
|---|--|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) Navjot 159 llc | | | |
| 2. Business Trade Name or DBA Town Liquor & Food | | | |
| 3. FEIN 99-4950283 | | 4. Wisconsin Seller's Permit Number 456-1031840815-02 | |
| 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 Wisconsin | | 7. Date of Organization 9/16/2024 | 8. Wisconsin DFI Registration Number NO 62652 |
| 9. Premises Address 411 Main St | | | |
| 10. City Mukwonago | | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Mukwonago | 15. Aldermanic District |
| 16. Premises Phone [REDACTED] | | 17. Premises Email [REDACTED] | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol products store at first floor and back area <i>Storage</i> are sell at first floor area | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|------------|
| Randhawa | Sukhpreet | Owner | [REDACTED] |
| | | | |
| | | | |
| | | | |

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 | First Name | M.I. |
| Randhawa | Sukhpreet | |
| Title | [REDACTED] | |
| Owner | | |
| Signature | Date | |
| <i>Sukhpreet Singh</i> | 04-14-2025 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| 4/15/2025 | | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |
| | | | |

1K45019 140 219005

Form AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
- "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
- "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
- "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 800 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 835 |

pd 4/14/25

| Part A: Premises/Business Information | | | |
|---|---|-------------------------------------|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) | | | PAID APR 14 2025 |
| KHASHIA TWO, INC | | | |
| 2. Business Trade Name or DBA | | | |
| Village Wine & Liquor | | | |
| 3. FEIN | | 4. Wisconsin Seller's Permit Number | |
| 26-3853201 | | 456-1026751407-03 | |
| 5. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization | | 7. Date of Organization | 8. Wisconsin DFI Registration Number |
| WISCONSIN | | 10/24/2018 | K038564 |
| 9. Premises Address | | | |
| 712 MAIN ST | | | |
| 10. City | | 11. State | 12. Zip Code |
| MUKWONAGO | | WI | 53149 |
| 13. County | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village | | 15. Aldermanic District |
| | of: _____ | | |
| 16. Premises Phone | 17. Premises Email | | 18. Website |
| | | | |
| <p>19. Premises Description: 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.</p> <p style="text-align: center;">1st FLOOR / Back ROOMS</p> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| | | | |
| 21. City | | 22. State | 23. Zip Code |
| | | | |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------|------------|
| KHASRIA | HARJINDER | PRESIDENT/AGENT | [REDACTED] |
| | | | |
| | | | |

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 KHASRIA | First Name HARJINDER | M.I. |
| Title PRESIDENT / AGENT | | |
| Signature <i>[Handwritten Signature]</i> | | Date 04/12/2025 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/25 - 6/30/26 |

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>300⁰⁰</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>500⁰⁰</u> | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

| Fees | |
|----------------------|-----------------------------------|
| License Fees | \$ <u>800⁰⁰</u> |
| Background Check Fee | \$ <u>10</u> |
| Publication Fee | \$ <u>25</u> |
| Total Fees | \$ <u>835⁰⁰</u> |

PAID

+ Cigarette - \$100
+ W/M \$155

| | | | |
|---|------------|---|-------------------------|
| Part A: Premises/Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietorship) | | WALGREEN CO | |
| 2. Business Trade Name or DBA | | WALGREENS #07039 | |
| 3. FEIN | 36-1924025 | 4. Wisconsin Seller's Permit Number | 004-0000455404-01 |
| 5. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization | ILLINOIS | 7. Date of Organization | 02/15/1909 |
| 9. Premises Address | | 212 N ROCHESTER ST | |
| 10. City | Mukwonago | 11. State | WI |
| 13. County | Waukesha | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village | 15. Aldermanic District |
| 16. Premises Phone | | 18. Website | |
| (262) 363-5235 | | WWW.WALGREENS.COM | |
| 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. | | | |
| Retail drug store in a one-story building of <u>14,422 sq ft</u> <div style="margin-left: 20px;"> ↑ w/ sundries </div> | | | |
| 20. Mailing Address (if different from premises address) | | PO BOX 901 | |
| 21. City | DEERFIELD | 22. State | IL |
| | | 23. Zip Code | 60015 |

| | | | |
|--|----------|--|--|
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
 beverages.

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

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

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

| | |
|---|--|
| 4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC | 4b. Business Entity FEIN 47-1758322 |
|---|--|

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 |
|---------------------|------------|-------|-------|
| SEE ATTACHED RIDERS | | | |
| | | | |
| | | | |
| | | | |

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 BROWN | First Name BRIAN | M.I. R |
| Title VICE PRESIDENT AND TREASURER | Email [REDACTED] | Phone [REDACTED] |
| Signature <i>B.R.B.</i> | Date 4/14/25 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | <u>V. Mukwonago</u> |
| License Period | 7/1/2025 - 6/30/2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

| Fees | |
|----------------------|---------------|
| License Fees | \$ 800 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 835 |

pd
4/15/25

| Part A: Premises/Business Information | | | |
|--|--|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) Wal-Mart Stores East, LP | | | |
| 2. Business Trade Name or DBA Walmart #1571 | | | |
| 3. FEIN 71-0862119 | | 4. Wisconsin Seller's Permit Number 456-1020028180-05 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization DE | | 7. Date of Organization 11/09/2001 | 8. Wisconsin DFI Registration Number W042856 |
| 9. Premises Address 250 Wolf Run | | | |
| 10. City Mukwonago | | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | 15. Aldermanic District |
| 16. Premises Phone (262) 363-7500 | | 17. Website www.walmart.com | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 2440 W Mason St., Green Bay, WI 54303, 1 Room, 1 Story, Approximately 231,105 sq. ft. | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages. 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 Walmart Inc. | 4b. Business Entity FEIN 71-0415188 |
|---|--|

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 |
|--------------|------------|-------|-------|
| see attached | | | |
| | | | |
| | | | |
| | | | |

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 Little | First Name Sarah | M.I. C |
| Title Assistant Secretary | Email [REDACTED] | Phone [REDACTED] |
| Signature <i>Sutin</i> | Date 04/07/25 | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk April 15, 2025 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|--------------------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ PAID 10 |
| Publication Fee | \$ APR 11 2025 25 |
| Total Fees | \$ 635 |

| Part A: Premises/Business Information | | | |
|--|--|--|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Community American Legion Post 375</u> | | | |
| 2. Business Trade Name or DBA <u>Same</u> | | | |
| 3. FEIN <u>39-6052691</u> | | 4. Wisconsin Seller's Permit Number <u>456-1020016060-03</u> | |
| 5. 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 | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>4/13/1935</u> | 8. Wisconsin DFI Registration Number <u>L004273</u> |
| 9. Premises Address <u>627 Veterans way East</u> | | | |
| 10. City <u>Mukwonago</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> |
| 13. County <u>Waukesha</u> | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of <u>Mukwonago</u> | 15. Aldermanic District |
| 16. Premises Phone <u>262-363-3580</u> | | 17. Premises Email <u>[REDACTED]</u> | 18. Website <u>http://www.post375.org</u> |
| 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. <u>Barroom, hall, office, storage room in hall, electrical room off Bar</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

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

Part C: Individual Information

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

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

| Last Name | First Name | Title |
|---------------|-------------------------|----------------|
| Mielke George | George 1st Vice Comm | 1st Vice Comm |
| Plochoki | Steven | Judge Advocate |
| | | |

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 Stelter | First Name Tammy | M.I. m |
| Title Agent | | |
| Signature | | Date 4/10/25 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality Village of Mukwonago |
| License Period 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

pd
4/22

| Part A: Premises/Business Information | | | |
|---|--|---|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Blue Bay Inc.</u> | | | |
| 2. Business Trade Name or DBA <u>Blue Bay Restaurant</u> | | | |
| 3. FEIN <u>45-446873</u> | | 4. Wisconsin Seller's Permit Number <u>456-1027546231-03</u> | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>Wisconsin</u> | | 7. Date of Organization <u>3/10/12</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>927 main ST</u> | | | |
| 10. City <u>Mukwonago WI</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> |
| 13. County <u>Waukesha</u> | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | 15. Aldermanic District |
| 16. Premises Phone <u>262-363-8112</u> | | 17. Premises Email | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Kitchen, Restaurant Dining Floor, Patio, Office and Behind Bar.</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

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 <i>Islami</i> | First Name <i>Alazim</i> | M.I. |
| Title <i>Member</i> | Email <i>N/A</i> | Phone |
| Signature <i>[Signature]</i> | | Date <i>4/22/25</i> |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk <i>4/22/25</i> | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality Village of Mukwonago |
| License Period 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

PAID

APR 15 2025

| Part A: Premises/Business Information | | | |
|--|---|--|-------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>The Boneyard Pub & Grille, LLC</u> | | | APR 15 2025 |
| 2. Business Trade Name or DBA <u>Boneyard Pub & Grille</u> | | | |
| 3. FEIN <u>71-1022898</u> | 4. Wisconsin Seller's Permit Number <u>456-0003164635-02</u> | | |
| 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 <u>WI</u> | 7. Date of Organization <u>1/30/2007</u> | 8. Wisconsin DFI Registration Number <u>600-0003164635-04</u> | |
| 9. Premises Address <u>215 Bay View Rd</u> | | | |
| 10. City <u>Mukwonago</u> | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> | |
| 13. County <u>Waukesha</u> | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | | 15. Aldermanic District |
| 16. Premises Phone <u>262 363 9464</u> | 17. Premises Email <u>[REDACTED]</u> | 18. Website <u>boneyardwings.com</u> | |
| 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. <u>Front Lobby, kitchen, office, Bar area, Dining Rm Area, Patio to-go Beererys</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | 22. State | 23. Zip Code | |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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


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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------|------------|
| Jones | James | member | [REDACTED] |
| | | | |
| | | | |

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 Jones | First Name James | M.I. F |
| Title member | Email [REDACTED] | Phone [REDACTED] |
| Signature  | Date 4/15/25 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

PAID

APR 16 2025

| Part A: Premises/Business Information | | | |
|---|---|---|------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>TAKE A BIG BITE, INC.</u> | | | |
| 2. Business Trade Name or DBA <u>FORK IN THE ROAD RESTAURANT</u> | | | |
| 3. FEIN <u>82-1988802</u> | 4. Wisconsin Seller's Permit Number <u>456102 94456602</u> | | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization <u>WI</u> | 7. Date of Organization <u>09-01-17</u> | 8. Wisconsin DFI Registration Number <u>T073461</u> | |
| 9. Premises Address <u>215 N. Rochester ST.</u> | | | |
| 10. City <u>Mukwonago</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> |
| 13. County <u>WAUKESHA</u> | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | |
| 15. Aldermanic District | | 16. Premises Phone <u>262-363-7849</u> | |
| | | 17. Premises Email <u>TE fork in the road restaurant.com</u> | |
| | | 18. Website <u>www.forkintheroadrestaurant.com</u> | |
| 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. <u>Building - main floor/level, basement, upstairs, front porch, back patio and parking lot.</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. | | | |
| Law/Ordinance Violated <u>DUI</u> | Location <u>Mukwonago</u> | 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
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

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

Part C: Individual Information

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

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

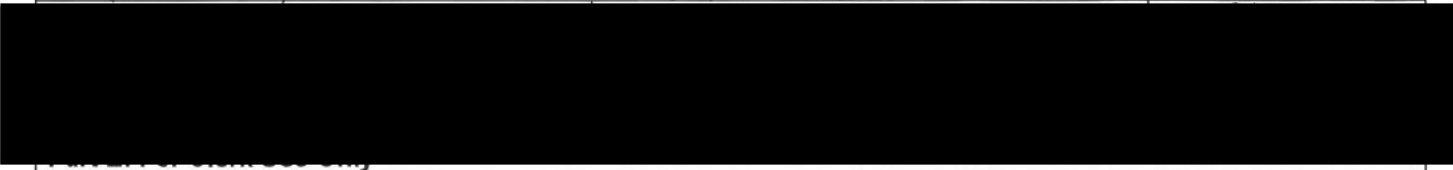
| Last Name | First Name | Title | Phone |
|-----------|------------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

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 <i>HENNESSY</i> | First Name <i>THERESE</i> | M.I. <i>M</i> |
|------------------------------|------------------------------|------------------|



| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License issued (if applicable) | |

Form
AB-200

**Alcohol Beverage License
Application**

PAID

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

APR 04 2025

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

pd
11/12

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
JAY'S LANES INC.

2. Business Trade Name or DBA
JAY'S LANES INC.

3. FEIN 39-1045082 4. Wisconsin Seller's Permit Number 103884

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

6. State of Organization 5 CORPORATION 7. Date of Organization 1974 8. Wisconsin DFI Registration Number 1503496

9. Premises Address
326 ATKINSON STREET

10. City MUKWONAGO 11. State WI 12. Zip Code 53149

13. County WAUKESHA 14. Governing Municipality: City Town Village of MUKWONAGO 15. Aldermanic District _____

16. Premises Phone (262) 363-7230 17. Website N/A

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.
BAR AND 12 ALLEYS, METAL BUILDING WITH LANNON STONE FRONT, BASEMENT WITH A WALK-IN COOLER, OFFICE IN BASEMENT WITH A SAFE, OUTDOOR PATIO WITH 4 TABLES

20. Mailing Address (if different from premises address)
(SAME AS ABOVE)

21. City _____ 22. State _____ 23. Zip Code _____

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

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

Part C: Individual Information

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

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

| Last Name | First Name | Title |
|-----------|------------|-----------------|
| JAY | JEFFREY | PRESIDENT |
| JAY | JEFFREY | SECRETARY/TREAS |
| JAY | JEAN | VICE PRESIDENT |

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 JAY First Name JEFFREY M.I. R.
 Title PRESIDENT Email _____ Phone _____
 Signature Jeffrey R. Jay Date 4-03-25

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk <u>4/1/2025</u> | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

| Part A: Premises/Business Information | | | |
|--|---|--|-------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Sandys Miller Time, LLC</u> | | PAID | |
| 2. Business Trade Name or DBA <u>Sandys Miller Time</u> | | APR 23 2025 | |
| 3. FEIN <u>87-3832967</u> | 4. Wisconsin Seller's Permit Number <u>456-1030866204-04</u> | | |
| 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 <u>WI</u> | 7. Date of Organization <u>12/03/2021</u> | 8. Wisconsin DFI Registration Number <u>9138116</u> | |
| 9. Premises Address <u>701 Main Street</u> | | | |
| 10. City <u>Mukwonago</u> | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> | |
| 13. County <u>Waukesha</u> | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | | 15. Aldermanic District <u>6</u> |
| 16. Premises Phone <u>[REDACTED]</u> | | | N/A |
| 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. <u>Same as previous years. Apartment upstairs + 1/2 of main level. Tavern on main level, cooler on main + basement.</u> | | | |
| 20. Mailing Address (if different from premises address) <u>locked liquor cage on main level.</u> | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

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

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|--------------|
| Fohr | Michael | Owner | 262-363-3843 |
| Anspach | Brian | Agent | 262-327-7694 |
| | | | |
| | | | |

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 <i>Fohr</i> | First Name <i>Michael</i> | M.I. <i>S</i> |
| Title <i>Owner</i> | | |
| Signature <i>Michael S Fohr</i> | Date <i>4/23/15</i> | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License **PAID**
Application

APR 08 2025

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

pa. 4/8/25

| Part A: Premises/Business Information | | | |
|--|---|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>FJ Partners LLC</u> | | | |
| 2. Business Trade Name or DBA <u>201 de Mexico</u> | | | |
| 3. FEIN <u>46-3748245</u> | | 4. Wisconsin Seller's Permit Number <u>456-1028207844-02</u> | |
| 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 <u>WI</u> | | 7. Date of Organization <u>2013</u> | 8. Wisconsin DFI Registration Number <u>F056057</u> |
| 9. Premises Address <u>507 Main St</u> | | | |
| 10. City <u>Mukwonago</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> |
| 13. County | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | | 15. Aldermanic District |
| 16. Premises Phone | 17. Premises Email | | 18. Website |
| 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>stock room - back of kitchen, kitchen dining, serving area of dining area and bar.</u> | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | | 22. State | 23. Zip Code |

| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 46-3748-245 |
|-----------------------------|---|

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 |
|--------------|------------|-------|------------|
| Jaimes-Lopez | Jose | Agent | [REDACTED] |
| | | | |
| | | | |
| | | | |

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 Jaimes-Lopez | First Name Jose | M.I. |
| Title Owner | Email [REDACTED] | Phone 3-26-25 |
| Signature  | | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/8/25 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | VILLAGE OF MUKWONAGO |
| License Period | 2025-2026 |

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

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

| Fees | |
|----------------------|--------------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ (625) pd |

PAID
APR 28 2025

| Part A: Premises/Business Information | | | |
|--|--|--|-------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) WIND LAKE BEVERAGE INC | | | |
| 2. Business Trade Name or DBA The Terrace at Aman's | | | |
| 3. FEIN 30-0642080 | 4. Wisconsin Seller's Permit Number 456-1027274103-03 | | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | 7. Date of Organization 2010 | 8. Wisconsin DFI Registration Number W056809 | |
| 9. Premises Address 110 Chapman Farm blvd | | | |
| 10. City Mukwonago | 11. State WI | 12. Zip Code 53149 | |
| 13. County | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of <u>Mukwonago</u> | | 15. Aldermanic District |
| 16. Business Phone | | 17. Business Email | |
| 18. Website www.amansbeer.com | | | |
| 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. The business is on the second floor and inventory is in the back room | | | |
| 20. Mailing Address (if different from premises address) | | | |
| 21. City | 22. State | 23. Zip Code | |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|-------|
| Singh | Amandip | | |
| | | | |
| | | | |
| | | | |

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 SINGH | First Name AMANDIP | M.I. |
|---------------------------|------------------------------|------|

| | | |
|-------|-------|-------|
| Title | Email | Phone |
| | | |

| | |
|-----------------------------------|------------------------|
| Signature <i>Amandip Singh</i> | Date 4/28/25 |
|-----------------------------------|------------------------|

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/28/2025 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License **PAID**
Application

APR 07 2025

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

pd
4/21/25

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
El Prebto, inc.

2. Business Trade Name or DBA
Antigua Real RESTAURANT

3. FEIN
39-1847927

4. Wisconsin Seller's Permit Number
456-0000-453356-03

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

6. State of Organization
WISCONSIN

7. Date of Organization

8. Wisconsin DFI Registration Number
E-026339

9. Premises Address
355 BAY VIEW RD

10. City
MUKWONAGO

11. State
WI

12. Zip Code
53149

13. County
WAUKESHA

14. Governing Municipality: City Town Village
of _____

15. Aldermanic District
N/A

16. Premises Phone
(262) 363-3355

17. Premises Email

18. Website
AlarconRestaurants.com

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.
DINING AREAS, BAR, STORAGE AREAS, PATIO, ASSIGNED parking lot.

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 beverages.

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title |
|-----------|---------------|----------------|
| ALARCON | MARCO VINICIO | PRESIDENT |
| ALARCON | ANA ELIZABET | VICE-PRESIDENT |
| ALARCON | SONIA ABIGAIL | SECRETARY |

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 | ALARCON CASTILLO | First Name | MARCO | M.I. | V |
| Title | PRESIDENT | | | | |
| Signature | | | | Date | 4-1-25 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed/With Clerk | License Number | Date License Granted | Date License Issued |
| 4-2-25 | | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality Village of Mukwonago |
| License Period 2025-2026 |

PAID

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|------------------------------|
| License Fees | \$ <u>APR 24 2025</u> 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

Part A: Premises/Business Information

| | | | |
|--|--|---|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>CRUSH, LLC</u> | | | |
| 2. Business Trade Name or DBA <u>CRUSH WINE BAR AND SOCIAL</u> | | | |
| 3. FEIN <u>47-1749375</u> | | 4. Wisconsin Seller's Permit Number <u>456102873620202</u> | |
| 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 <u>WISCONSIN</u> | | 7. Date of Organization <u>09/09/2014</u> | 8. Wisconsin DFI Registration Number |
| 9. Premises Address <u>110 MAIN STREET</u> | | | |
| 10. City <u>MUKWONAGO</u> | | 11. State <u>WI</u> | 12. Zip Code <u>53149</u> |
| 13. County <u>WAUKESHA</u> | | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>MUKWONAGO</u> | 15. Aldermanic District |



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.

FIRST FLOOR OF THE BUILDING AND ON THE FRONT PORCH WHICH IS PART OF THE PROPERTY ON THE GROUND LEVEL, THERE IS A BASEMENT WHERE ALCOHOL IS STORED, BUT NOT SERVED. THERE IS A SECOND FLOOR APARTMENT

20. Mailing Address (if different from premises address)

| | | | |
|----------|--|-----------|--------------|
| 21. City | | 22. State | 23. Zip Code |
|----------|--|-----------|--------------|

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

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

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

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------------|--------------|
| ROSYNEK | JUDY | PRESIDENT/OWNER | 262-227-7280 |
| KWIECIEN | PAUL | V.P./OWNER | 262-271-4462 |
| | | | |
| | | | |

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 KWIECIEN | First Name PAUL | M.I. L. |
| Title VICE PRESIDENT/OWNER | | |
| Signature <i>Paul A. Kwiecien</i> | | Date 04/23/2025 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2025-2026 |

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

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

| Fees | |
|----------------------|--------------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ PAID 635 |

APR 28 2025

Part A: Premises/Business Information

| | | |
|--|---|---|
| 1. Legal Business Name (individual name if sole proprietorship) DAA Smokehouse LLC | | |
| 2. Business Trade Name or DBA David Alan Alan's Smokehouse & Saloon | | |
| 3. FEIN 47-5422080 | 4. Wisconsin Seller's Permit Number 456-1029132557-02 | |
| 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 10/27/2015 | 8. Wisconsin DFI Registration Number DO56018 |
| 9. Premises Address 325 Bay View Rd, Suite D/E | | |
| 10. City Mukwonago | 11. State WI | 12. Zip Code 53149 |
| 13. County Waukesha | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | 15. Aldermanic District |
| 16. Premises Phone [REDACTED] | 17. Premises Email [REDACTED] | 18. Website www.daasmokehouse.com |

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.

Bar area, dining room, kitchen area, walk-in coolers, office, patio, areas in front of restaurant

| | | |
|--|-----------|--------------|
| 20. Mailing Address (if different from premises address) | | |
| 21. City | 22. State | 23. Zip Code |

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

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

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

| | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

| Last Name | First Name | Title | Phone |
|-----------|------------|--------|----------------|
| O'Bryan | Tina | Member | (414) 588-7669 |
| O'Bryan | David | Member | (262) 352-1214 |
| | | | |
| | | | |

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 | First Name | M.I. |
| O'Bryan | Tina | M |
| Title | [Redacted] | |
| Owner | [Redacted] | |
| Signature | [Redacted] | |
| | 04/24/25 | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| 4/28/2025 | | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |
| | | | |

Form
AB-200

**Alcohol Beverage License
Application**

PAID

| For Municipal Use Only | |
|------------------------|----------------------|
| Municipality | Village of Mukwonago |
| License Period | 2024-2025 |

APR 14 2025

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

- Class "A" Beer \$ 300 Class "B" Beer \$ 100
 "Class A" Liquor \$ 500 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ 500
 "Class C" Liquor (wine only) \$ 100

| Fees | |
|----------------------|---------------|
| License Fees | \$ 600 |
| Background Check Fee | \$ 10 |
| Publication Fee | \$ 25 |
| Total Fees | \$ 635 |

Part A: Premises/Business Information

| | | | |
|---|--|--|---|
| 1. Legal Business Name (individual name if sole proprietorship) THE ELEGANT FARMER INC | | | |
| 2. Business Trade Name or DBA THE ELEGANT CORK | | | |
| 3. FEIN 39-1132426 | | 4. Wisconsin Seller's Permit Number 456-0000428336-63 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | | | |
| 6. State of Organization WI | | 7. Date of Organization 01/01/1970 | 8. Wisconsin DFI Registration Number 1E04597 |
| 9. Premises Address 154 MAIN STREET | | | |
| 10. City MUKWONAGO | | 11. State WI | 12. Zip Code 53149 |
| 13. County Walworth | 14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: MUKWONAGO | | 15. Aldermanic District |
| 16. Premises Phone (262) 363-6770 | 17. Premises Email [REDACTED] | 18. Website ELEGANTFARMER.COM | |
| 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. FIRST FLOOR RETAIL STORE, AND BASEMENT STORAGE | | | |
| 20. Mailing Address (if different from premises address) 154 MAIN STREET | | | |
| 21. City MUKWONAGO | | 22. State WI | 23. Zip Code 53149 |

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 beverages. 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 | |
|-----------|------------|-----------------|------------|
| SCHMIDT | KEITH | OWNER/PRESIDENT | [REDACTED] |
| | | | |
| | | | |
| | | | |

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 | First Name | M.I. |
| SCHMIDT | KEITH | A |

| | |
|-----------------|------------|
| Title | [REDACTED] |
| OWNER/PRESIDENT | |

| | |
|---|----------|
| Signature | Date |
|  | 04/14/25 |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| 4/14/2025 | | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

THE DIRECTOR'S REPORT

APRIL 2025

MUKWONAGO COMMUNITY LIBRARY

reflections on March

*from the desk of
Abby Armour*

NEWS YOU CAN USE

As library professionals, advocacy remains an essential part of our responsibilities to ensure decision-makers understand the vital role libraries play in communities.

IMLS Concerns

We've been actively communicating with concerned patrons, staff, and stakeholders regarding presidential orders about the potential dissolution of the Institute of Museum and Library Services (IMLS). The best way to support us is to share your stories about the importance of libraries with your elected officials.

Joint Finance Committee Testimony

On April 4, I had the honor of speaking on behalf of the Wisconsin Library Association at the Joint Finance Committee meeting. This opportunity allowed me to advocate directly to state legislators about the importance of sustained library system funding and support.

Scan the QR code to see the whole 5-minute testimony with me, Pete Loeffel, and Nick Dimassis (starts at 2:20:14)



STRATEGIC PLAN

Renovation Feasibility Study Progress

The Feasibility Study continues to progress excellently. The last week of in-person interviews conducted by consultants from Library Strategies concludes April 10. We remain on track for the final presentation during a special library board meeting on May 1. These interviews are gathering valuable feedback and exploring funding opportunities that will provide a solid foundation for properly promoting and funding this important project.

Healthcare Task Force Participation

Associate Director Emily Ceithamer and I continue to attend Village Healthcare Task Force meetings. The final presentation by a health insurance company is scheduled for April 8, with the committee planning to complete their work in late spring in preparation for sharing recommendations with the Village board for budget considerations.

Fire Safety System Upgrade Complete

I'm pleased to announce we've completed the transition from traditional phone lines to a cellular data system for our fire safety dialer. This modern update not only improves reliability but will save the Library over \$100 per month by eliminating legacy lines! This upgrade is in alignment with improvements made by the Village, making communicating and troubleshooting easier across Village properties.

BY THE NUMBERS: MARCH 2025

71,971

Total 2025
physical + digital circulation
+0.9% compared to 2024



21,019

physical item circulation
in March
-1% compared to 2024

4,002

digital item circulation
in March
+7.6% compared to 2024



1,748

items circulated through
the smartlockers in March
+6.1% compared to 2024

317

community members
used our rooms
in March
-43.8% compared to 2024



407

new items added
in March
-25% compared to 2024

28,356

Total 2025
visits to the Library
+4% compared to 2024

109

new library cards
in March
-11% compared to 2024



1,376

people attended
programs in March
+3.4% compared to 2024

COLLECTIONS & PROGRAMS TEAM

Warrior Ink traveling display

In March, we proudly hosted "Warrior Ink," a free display on loan from Menomonee Falls Library featuring local veterans sharing stories about their service and meaningful tattoos. Hundreds of patrons engaged with the exhibit, which was complemented by five veterans/tattoo programs including Veterans Affairs S.A.V.E. Training and a veterans social. Mukwonago resident Chris Flury, one of the veterans featured in the display, visited for a photo opportunity to help promote the exhibit.



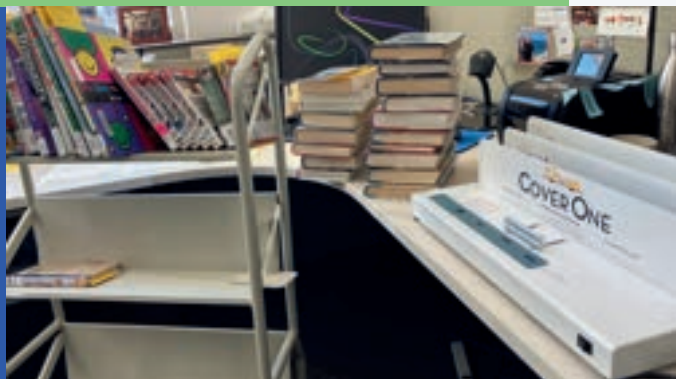
Adult Nonfiction Update - COMING SOON!

Our adult nonfiction section is getting a major upgrade this May to make finding materials significantly easier for our patrons. After extensive planning meetings and thoughtful organization, we're implementing improvements based directly on user feedback. Big projects take many hours of planning and organizing so we can get it done in an efficient way. The redesigned collection will launch in the second half of May—stop by to experience our more intuitive, user-friendly layout!

THE DIRECTOR'S REPORT

Mukwonago Community Library
Apr. 2025 - Reflections on March

CIRCULATION & CUSTOMER EXPERIENCE TEAM



CoverOne Book Binding Repair Machine

Our new CoverOne book binding machine is a game-changer! This stack of 36 damaged books would normally take 3 hours plus one day of drying time to repair. Now we can complete the entire job in just 1 hour with books immediately available for checkout. This investment means your favorite titles return to circulation faster, extends our collection's lifespan, and preserves irreplaceable items like out-of-print large print books.

LX Starter

We successfully launched LX Starter for library notices on March 11, becoming the second Bridges System library to implement this service. The C&CE team's weekly planning sessions paid off when Circulation Specialist Macy Feihweg coordinated technical implementation while Marketing & Outreach Specialist Emma Plitzner created custom designs. This collaborative effort represents months of careful planning and troubleshooting to ensure a seamless transition for both staff and patrons. Through strategic marketing efforts, we prepared patrons for this important change, resulting in an outstanding 76% open rate—proof of our team's dedication to improving this essential service.

PROGRAMS

We're thrilled to announce our completely refreshed adult book club program! Now offering four distinct options—all uniformly facilitated by dedicated library staff—our new lineup includes our first-ever nonfiction book club, "The Real Story," launching this April. Along with Adult Services Librarian Chris Stape, Director Armour will be one of the first staff members to lead this club.

Both our fiction and nonfiction selections now feature flexible scheduling with afternoon and evening options, ensuring everyone can participate regardless of availability. The Adult Bookworms offers diverse fiction experiences, while our The Real Story provides an engaging way for community members to discuss captivating memoirs and true stories that bring real-life adventures to our conversations.

Behind the scenes, our team has streamlined operations with Associate Director Emily Ceithamer connecting with community book clubs to identify those welcoming new members, while Public Service Associate Caryl Foley coordinates book ordering—we have 9 community book clubs besides our own, so it keeps her very busy!

We've also simplified the process for patrons interested in starting their own book clubs through our new online form. Visit our website for current reading selections and meeting details:

www.mukwonago.org/book-clubs

| Mukwonago Community Library ADULT BOOK CLUBS | | |
|---|---|--|
| NEW! THE REAL STORY BOOK CLUB | ADULT BOOKWORMS BOOK CLUB | Featured Community Partnership CANOODLING CONVERSATIONS BOOK CLUB |
| Discover, discuss, and dive into captivating true stories with our brand-new nonfiction adult book club at the library. | Join us as we discuss a new book each month! Books will be fiction, from any genre, and chosen by the members each month. | Celebrate the Canoodling book series with author Shaen M. Verdini! Join the book club series for fun and lively discussions. |
| Fourth Tuesday 1-2 pm 6-7 pm Beginning April 22 | Second Wednesday 2:30-3:30 pm 6:30-7:30 pm | April 30, May 28, June 25 at Crush Wine Bar 110 W. Main St, Mukwonago 5:30-7:30 pm |

THE DIRECTOR'S REPORT

Mukwonago Community Library
Apr. 2025 - Reflections on March.

METASPACE 511

School Partnerships

Our makerspace has become a vital creative hub for several school groups who visit monthly. These partnerships provide students who often lack access to specialized equipment with hands-on opportunities to design, build, and collaborate. The structured yet flexible environment created by our MetaSpace Lead Innovator Nancy, allows these young makers to develop technical skills while building confidence in their creative abilities. By offering our space and resources, we're helping these students experience the joy of making in ways that complement their educational journeys and foster community connections.

“Having the opportunity to access the MetaSpace gives the young adults access to outlets not previously available to them. The projects we do with Ms. Nancy let the young adults express their creativity through unique mediums and create projects that fill them with pride.”

-Heather Kane-Terhorst, Teacher for MHS ASPIRE



Homeschoolers making plantable handmade seed paper



MHS Alternative Group laser engraved blankets

Norris Academy learners made wood fidget spinners with the laser machine



MHS ASPIRE Transition Group showing off the t-shirts they screen-printed using the sublimation machine

Prepared by: Library Director Abby Armour

Purpose: These notes are to provide background information to the Library Board regarding the topics on the agenda.

| Overall Notes | |
|--|--|
| <p>This meeting is being offered in a hybrid model at the request of a Trustee. Remember that if you choose to attend the meeting via Zoom, please email Abby and Howard ahead of time. Ensure that you have both audio and video capabilities to count for quorum. For more information, please review the Electronic Meeting Policy.</p> <p>Zoom Login Information https://us02web.zoom.us/j/83588040138?pwd=EdlOxXCGXPfcBpNSzB0jJuavWW9Xdl.1 Meeting ID: 835 8804 0138 Passcode: 213060</p> | |

| Committee & Community Reports | |
|---|---|
| Ad Hoc Feasibility Study Planning Committee | <p>The Committee met on March 4. They will not meet again. Library Strategies have already completed one week of in-person interviews and will conclude the second and final week of interviews on April 10. We have continued to have weekly meetings (that Eliza also attends!) and they have reported that they are getting good feedback during the interviews.</p> <p>Reminder: The Library Board has scheduled a special meeting on Thursday, May 1, at 6:00pm for Library Strategies to present their Feasibility Study findings in person.</p> |

| Action & Discussion Items | |
|--|--|
| Strategic Plan Updates | <p>This is a standing item intended to keep the Library Board updated on how Library staff are accomplishing the goals of the Strategic Plan 2023-2025.</p> <p>There will be an agenda item on the June Library Board meeting to discuss the development of the next strategic plan.</p> |
| Bernstein & Associates Contract Addendum | <p>Background: Since May 2021, the Library has contracted with Bernstein & Associates to handle the logistics and details of NAGPRA compliance. They have guided us through cataloging, creation and submission of the Summary, the 2024 update in regulations, written and submitted <i>Federal Register</i> notices, liaised with Tribes, and provided direct guidance to Director Armour as each repatriation is different than the last. This proposed contract extension would add 1 year to the contract with the same terms, i.e. to provide ongoing NAGPRA assistance not to exceed a total of \$50,400. Director Armour recommends approving this.</p> |

| | |
|--|--|
| | <p>At the Meeting: The Library Board will consider approving the Bernstein & Associates Contract Addendum 4 and authorizing Director Armour to sign it.</p> |
| <p>Mukwonago Shared Connectivity Network Memorandum of Understanding</p> | <p>Background: The Village has been upgrading from antenna-based internet to fiber optic cable for the past couple of years, with the goal of creating a complete loop around the Village for network resilience. To save costs, the Village is partnering with the Mukwonago Area School District (MASD), which already has significant fiber infrastructure. The Library is being asked only to provide a small space in our server closet to house a switch where both networks will connect, creating an easily accessible connection point. This arrangement directly benefits the Library by providing more stable, future-proof infrastructure for our Village-hosted Voice Over IP (VOIP) phone system. The Memorandum of Understanding simply formalizes this unique three-party arrangement, with no financial obligation for the Library. The Village Committee of the Whole has already approved the MOU.</p> <p>At the Meeting: The Library Board will consider approving the Mukwonago Shared Connectivity Network Memorandum of Understanding and authorize President Pringle to sign it.</p> |
| <p>Allowable Costs</p> | <p>Background: Each spring, the Library Board must approve the Allowable Costs as required by the Waukesha County Library Services Plan. The information on this sheet was already approved on the annual budget and the Annual Report. These numbers are used in the county reimbursement formula (where we get reimbursed for each digital and physical item we circulate to TNR—“true non-resident”—users who live in a municipality without a library). Essentially, the more money all Waukesha libraries spend on operating costs, the higher the cost-per-circulation, the more money comes from the county.</p> <p>At the Meeting: The Library Board will be asked to approve the Allowable Costs for 2026 and authorize the Library Board President and Library Director to sign and submit it.</p> |



VILLAGE OF MUKWONAGO

440 River Crest Court Mukwonago, WI 53149
Tel. (262) 363-6420 | Fax: (262)363-6425 | www.villageofmukwonago.gov

April 29, 2025

Art Baumann, P.E.
Wisconsin Department of Transportation System Development
Southeast Regional Office
141 N.W. Barstow Street
P.O. Box 798
Waukesha, WI 53187-0798

Subject: Letter of Support for Driveway Relocation — Mukwonago Animal Hospital
Log #3105, WIS 83 & CTH NN Mixed-Use Development

Dear Mr. Baumann:

The Village of Mukwonago is pleased to offer its full support for the proposed relocation of the full access driveway currently serving the Mukwonago Animal Hospital on State Trunk Highway (STH) 83. The driveway will be relocated to a new full access, shared driveway that will serve both the Animal Hospital and the future development of Kiwanis Park. Following discussions between both parties, an agreement has been reached to facilitate this relocation in a manner that supports both existing operations and future development.

This relocation directly advances the Village's longstanding goals of improving traffic safety and encouraging coordinated development that aligns with our Comprehensive Plan. Consolidating access through a shared driveway will significantly reduce conflict points along STH 83, enhancing safety for both vehicular and pedestrian traffic. Furthermore, it reflects the Village's broader planning principles of efficient land use, smart growth, and strengthened connectivity between adjoining properties.

After a thorough review, the Village believes this proposed relocation represents a meaningful improvement that benefits not only the Mukwonago Animal Hospital, but also the Kiwanis Park development, and the community as a whole. It positions the area for future growth in a safe, efficient, and sustainable manner.

We appreciate WisDOT's continued collaboration with the Village and private stakeholders to ensure responsible and sustainable improvements to the STH 83 corridor.

Sincerely,

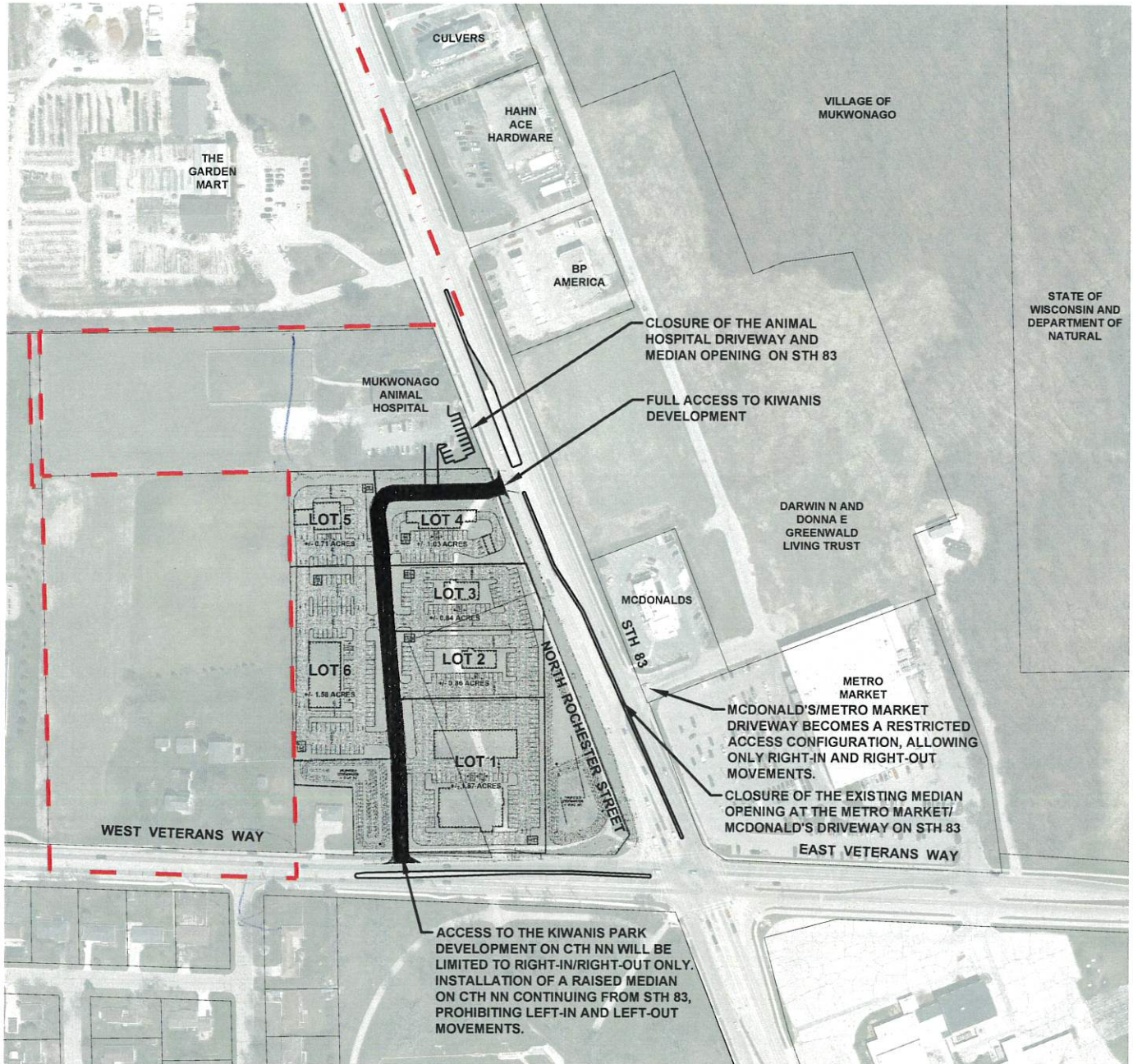
Fred Winchowky
Village President
Village of Mukwonago

OPTION #1

OK

AN AGREEMENT IS MADE BETWEEN THE TWO PARTIES - T- INTERSECTION

VILLAGE OF MUKWONAGO
WAUKESHA/ WALWORTH COUNTY, WISCONSIN



Apr 16, 2025 12:47pm PLOTTED BY: MMichalski SAVED BY: MMichalski
 C:\CS2_2018\12_Village of Mukwonago\12-10045\dwg\Zcex-Option 1.dwg I:ryou1
 IMAGES: N:\Aerial\Wauk...co\2020\M20_3K-3_0518_S.sld; ..\VOM-Logo-Block-White.jpg; C:\SYM\RM SQUARE_Full Color-Print.jpg;
 XREFS: N:\Client\Map3_Mukwonago_VA\Base.dwg



LEGEND

--- MUNICIPAL BOUNDARY



SCALE IN FEET

DATE: APRIL, 2025

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SOURCE:
BASEMAP SOURCE:

BID TABULATION

**AN ADDITION TO THE VILLAGE OF MUKWONAGO POLICE STATION
627 SOUTH ROCHESTER STREET
MUKWONAGO, WISCONSIN**

FISCHER-FISCHER-THEIS, INC. PROJECT NO. 25007

BID OPENING: APRIL 24, 2025 - 10:00 A.M.

| | Bidder | Addenda | | Bid Security | | Base Bid No. 1 | Informational Bid No. 1 | Bidder's Optional Alternate Bid "A" | Bidder's Optional Alternate Bid "B" | Bidder's Optional Alternate Bid "C" |
|----|---|-----------------------|-----------------------|--------------|--------------------|-------------------|----------------------------|--|--|--|
| | | No. 1 Acknowledged | No. 2 Acknowledged | Bid Bond | Cashier's Check | | | | | |
| 1 | Campbell Construction JC | Yes | Yes | Yes | | \$1,309,730.00 | \$316,950.00 | (\$111,857.00) (Note "A") | | |
| 2 | Allcon LLC | Yes | Yes | Yes | | \$1,336,662.00 | \$335,474.00 | \$3,747.00 (Note "B") | | |
| 3 | KPH Construction Corp. | No | No | Yes | | \$1,338,900.00 | \$232,900.00 | | | |
| 4 | Absolute Construction Enterprises, Inc. | Yes | Yes | Yes | | \$1,378,000.00 | \$317,000.00 | | | |
| 5 | Raasch Construction and Engineering | Yes | Yes | Yes | | \$1,387,900.00 | \$316,950.00 | (\$110,000.00) (Note "C") | (\$195,000.00) (Note "D") | (\$190,000.00) (Note "E") |
| 6 | JH Hassinger, Inc. | Yes | Yes | Yes | | \$1,390,911.00 | \$316,950.00 | | | |
| 7 | Level Up Construction, Inc. | Yes | Yes | Yes | | \$1,448,890.00 | \$344,900.00 | | | |
| 8 | Selzer-Ornst Construction Company | Yes | Yes | Yes | | \$1,506,750.00 | \$316,950.00 | \$4,172.00 (Note "F") | | |
| 9 | Nicholas & Associates | Yes | Yes | Yes | | \$1,673,450.00 | \$367,157.00 | | | |
| 10 | Ott Development | Yes | Yes | Yes | | \$1,688,436.54 | \$342,306.00 | | | |

Note "A": For substituting Cold Applied Roofing (Soprema Roofing Material) - Model No. or Catalog No.: 01312 - Manufacturer's Name: Soprema - DEDUCTION from Base Bid of \$111,857.00

Note "B": For substituting Fire Alarm Upgrade 4007ES HYBRID FACP, PLATINUM / BATTERY 12.7 AH / CS GATEWAY W/IP COM 4007ES - Model No. or Catalog No.: 4007-9102 / 2081-9288 / 4007-2504 - Manufacturer's Name: Johnson Controls - ADDITION to Base Bid of \$3,747.00

Note "C": For substituting To go with cold applied roofing in lieu of hot - Manufacturer's Name: Soprema Includes 30-year Platinum NDL Roof Warranty - DEDUCTION from Base Bid of \$110,000.00

Note "D": For substituting Single Ply 80-mil TPO roofing system in lieu of specified - Manufacturer's Name: Johns Manville, Includes 30-year JM Peak Advantage NDL Warranty - DEDUCTION from Base Bid of \$195,000.00

Note "E": For substituting 60 mil EPDM roof system in lieu of specified - Manufacturer's Name: Carlisle, includes 20 year warranty - DEDUCTION from Base Bid of \$190,000.00

Note "F": For substituting a new Simplex 4007ES Fire Alarm Control Panel due to existing Simplex 4010 Panel being discontinued - Model No. or Catalog No.: Simplex 4007ES - Manufacturer's Name: Simplex - ADDITION to Base Bid of \$4,172.00

April 30, 2025

Ms. Diana Dykstra, ICMA-CM, MMC
 Village Administrator
 Village of Mukwonago
 440 River Crest Court
 Mukwonago, Wisconsin 53149

RE: An Addition to the Village of Mukwonago Police Station

Dear Ms. Dykstra:

Bids for the above project were opened on April 24, 2025 at 10:00 a.m. at the Village Hall and were as follows:

| | BIDDER | BASE BID NO. 1 | INFORMATIONAL BID NO. 1 |
|-----|--|-----------------------|------------------------------------|
| 1. | <u>Campbell Construction JC, Inc.</u> | <u>\$1,309,730.00</u> | <u>\$316,950.00</u> |
| 2. | <u>ALLCON, LLC</u> | <u>\$1,336,662.00</u> | <u>\$335,474.00</u> |
| 3. | <u>KPH Construction Corp.</u> | <u>\$1,338,900.00</u> | <u>\$232,900.00</u> |
| 4. | <u>Absolute Construction Enterprises, Inc.</u> | <u>\$1,378,000.00</u> | <u>\$317,000.00</u> |
| 5. | <u>Raasch Construction, Inc.</u> | <u>\$1,387,900.00</u> | <u>\$316,950.00</u> |
| 6. | <u>J. H. Hassinger, Inc.</u> | <u>\$1,390,911.00</u> | <u>\$316,950.00</u> |
| 7. | <u>Level Up Construction, Inc.</u> | <u>\$1,448,890.00</u> | <u>\$344,900.00</u> |
| 8. | <u>Selzer-Ornst Construction Company</u> | <u>\$1,506,750.00</u> | <u>\$316,950.00</u> |
| 9. | <u>Nicholas & Associates. Inc.</u> | <u>\$1,673,450.00</u> | <u>\$367,157.00</u> |
| 10. | <u>Ott Development LLC</u> | <u>\$1,688,436.54</u> | <u>\$342,306.00</u> |

We reviewed the documentation submitted by the apparent low bidder and found that:

1. The Bid Form has been appropriately completed.
2. We have no objections to the low bidder, nor to the proposed major subcontractors and suppliers.
3. Low bidder has successfully completed similar projects.

On these bases, we recommend that Campbell Construction JC, Inc. be awarded the Addition to the Village of Mukwonago Police Station contract in the amount of \$1,309,730.00. On all construction projects, and especially complex ones like this, unpredictable factors may increase the final contract amount. For this reason, we recommend that the Village include a 10 percent contingency when preparing the financial plan for this work.

Our review did not include an evaluation of bidder's current financial condition nor of their permanent safety program.

Should you decide to accept our recommendation, we have prepared the enclosed Notice of Award for your use. After Board approval has been received, please have the appropriate official sign where indicated and forward a signed copy of the Notice of Award to our office. We will then fill in the date at the top of page one and forward it, with contracts for execution, to the Contractor. One fully completed Notice of Award will be returned to you for your records.

Ms. Diana Dykstra, ICMA-CM, MMC
Village of Mukwonago
April 30, 2025
Page 2

Bids remain subject to acceptance until May 24, 2025, unless Bidder agrees to an extension. Please advise us of your award decision, or call if there are any questions.

Respectfully,

RUEKERT & MIELKE, INC.

Michael E. Michalski
Project Engineer
mmichalski@ruekert-mielke.com

MEM:sjs

Encl: Notice of Award
Bid Tabulation

cc: Ron Bittner, Village of Mukwonago
Lana Kropf, Village of Mukwonago
Diana Doherty, Village of Mukwonago
Dan Streit, Village of Mukwonago Police Department
Christopher DeMotto, Village of Mukwonago Police Department
Connor Fischer, Fischer-Fischer-Theis, Inc.
Brian Fischer, Fischer-Fischer-Theis, Inc.

NOTICE OF AWARD

| | | |
|---|-------------------------|-----------------------------|
| | Date of Issuance: | _____ |
| Contract: An Addition to the Village of Mukwonago Police Station | Owner: | Village of Mukwonago |
| Bidder: Campbell Construction JC, Inc. | Architect: | Fischer-Fischer-Theis, Inc. |
| Address: 461 River Crest Court Mukwonago, WI 53149 | Engineer: | Ruekert & Mielke, Inc. |
| | Engineer's Project No.: | 12-10204.200 |

TO BIDDER:

You are notified that your Bid dated April 24, 2025 for the above Contract has been accepted by Owner and you are the Successful Bidder and are awarded a Contract for:

An Addition to the Village of Mukwonago Police Station Base Bid

The Contract Price of your Contract is: \$ 1,309,730.00

Two (2) copies of the proposed Contract Documents (except Drawings) accompany this Notice of Award, or have been transmitted or made available to Bidder electronically.

Two (2) sets of the Drawings will be delivered separately, or otherwise made available to Bidder electronically.

Bidder must comply with the following conditions precedent within 15 days of the date of issuance of this Notice of Award:

1. Deliver to Engineer one (1) fully executed counterparts of the Contract Documents.
2. Deliver with the executed Agreement the Performance Bond, Payment Bond as specified in the Instructions to Bidders, General Conditions, and Supplementary Conditions.
3. Deliver with the executed Agreement certificates and other evidence of insurance as specified in the General Conditions and the Supplementary Conditions.

Failure to comply with these conditions within the time specified will entitle Owner to consider you in default, annul this Notice of Award, and declare your Bid security forfeited.

Within 10 days after you comply with the above conditions, Engineer will return to you one fully executed counterpart of the Agreement.

| | |
|------------|-------------------------------|
| Owner: | VILLAGE OF MUKWONAGO _____ |
| Signature: | _____ Authorized Signature |
| Title: | _____ |
| Date: | _____ |

Copy: Engineer

BID TABULATION

**AN ADDITION TO THE VILLAGE OF MUKWONAGO POLICE STATION
627 SOUTH ROCHESTER STREET
MUKWONAGO, WISCONSIN**

FISCHER-FISCHER-THEIS, INC. PROJECT NO. 25007

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Agenda Item Cover Report

| | |
|---|--|
| Date: 4-30-25 | Committee/Board: Public Works/Utilities |
| Submitted by: Wayne Castle | Department: Water Utility |
| Date of Committee Action: 5-7-25 | Date of Village Board Action: 5-21-25 |

| |
|--|
| Subject: 2025 Hydrant Replacements |
| <p>Executive Summary:</p> <p>The Water Utility is responsible for the operation and maintenance of fire hydrants for fire emergencies and flushing of the distribution system. We replace hydrants as needed. Currently, we have a small number of hydrants that are hard to turn or have been known to leak. This year we plan on replacing seven (7) of those hydrants. We already have these hydrants in inventory. I am seeking approval to install these hydrants as proposed.</p> |
| <p>Fiscal Impact:</p> <p>\$29,775 from reserves.</p> |
| <p>Executive Recommendation/Action:</p> <p>To accept bid from Wanasek.</p> |

Attachments Included

- Mukwonago Hydrant Replacements 2025_Wanasek Proposal



Wanasek Corporation
 29606 Durand Avenue
 Burlington, WI 53105
 Phone (262)763-3561
 Fax (262)767-9917

| | |
|--|------------------------------|
| To: Mukwonago, Village Of | Contact: |
| Address: Mukwonago, WI | Phone: (262) 363-6420 |
| | Fax: (262) 363-6425 |
| Project Name: Mukwonago - Hydrant Replacements 2025 | Bid Number: |
| Project Location: Various Locations, Mukwonago, WI | Bid Date: 03/21/2025 |

| Item # | Item Description | Estimated Quantity | Unit |
|--------|------------------|--------------------|------|
|--------|------------------|--------------------|------|

A: 1103 River Park Circle

| | | | |
|-----|--|-------|------|
| 100 | Apply For ROW Permit (Fees Paid By Others) | 1.00 | EACH |
| 110 | Remove & Replace Hydrant | 1.00 | EACH |
| 120 | Slurry Backfill | 1.00 | LS |
| 130 | Lawn Restoration | 15.00 | SY |

Total Price for above A: 1103 River Park Circle Items: \$3,950.00

B: 1114 Western Trail

| | | | |
|-----|--|-------|------|
| 200 | Apply For ROW Permit (Fees Paid By Others) | 1.00 | EACH |
| 210 | Remove & Replace Hydrant | 1.00 | EACH |
| 220 | Slurry Backfill | 1.00 | LS |
| 230 | Lawn Restoration | 15.00 | SY |

Total Price for above B: 1114 Western Trail Items: \$3,950.00

C: 1204 Western Trail

| | | | |
|-----|--|-------|------|
| 300 | Apply For ROW Permit (Fees Paid By Others) | 1.00 | EACH |
| 310 | Remove & Replace Hydrant | 1.00 | EACH |
| 320 | Pole Holding | 1.00 | EACH |
| 330 | Slurry Backfill | 1.00 | LS |
| 340 | Lawn Restoration | 15.00 | SY |

Total Price for above C: 1204 Western Trail Items: \$4,550.00

D: 1216 Western Trail

| | | | |
|-----|--|-------|------|
| 400 | Apply For ROW Permit (Fees Paid By Others) | 1.00 | EACH |
| 410 | Remove & Replace Hydrant | 1.00 | EACH |
| 420 | Slurry Backfill | 1.00 | LS |
| 430 | Lawn Restoration | 15.00 | SY |

Total Price for above D: 1216 Western Trail Items: \$3,950.00

E: 1130 Churchway Ct

| | | | |
|-----|--|-------|------|
| 500 | Apply For ROW Permit (Fees Paid By Others) | 1.00 | EACH |
| 510 | Remove & Replace Hydrant | 1.00 | EACH |
| 520 | Slurry Backfill | 1.00 | LS |
| 530 | Remove & Replace Curb | 15.00 | LF |
| 540 | Lawn Restoration | 15.00 | SY |

Total Price for above E: 1130 Churchway Ct Items: \$5,150.00

F: 1116 Churchway Ct

| | | | |
|-----|--|-------|------|
| 600 | Apply For ROW Permit (Fees Paid By Others) | 1.00 | EACH |
| 610 | Remove & Replace Hydrant | 1.00 | EACH |
| 620 | Slurry Backfill | 1.00 | LS |
| 630 | Lawn Restoration | 40.00 | SY |

Total Price for above F: 1116 Churchway Ct Items: \$4,275.00

G: 1118 Riverton Dr

| | | |
|-----|--|-----------|
| 700 | Apply For ROW Permit (Fees Paid By Others) | 1.00 EACH |
| 710 | Remove & Replace Hydrant | 1.00 EACH |
| 720 | Slurry Backfill | 1.00 LS |
| 730 | Lawn Restoration | 15.00 SY |

Total Price for above G: 1118 Riverton Dr Items: \$3,950.00

Notes:

• **Clarification:**

-The are individual prices for each hydrant. These prices assume at lead three hydrants can be performed at one Mobilization.

-Proposal includes applying for all the ROW permits, but the fees would be paid by others.

-Proposal does not include plumbing permit, shut coordination, turning valves, flaggers, detours, advance notice traffic control, include downtime caused by others.

-Proposal assumes the village will furnish any plumbing fittings and materials needed for the repair in a timely manner.

-Proposal assumes the village will furnish any bedding/clear stone and dumpsite, as needed.

-Proposal assumes the village will have an onsite representative to witness the Valves & components exercise.

-Proposal does not include alterations to the hydrant lead, valve, or other fittings.

-Proposal includes lawn restoration (4" Topsoil, seed, emat), but does not include watering nor continuous maintenance.

-Proposal assumes all hydrant valves at connect to an anchor tee. Otherwise, if a valve is within 15' of the hydrant and is unrestrained, the watermain will need to be shutdown.

-Proposal assumes all hydrant bury depths are between 6.5'-8.0'.

-Proposal includes slurry backfill in all areas. We will fill the excavation a couple inches below the grass line.

-Proposal includes precast thrust blocks on the new hydrants.

- **Exclusions:** Excavation below subgrade due to poor soil conditions, hauling or leveling of other's spoils, handling of contaminated or hazardous material, locating of private underground utilities, impact or connection fees for utility service connections, all unforeseen excavation obstructions (such as buried frost walls and footings), site stabilization (tackifier or polyacrylamide erosion control), silt fence removal or maintenance, erosion control inspection logs, frost protection or major frost ripping, layout of all building footings and column pad dig lines, layout by surveyor (cut sheets must be provided), compaction testing, asphalt or concrete work, base under asphalt or curb & gutter, vapor barrier, foundation drain tile and drainage stone fill.
- As required by the Wisconsin Lien Law, The Wanasek Corp. hereby notifies you that persons or companies furnishing labor or material for construction on your land may have lien rights on your land and buildings if not paid. Those entitled to lien rights, in addition to the undersigned, are those who contract directly with you or those who give you notice within 60 days after they first furnished labor or material for the construction. Accordingly, you will probably receive notice from those who furnish labor or materials for the construction, and you should give a copy of each notice received to your mortgage lender, if any. We agree to cooperate with you and your lender, if any, to see that all potential lien claimants are duly paid.

Payment Terms:

Payment terms of net 30 days from the date of invoice. A 1.5% service charge will be added on all past due outstanding balances.

| | |
|---|---|
| <p>ACCEPTED: The above prices, specifications and conditions are satisfactory and are hereby accepted.</p> <p>Buyer: _____</p> <p>Signature: _____</p> <p>Date of Acceptance: _____</p> | <p>CONFIRMED: The Wanasek Corp.</p> <p>Authorized Signature: _____</p> <p>Estimator: Justin Russell (262) 763-3561 JRussell@Wanasek.com</p> |
|---|---|

PUBLIC SERVICE COMMISSION OF WISCONSIN

Application of the Village of Mukwonago, as a Water Public Utility, for Authority to Construct a Hydrous Manganese Oxide Treatment System at Well No. 4, Well House Improvements at Well No. 3 and Supply Main Modifications at Well No. 5 and No. 6 in the Village of Mukwonago, Waukesha and Walworth Counties, Wisconsin

3980-CW-107

Public Service Commission of Wisconsin
RECEIVED: 4/22/2025 2:45:00 PM

FINAL DECISION

Introduction

On November 21, 2024, the Commission received an application from the Village of Mukwonago, as a water public utility (applicant), pursuant to Wis. Stat. § 196.49 and Wis. Admin. Code ch. PSC 184. The applicant seeks authority to construct a hydrous manganese oxide (HMO) treatment system at Well No. 4, well house improvements at Well No. 3, and supply main modifications at Well Nos. 5 and No. 6, in the Village of Mukwonago, at an estimated total cost of \$8,151,769. The Commission found the application in this docket to be complete on February 26, 2025. The Commission issued a Notice of Investigation on March 6, 2025. No hearing was required nor held. No major concerns were brought to the attention of Commission staff.

The application is GRANTED, subject to conditions.

Findings of Fact

1. The applicant is a public utility as defined under Wis. Stat. § 196.01(5)(a) and provides water service to approximately 3,183 customers in Waukesha and Walworth Counties.
2. The proposed project consists of constructing an HMO treatment system at Well No. 4, well house improvements at Well No. 3, and supply main modifications at Well Nos. 5 and No. 6, at an estimated total cost of \$8,151,769.

3. The type of project proposed and the estimated cost of the project require Commission review and approval under Wis. Stat. § 196.49 and Wis. Admin Code ch. PSC 184.
4. No person requested a hearing in this investigation.
5. The applicant reported total operating revenues of \$2,419,646 in 2023.
6. Based on the applicant's PSC Annual Report, between 2019 and 2023, water sales increased by 8.99 percent, and average gallons per Residential customer increased by 11.51 percent.
7. The proposed project is necessary to provide adequate and reliable service for present and future customers.
8. Completion of the proposed project would not substantially impair the efficiency of the service provided by the applicant.
9. Completion of the proposed project would not provide facilities unreasonably in excess of the applicant's probable future requirements.
10. The additional cost-of-service of the proposed project would be proportionate to the increase in value or available quantity of service.
11. No significant environmental consequences are associated with the proposed project.
12. No significant risk of flooding is associated with the proposed project.
13. Authorization of the proposed project is in the public interest.

Conclusions of Law

1. The Commission has authority under Wis. Stat. §§ 1.11, 44.40, 196.02, 196.025, 196.395, and 196.49, and Wis. Admin. Code chs. PSC 4 and 184 to issue a Final Decision and

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Certificate authorizing the applicant to construct the proposed facilities at an estimated total cost of \$8,151,769.

2. The Commission has authority under Wis. Stat. § 15.02(4) to delegate to the Administrator of the Division of Water Utility Regulation and Analysis those functions vested by law as enumerated above. It has delegated the authority to the Administrator of the Division of Water Utility Regulation and Analysis to issue a Final Decision and Certificate for the proposed project.

3. The estimated gross cost of this project exceeds the minimum threshold of applicant projects requiring Commission review and approval under Wis. Stat. § 196.49 and Wis. Admin. Code ch. 184.

4. The Commission may impose any term, condition, or requirement necessary to protect the public interest pursuant to Wis. Stat. §§ 196.02, 196.395, and 196.49.

5. The application is a Type III action under Wis. Admin. Code § PSC 4.10(3) and requires neither an environmental impact statement nor an environmental assessment.

Opinion

Project Description and Purpose

The applicant provides water service to its customers in the Village of Mukwonago in Waukesha and Walworth Counties. The applicant's existing water system consists of four active wells (Well Nos. 3, 4, 5, and 6), three elevated storage tanks and reservoirs, and 51 miles of water main. The applicant also has Well No. 7 that is currently offline due to contamination with per- and polyfluoroalkyl substances (PFAS). The applicant proposes to modify Well House No. 3 by adding interior walls to isolate chlorine storage, replacing the stucco ceiling, replacing the

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concrete floor, and installing electrical power and control systems. The applicant proposes to enlarge Well House No. 4 from its existing area of 2,940 square feet to a proposed area of 6,313 square feet. The building addition will accommodate 16 new HMO pressure filters that will remove combined radium and gross alphas from the discharge of Well Nos. 3 and 4. The new HMO filters will have a total capacity of 1,908 gpm (954 gpm to treat Well No. 3 and 954 gpm to treat Well No. 4). Additional improvements to Well House No. 4 will include: a third 800-gpm pump, electrical power distribution and control systems, heating ventilation and air conditioning (HVAC) equipment, plumbing upgrades, a new storage garage, a backwash tank, chemical feed equipment, sewer main, and new pavement. The project also includes modifications to the discharge piping from Well Nos. 5 and 6 to allow direct discharge into the distribution system. The applicant estimates that the project will cost \$8,151,769.

Project Need

The applicant currently operates four wells (Well Nos. 3, 4, 5 and 6). Well Nos. 3 and 4 were constructed in 1966 and 1980, respectively. Well No. 3 is located at 626 E. Veterans Way and has a capacity of 845 gpm. Well No. 4 is located at 525 Roberts Drive and has a capacity of 1,000 gpm. Well No. 5 is located at 1010 N. Rochester Street and has a capacity of 750 gpm, and Well No. 6 is located at 304 W. Veterans Way and has a capacity of 300 gpm. Well Nos. 3 and 4 pump from a deep sandstone aquifer with a high radium concentration that exceeds water quality standards. Well Nos. 5 and 6 pump from a shallow aquifer free from radium. Currently, the applicant blends the water from Well Nos. 3 and 4 with the water from the two shallow wells to reduce the radium concentration. The blended water complies with maximum contaminant levels established by the U.S. Environmental Protection Agency and the Wisconsin Department

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of Natural Resources. The blended water then discharges to a ground reservoir and into the distribution system. Unfortunately, the firm capacity of the existing blended system while pumping 18 hours per day is only 450 gpm. This capacity does not meet the historic maximum day demand of 1,210 gpm experienced in 2021, or the demand study's predicted 2040 maximum day demand of 1,354 gpm.

The proposed HMO treatment system is a proven technology and generates modest amounts of wastewater. Once constructed, the HMO treatment system will reduce the hydraulic limitations on the well pumps caused by the existing blending process. As a result, all four well pumps will be available to discharge at full capacity. The resulting firm well capacity while pumping 18 hours per day will be 1,421 gpm. This exceeds the 2040 maximum day demand of 1,354 gpm. The discharge piping from Well Nos. 5 and 6 will be modified to discharge directly into the distribution system.

The existing Well House No. 3 is a 660-square-foot masonry building with a single room that requires the following upgrades: constructing interior walls to isolate chlorine storage, replacing the stucco ceiling, replacing the concrete floor, and installing a new electrical power and control system. Well House No. 4 is a 2,940-square-foot masonry building that needs to be enlarged to an area of 6,313 square feet to accommodate the 16 new HMO pressure filters. Well House No. 4 also requires an additional 800-gpm pump, electrical power distribution and control systems upgrades, new HVAC equipment, plumbing upgrades, a new storage garage, a backwash tank, new chemical feed equipment, new sewer main, and new pavement. ([PSC REF#: 524868](#), [PSC REF#: 524876](#).)

Alternatives

The applicant evaluated eight alternatives to address its water system's lack of firm well capacity due to the high concentration of radium in Well Nos. 3 and 4. The first and selected alternative was installing HMO pressure filters at Well House No. 4, making improvements to Well Houses No. 3 and 4, and modifying the discharge piping from Well Nos. 5 and 6 to directly discharge into the distribution system. More details about this chosen alternative are found in the Project Description above. This alternative is estimated to cost \$8,151,769, including lower overall capital and operating costs. The applicant chose this alternative because its staff have experience operating a similar filter technology at Well No. 5. Another advantage of HMO pressure filters is that they only generate small amounts of waste compared to other treatment technologies. The chosen alternative will allow the applicant to fully utilize its existing pump capacities, and therefore the applicant's firm well capacity while pumping 18 hours per day will increase from 450 gpm to 1,421 gpm. This capacity exceeds the demand study's predicted 2040 maximum day demand of 1,354 gpm. The applicant claims that the additional water supply capacity will facilitate additional growth in the community. The disadvantages include the need to install a backwash holding tank to accommodate the lack of sewer capacity. ([PSC REF#: 524868](#), [PSC REF#: 524879](#).)

The second alternative was the "Take No Action" alternative. The applicant did not choose this alternative because it did not address the applicant's lack of firm well capacity to meet the historic maximum day demand while pumping 18 hours per day.

The third alternative included the construction of a reverse osmosis treatment system to remove radium from Well Nos. 3 and 4. This alternative is estimated to cost \$9,132,00. The

advantage of using this technology is that it not only removes radium, but effectively removes other contaminants as well. The disadvantages include the higher capital and operation and maintenance cost, reduced well capacity, and the generation of significantly more wastewater than the chosen alternative. The applicant also asserted that this alternative would likely require further chemical addition to minimize corrosion. ([PSC REF#: 524868](#), [PSC REF#: 524879](#).)

The fourth alternative examined using radium absorptive media treatment through a contract company to treat water from Well Nos. 3 and 4. The estimated cost for this alternative is \$8,320,300. The advantage of this option is that it is a simple process that does not require any chemical addition to remove radium. The disadvantages include higher operating costs, rental of treatment equipment, and the need for a licensed disposal facility to dispose of the absorptive media. Also, there is a risk that the contract company might go out-of-business before the treatment system reaches the end of its useful life. ([PSC REF#: 524868](#), [PSC REF#: 524879](#).)

The fifth alternative included drilling a new well to replace the capacity of Well Nos. 3 and 4. This alternative is estimated to cost \$3,822,000. It assumes that the replacement well will be equal to the capacity lost by abandoning Well Nos. 3 and 4. It also makes the unlikely assumption that the resulting groundwater quality will not require any treatment beyond disinfection. If such a well were possible, then it would likely have to be located outside current municipal limits. Unknowns include the length of the required connecting main as well as impacts to wetlands, threatened species, and culturally significant resources. These unknowns convinced the applicant to reject this alternative. ([PSC REF#: 524868](#), [PSC REF#: 524879](#).)

The sixth alternative entailed bringing the existing Well No. 7, with a capacity of 650 gpm, back online by adding PFAS treatment. This alternative is estimated to cost \$4,300,000. It

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has the advantage of providing a safe water source if other wells become contaminated with PFAS. A disadvantage is that the applicant must continue to restrict the combined discharge from Well Nos. 3 and 4. This alternative would result in a firm well capacity while pumping 18 hours per day of 938 gpm. This does not meet the historic maximum day demand of 1,210 gpm. ([PSC REF#: 524868](#), [PSC REF#: 524879](#).)

The seventh alternative considered constructing an 8.5-mile transmission main and pump station to convey purchased wholesale water from the City of Muskego. While the applicant considered importing water from Eagle, Troy Center, East Troy, and Waterford, only Muskego had enough excess capacity to replace the radium contaminated water from Well Nos. 3 and 4. This alternative is estimated to cost \$16,377,400. Possible issues resulting from the importing of water over such a long pipeline include high capital cost, low reliability, potential corrosion control issues, long water age, and reduction of chlorine residual. Other concerns include easement costs, wetland and waterway impacts, threatened and endangered species, and impacts to culturally significant resources. ([PSC REF#: 536739](#).)

The eighth alternative evaluated the feasibility of constructing HMO pressure filters at Well No. 3 which would then mix with water from Well Nos. 4, 5, and 6. This alternative is estimated to cost \$8,198,800. Under this scenario the system's firm well capacity while pumping 18 hours per day would be approximately 1,384 gpm, which exceeds the current and projected maximum day demands. This alternative was not chosen, however, because the land at the site of Well No. 3 is not large enough to construct the HMO pressure filters. Well No. 3 abuts land currently owned by the Department of Public Works (DPW), but that land is not

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available for expansion of Well House No. 3, because the DPW has plans to expand its own building and construct a stormwater pond at that site. ([PSC REF#: 536739](#), [PSC REF#: 542011](#).)

Environmental Review

This is a Type III action under Wis. Admin Code § PSC 4.10(3). No unusual circumstances suggesting the likelihood of significant environmental effects on the human environment have come to the Commission's attention. Neither an environmental impact statement under Wis. Stat. § 1.11 nor an environmental assessment is required.

Project Cost, Construction Schedule, Rate Impact

The total estimated cost of this project is \$8,151,769. The applicant plans to fund this project with a loan from the Safe Drinking Water Loan Program. The applicant plans to construct the proposed project from April 2025 to December 2026. Commission staff estimates that implementation of this project will result in the need to increase customer water rates by 47.81 percent. The Commission provides the estimated rate impact for general information. The actual amount of any rate increase would be determined at the time the applicant submits an application for a rate increase. The amount of any increase would depend on several factors including, but not limited to, project financing, growth in customer demand, inflation, actual project costs, and the rate of return authorized.

Conclusion

The project, as conditioned herein, complies with Wis. Stat. § 196.49(3)(b). The project will not substantially impair the efficiency of the applicant's service. The proposed HMO treatment technology will not require any additional staff. By removing radium from Well Nos. 3 and 4, the chosen alternative will permit the applicant to benefit from the full capacity of all its

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wells. The applicant chose this technology because its staff already has experience operating similar filter technology at Well No. 5, it has the lowest overall 20-year life cycle cost, and because the HMO pressure filters generate small amounts of waste compared to other treatment technologies.

Completion of this project will not provide facilities unreasonably in excess of the applicant's probable future requirements. The proposed treatment for radium at Well Nos. 3 and 4 will allow the applicant to fully utilize its existing pump capacities. The applicant's firm well capacity while pumping 18 hours per day will increase from an existing 450 gpm to 1,421 gpm. This capacity exceeds the demand study's predicted 2040 maximum day demand of 1,354 gpm.

When placed in service, the project will increase the value of available quantity of service in proportion to the addition to the applicant's cost of service. The proposed HMO treatment technology is commonly used to remove radium. As a result, the applicant will be able to benefit from the full capacity of its existing Well Nos. 3, 4, 5, and 6. The additional water supply capacity will facilitate additional growth in the community.

Certificate

The Village of Mukwonago, as a water public utility, is authorized to construct the facilities proposed in its November 21, 2024 application, at a total cost of \$8,151,769, subject to the conditions in this Final Decision.

Order

1. The applicant's application for authority to construct facilities in Waukesha and Walworth Counties, at an estimated total cost of \$8,151,769, is granted.

2. The Commission, consistent with its past practice, shall review in a future rate proceeding the recoverability of costs associated with the project. If it is discovered or identified that the project cost, including *force majeure* costs, may exceed the estimated cost by more than 10 percent, the applicant shall, within 30 days of when it becomes aware of the possible change or cost increase, notify the Commission of the accounts or categories where costs deviate from those authorized and shall itemize and segregate those costs by major accounts and provide sufficient documentation to support and explain the reasons for such deviations.

3. The applicant shall notify and obtain approval from the Commission before proceeding with any substantial change in the scope, design, size, or location of the approved project.

4. The applicant shall obtain all necessary federal, state, and local permits prior to commencement of construction.

5. If the applicant does not begin on-site physical construction within two years of the effective date of this Final Decision, the certificate authorizing the project shall become void unless the applicant: (a) files a written request for an extension of time with the Commission before the date on which the certificate becomes void; and (b) is granted an extension by the Commission.

6. If the applicant has not begun on-site physical construction and has not filed a written request for an extension before the date the certificate becomes void, the applicant shall inform the Commission of those facts in writing within 20 working days after the date on which the certificate becomes void.

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7. The applicant shall submit to the Commission the final actual costs segregated by the Commission's uniform system of accounts within one year after the in-service date. For those accounts where actual costs deviate significantly from those authorized, the final cost report shall itemize and explain the reasons for any such deviations.

8. This Final Decision takes effect one day after the date of service.

9. Jurisdiction is retained.

Dated at Madison, Wisconsin, this 22nd day of April, 2025.

For the Commission:

A handwritten signature in black ink, appearing to read 'A.P. Galvin', followed by a horizontal line extending to the right.

Andrew P. Galvin
Administrator
Division of Water Utility Regulation and Analysis

APG:SPK:rgs DL:02069511

Attachment: Notice of Rights

PUBLIC SERVICE COMMISSION OF WISCONSIN
4822 Madison Yards Way
P.O. Box 7854
Madison, Wisconsin 53707-7854

**NOTICE OF RIGHTS FOR REHEARING OR JUDICIAL REVIEW, THE
TIMES ALLOWED FOR EACH, AND THE IDENTIFICATION OF THE
PARTY TO BE NAMED AS RESPONDENT**

The following notice is served on you as part of the Commission's written decision. This general notice is for the purpose of ensuring compliance with Wis. Stat. § 227.48(2), and does not constitute a conclusion or admission that any particular party or person is necessarily aggrieved or that any particular decision or order is final or judicially reviewable.

PETITION FOR REHEARING

If this decision is an order following a contested case proceeding as defined in Wis. Stat. § 227.01(3), a person aggrieved by the decision has a right to petition the Commission for rehearing within 20 days of the date of service of this decision, as provided in Wis. Stat. § 227.49. The date of service is shown on the first page. If there is no date on the first page, the date of service is shown immediately above the signature line. The petition for rehearing must be filed with the Public Service Commission of Wisconsin and served on the parties. An appeal of this decision may also be taken directly to circuit court through the filing of a petition for judicial review. It is not necessary to first petition for rehearing.

PETITION FOR JUDICIAL REVIEW

A person aggrieved by this decision has a right to petition for judicial review as provided in Wis. Stat. § 227.53. In a contested case, the petition must be filed in circuit court and served upon the Public Service Commission of Wisconsin within 30 days of the date of service of this decision if there has been no petition for rehearing. If a timely petition for rehearing has been filed, the petition for judicial review must be filed within 30 days of the date of service of the order finally disposing of the petition for rehearing, or within 30 days after the final disposition of the petition for rehearing by operation of law pursuant to Wis. Stat. § 227.49(5), whichever is sooner. If an *untimely* petition for rehearing is filed, the 30-day period to petition for judicial review commences the date the Commission serves its original decision.¹ The Public Service Commission of Wisconsin must be named as respondent in the petition for judicial review.

If this decision is an order denying rehearing, a person aggrieved who wishes to appeal must seek judicial review rather than rehearing. A second petition for rehearing is not permitted.

Revised: March 27, 2013

¹ See *Currier v. Wisconsin Dep't of Revenue*, 2006 WI App 12, 288 Wis. 2d 693, 709 N.W.2d 520.

Contractor's Application for Payment No. 7

| | | | |
|--|--|--|--|
| Application Date: 4/28/2025 | | Application Period: 11/11/22 to 04/20/25 | |
| To (Owner): Village of Mukwonago | From (Contractor): Musson Brothers, Inc. | Via (Engineer): | Ruekert & Mielke, Inc. |
| Contact: Diana Dykstra | Contact: Matt Zander | Contact: | Michael E. Michalski |
| Project: DeBack Drive (Donna Drive) Infrastructure | Address: 1522 Pearl Street Waukesha, WI 53186 | Address: | W233 N2080 Ridgeview Parkway Waukesha, WI 53188 |
| Owner's Contract No.: | Contractor's Project No.: | Engineer's Project No.: | 12-10096.300 |

Change Order Summary

| Approved Change Orders | | Deductions (Enter as Positive Number) |
|--------------------------------|----------------|--|
| Number | Additions | |
| 1 | | |
| 2 | \$568,346.95 | |
| 3 | \$199,516.00 | |
| 4 | \$72,200.00 | |
| 5 | | |
| 6 | \$4,774.40 | |
| 7 | | |
| 8 | \$185,166.31 | |
| | | |
| | | |
| | | |
| | | |
| TOTALS: | \$1,030,003.66 | |
| NET CHANGE BY CHANGE ORDERS | | \$1,030,003.66 |

| | | |
|--|----|---------------------|
| 1. ORIGINAL CONTRACT PRICE | \$ | <u>2,836,068.65</u> |
| 2. Net change by Change Orders | \$ | <u>1,030,003.66</u> |
| 3. CURRENT CONTRACT PRICE (Line 1 + Line 2) | \$ | <u>3,866,072.31</u> |
| 4. TOTAL COMPLETED TO DATE (Column L Total on Progress Estimates) | \$ | <u>2,387,329.20</u> |
| 5. RETAINAGE: | | |
| a. 5% X \$1,933,036.16 Work Completed | \$ | <u>96,651.81</u> |
| 6. RETAINAGE REDUCTION TO DATE (Enter as Positive Number) ... | \$ | |
| 7. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5a. + Line 6) | \$ | <u>2,290,677.39</u> |
| 8. LESS PREVIOUS PAYMENTS (Line 7 from Prior Application) | \$ | <u>1,943,123.05</u> |
| 9. AMOUNT DUE THIS APPLICATION | \$ | <u>347,554.34</u> |


Contractor's Certification

The undersigned Contractor certifies that to the best of its knowledge:


(1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment;

(2) title to all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner per Article 15 of the General Conditions; and

(3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By:  Date: 5/1/25

Payment of: \$ 347,554.34
(Line 9 or other - attach explanation of the other amount)

Recommended by:  4/28/2025
(Engineer) Michael E. Michalski (Date)

Payment of: \$ _____
(Line 9 or other - attach explanation of the other amount)

Approved by: _____ (Owner) _____ (Date)

Progress Estimate - Unit Price Work

Contractor's Application for Payment No.

7

| For (Project): DeBack Drive (Donna Drive) Infrastructure | | | | | | Application Date: 4/28/2025 | | | | | |
|--|--|-----------|--------------------|----------------|---------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Application Period: 11/11/22 to 04/20/25 | | | | | | Owner's Contract No.: Engineer's Project No.: 12-10096.300 | | | | | |
| Item No. | Description | Unit | Estimated Quantity | Bid Unit Price | Bid Item Value (\$) | Work Completed Previously | | Work Completed This Period | | Total Work Completed to Date | |
| | | | | | | Estimated Quantity Installed | Value of Work Installed (\$) | Estimated Quantity Installed | Value of Work Installed (\$) | Estimated Quantity Installed | Value of Work Installed (\$) |
| 1 | Mobilization (limited to maximum of 5% of Total Bid) - 2019 | L.S. | 0.06 | \$140,000.00 | \$ 8,400.00 | 0.06 | \$ 8,400.00 | | \$ - | 0.06 | \$ 8,400.00 |
| 1R-1 | Mobilization (limited to maximum of 5% of Total Bid) - 2022 | L.S. | 0.8 | \$175,000.00 | \$ 140,000.00 | 0.80 | \$ 140,000.00 | | \$ - | 0.80 | \$ 140,000.00 |
| 1R-2 | Mobilization (limited to maximum of 5% of Total Bid) | L.S. | 1 | \$185,000.00 | \$ 185,000.00 | | \$ - | 0.50 | \$ 92,500.00 | 0.50 | \$ 92,500.00 |
| 2 | Traffic control - 2022 | L.S. | 0.9 | \$5,500.00 | \$ 4,950.00 | 0.98 | \$ 4,950.00 | | \$ - | 0.98 | \$ 4,950.00 |
| 2R-2 | Traffic control | L.S. | 1 | \$8,000.00 | \$ 8,000.00 | | \$ - | 0.50 | \$ 4,000.00 | 0.50 | \$ 4,000.00 |
| 3 | Tracking pad - 2022 | S.F. | 4,416 | \$2.65 | \$ 11,702.40 | 4,416.00 | \$ 11,702.40 | | \$ - | 4,416.00 | \$ 11,702.40 |
| 3R-2 | Tracking pad | S.F. | 2,400 | \$4.31 | \$ 10,344.00 | | \$ - | 1,200.00 | \$ 5,172.00 | 1,200.00 | \$ 5,172.00 |
| 4 | Project identification signs | L.S. | 1 | \$4,500.00 | \$ 4,500.00 | | \$ - | | \$ - | | \$ - |
| 5 | Sediment traps - 2022 | EA | 1 | \$16,855.00 | \$ 16,855.00 | 1.00 | \$ 16,855.00 | | \$ - | 1.00 | \$ 16,855.00 |
| 5R-2 | Sediment traps | EA | 2 | \$7,000.00 | \$ 14,000.00 | | \$ - | 2.00 | \$ 14,000.00 | 2.00 | \$ 14,000.00 |
| 6 | Silt fence - 2019 | L.F. | 2,500 | \$1.35 | \$ 3,375.00 | 2,500.00 | \$ 3,375.00 | | \$ - | 2,500.00 | \$ 3,375.00 |
| 6R-1 | Silt fence - 2022 | L.F. | 7,415 | \$1.55 | \$ 11,493.25 | 7,415.00 | \$ 11,493.25 | | \$ - | 7,415.00 | \$ 11,493.25 |
| 6R-2 | Silt fence | L.F. | 4870 | \$2.00 | \$ 9,740.00 | | \$ - | 3,545.00 | \$ 7,090.00 | 3,545.00 | \$ 7,090.00 |
| 7 | Manufactured slope interruption device | L.F. | 85 | \$5.00 | \$ 425.00 | | \$ - | 400.00 | \$ 2,000.00 | 400.00 | \$ 2,000.00 |
| 8 | Inlet sediment guards, Type D - 2019 | EA | 8 | \$125.00 | \$ 1,000.00 | 8.00 | \$ 1,000.00 | | \$ - | 8.00 | \$ 1,000.00 |
| 8R | Inlet sediment guards, Type D - 2022 | EA | 7 | \$125.00 | \$ 875.00 | 7.00 | \$ 875.00 | | \$ - | 7.00 | \$ 875.00 |
| 8R-2 | Inlet sediment guards, Type D | EA | 24 | \$130.00 | \$ 3,120.00 | | \$ - | | \$ - | | \$ - |
| 9 | Clearing, grubbing and tree removal - 2022 | L.S. | 1 | \$17,500.00 | \$ 17,500.00 | 1.00 | \$ 17,500.00 | | \$ - | 1.00 | \$ 17,500.00 |
| 10 | Temporary seed and mulch - 2022 | S.Y. | 9,735 | \$1.35 | \$ 13,142.25 | 9,736.00 | \$ 13,142.25 | | \$ - | 9,736.00 | \$ 13,142.25 |
| 10R-2 | Temporary seed and mulch | S.Y. | 16,000 | \$1.80 | \$ 28,800.00 | | \$ - | | \$ - | | \$ - |
| 11 | Storm water detention facility improvements - 2022 | L.S. | 1 | \$217,317.28 | \$ 217,317.28 | 1.00 | \$ 217,317.28 | | \$ - | 1.00 | \$ 217,317.28 |
| 12 | Storm water facility dewatering - 2022 | L.S. | 1 | \$97,988.98 | \$ 97,988.98 | 1.00 | \$ 97,988.98 | | \$ - | 1.00 | \$ 97,988.98 |
| 13 | Heavy rip rap - 2022 | TON | 39.53 | \$98.08 | \$ 3,877.10 | 39.53 | \$ 3,877.10 | | \$ - | 39.53 | \$ 3,877.10 |
| 13R-2 | Heavy rip rap | TON | 60.47 | \$100.00 | \$ 6,047.00 | | \$ - | | \$ - | | \$ - |
| 14 | Heavy field stone rip rap - 2022 | TON | 143.3 | \$98.08 | \$ 14,054.88 | 143.30 | \$ 14,054.88 | | \$ - | 143.30 | \$ 14,054.88 |
| 15 | Temporary stone weeper - 2022 | EA | - | \$9,205.65 | | | \$ - | | \$ - | | \$ - |
| 16 | Dust control using calcium chloride | 100 LBS | 10 | \$130.00 | \$ 1,300.00 | | \$ - | | \$ - | | \$ - |
| 17 | Dust control using water | 1,000 GAL | 10 | \$75.00 | \$ 750.00 | | \$ - | | \$ - | | \$ - |
| 18 | Full depth saw cutting - 2022 | L.F. | 12 | \$5.00 | \$ 60.00 | 12.00 | \$ 60.00 | | \$ - | 12.00 | \$ 60.00 |
| 18R-2 | Full depth saw cutting | L.F. | 162 | \$7.00 | \$ 1,134.00 | | \$ - | 196.00 | \$ 1,372.00 | 196.00 | \$ 1,372.00 |
| 19 | Rock removal - If Required - 2022 | C.Y. | 11 | \$170.54 | \$ 1,797.49 | 10.54 | \$ 1,797.49 | | \$ - | 10.54 | \$ 1,797.49 |
| 20 | Sanitary sewer, 36-inch, w/granular backfill - 2022 | L.F. | - | | | | \$ - | | \$ - | | \$ - |
| 21 | Sanitary sewer, 21-inch, w/granular backfill - 2022 | L.F. | 485 | \$441.00 | \$ 213,885.00 | 485.00 | \$ 213,885.00 | | \$ - | 485.00 | \$ 213,885.00 |
| 21R-1 | Sanitary sewer, 15-inch, w/granular backfill - 2022 | L.F. | 68 | \$441.00 | \$ 29,988.00 | 68.00 | \$ 29,988.00 | | \$ - | 68.00 | \$ 29,988.00 |
| 22 | Sanitary sewer, 12-inch, w/granular backfill - 2022 | L.F. | 118 | \$496.00 | \$ 57,348.00 | 118.00 | \$ 57,348.00 | | \$ - | 118.00 | \$ 57,348.00 |
| 23 | Sanitary sewer manholes, 48-inch w/frame and cover - 2022 | V.F. | 88.02 | \$290.00 | \$ 25,525.80 | 88.02 | \$ 25,525.80 | | \$ - | 88.02 | \$ 25,525.80 |
| 24 | Sanitary sewer manhole replacement, 72-inch w/frame and cover - 2022 | V.F. | - | | | | \$ - | | \$ - | | \$ - |
| 24R-1 | Sanitary sewer manhole replacement, 60-inch w/frame and cover - 2022 | V.F. | 19.83 | \$396.00 | \$ 7,862.88 | 19.83 | \$ 7,862.88 | | \$ - | 19.83 | \$ 7,862.88 |
| 25 | Sanitary sewer lateral, 8-inch with cleanout - 2022 | L.F. | 112 | \$304.00 | \$ 34,048.00 | 112.00 | \$ 34,048.00 | | \$ - | 112.00 | \$ 34,048.00 |
| 26 | Internal/external sanitary manhole chimney seal | EA | 5 | \$1,540.00 | \$ 7,700.00 | | \$ - | | \$ - | | \$ - |

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Progress Estimate - Unit Price Work

Contractor's Application for Payment No.

7

| For (Project): DeBack Drive (Donna Drive) Infrastructure | | | | | | Application Date: 4/28/2025 | | | | | | | | | | | |
|--|--|------|--------------------|----------------|---------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|--|
| Application Period: 11/1/22 to 04/20/25 | | | | | | Owner's Contract No.: Engineer's Project No.: 12-10096.300 | | | | | | | | | | | |
| A | B | C | D | E | F | G | | H | | I | | J | | K | | L | |
| | | | | | | Work Completed Previously | | Work Completed This Period | | Total Work Completed to Date | | | | | | | |
| Item No. | Description | Unit | Estimated Quantity | Bid Unit Price | Bid Item Value (\$) | Estimated Quantity Installed | Value of Work Installed (\$) | Estimated Quantity Installed | Value of Work Installed (\$) | Estimated Quantity Installed | Value of Work Installed (\$) | Estimated Quantity Installed | Value of Work Installed (\$) | Estimated Quantity Installed | Value of Work Installed (\$) | | |
| 27 | Water main, 8-inch, w/granular backfill | L.F. | 113 | \$196.00 | \$ 15,368.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 28 | Water main, 12-inch, w/spoil backfill | L.F. | 653 | \$72.27 | \$ 47,192.31 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 29 | Water main, 12-inch, w/granular backfill | L.F. | 2,269 | \$100.00 | \$ 226,900.00 | | \$ - | | 2,034.00 | \$ 203,400.00 | 2,034.00 | \$ 203,400.00 | | \$ 203,400.00 | | | |
| 30 | Water main, 12-inch, w/slurry backfill | L.F. | 42 | \$422.60 | \$ 17,749.20 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 31 | Water main, 16-inch, w/spoil backfill | L.F. | 5 | \$1,758.00 | \$ 8,790.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 32 | 24-inch steel casing pipe in open cut - 2022 | L.F. | 65 | \$396.52 | \$ 25,773.80 | 66.00 | \$ 25,773.80 | | \$ - | | \$ - | | 66.00 | \$ 25,773.80 | | | |
| 33 | Hydrant lead, 6-inch | L.F. | 190 | \$143.50 | \$ 27,265.00 | | \$ - | | 67.00 | \$ 9,614.50 | 67.00 | \$ 9,614.50 | | \$ 9,614.50 | | | |
| 34 | Hydrant assembly w/6-inch valve | EA | 10 | \$2,560.00 | \$ 25,600.00 | | \$ - | | 3.00 | \$ 7,680.00 | 3.00 | \$ 7,680.00 | | \$ 7,680.00 | | | |
| 35 | Temporary hydrant assembly | EA | 1 | \$2,560.00 | \$ 2,560.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 36 | Water main valves, 8-inch gate valve | EA | 2 | \$675.00 | \$ 1,350.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 37 | Water main valves, 12-inch gate valve | EA | 13 | \$765.00 | \$ 9,945.00 | | \$ - | | 7.00 | \$ 5,355.00 | 7.00 | \$ 5,355.00 | | \$ 5,355.00 | | | |
| 38 | Storm sewer main, 12-inch RCP, w/granular backfill | L.F. | 199 | \$88.00 | \$ 17,512.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 39 | Storm sewer main, 15-inch RCP, w/granular backfill | L.F. | 733 | \$85.00 | \$ 62,305.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 40 | Storm sewer main, 18-inch RCP, w/granular backfill | L.F. | 164 | \$98.00 | \$ 14,432.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 41 | Storm sewer box culvert, 8' x 4' RCP, w/granular backfill - 2022 | L.F. | 168 | \$838.50 | \$ 140,532.00 | 168.00 | \$ 140,532.00 | | \$ - | | \$ - | | 168.00 | \$ 140,532.00 | | | |
| 42 | Storm sewer box culvert, 8' x 5' RCP, w/granular backfill - 2022 | L.F. | 192 | \$905.21 | \$ 173,800.32 | 192.00 | \$ 173,800.32 | | \$ - | | \$ - | | 192.00 | \$ 173,800.32 | | | |
| 43 | Concrete storm sewer end sections, 15-inch | EA | 2 | \$1,380.00 | \$ 2,760.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 44 | Concrete storm sewer end sections, 18-inch, w/end grate | EA | 1 | \$3,180.00 | \$ 3,180.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 45 | 8' x 4' precast concrete box culvert end sections - 2022 | EA | 2 | \$8,933.39 | \$ 17,866.78 | 2.00 | \$ 17,866.78 | | \$ - | | \$ - | | 2.00 | \$ 17,866.78 | | | |
| 46 | Twin 8' x 5' concrete box wingwall sections - 2022 | EA | 2 | \$20,772.90 | \$ 41,545.80 | 2.00 | \$ 41,545.80 | | \$ - | | \$ - | | 2.00 | \$ 41,545.80 | | | |
| 47 | Storm sewer manholes, 48-inch w/frame and cover | EA | 4 | \$4,150.00 | \$ 16,600.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 48 | Catch basin, w/frame and grate | EA | 16 | \$4,240.00 | \$ 67,840.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 49 | Storm frame and grate replacement | EA | 1 | \$2,360.00 | \$ 2,360.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 50 | Construct roadway to subgrade - 2022 | L.S. | 0.5 | \$203,375.75 | \$ 101,687.88 | 0.50 | \$ 101,687.88 | | \$ - | | \$ - | | 0.50 | \$ 101,687.88 | | | |
| 50R-2 | Construct roadway to subgrade | L.S. | 1 | \$154,500.00 | \$ 154,500.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 51 | Excavation below subgrade | C.Y. | 860 | \$13.25 | \$ 11,360.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 52 | Geotextile subgrade stabilization | S.Y. | 2,640 | \$4.10 | \$ 10,824.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 53 | Excavation below subgrade (EBS) backfill | TON | 1,760 | \$26.00 | \$ 45,760.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 54 | Crushed aggregate for road base | TON | 3,450 | \$22.00 | \$ 75,900.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 54R-2 | Recycle crushed aggregate for road base (Village stockpile) | TON | 3,450 | \$12.00 | \$ 41,400.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 55 | 30-inch concrete curb and gutter | L.F. | 2,815 | \$16.00 | \$ 45,040.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 56 | Concrete curb and gutter replacement | L.F. | 48 | \$98.50 | \$ 4,728.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 57 | Asphaltic concrete binder course | TON | 1645 | \$79.00 | \$ 129,955.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 58 | Asphaltic concrete surface course | TON | 790 | \$85.00 | \$ 67,150.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 59 | Colored stamped concrete island | S.F. | 252 | \$35.50 | \$ 8,946.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 60 | Concrete sidewalk and curb ramp | S.F. | 13,400 | \$6.10 | \$ 81,740.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 61 | Detectable Warning Field | S.F. | 140 | \$52.50 | \$ 7,350.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 62 | Decorative metal fence | L.F. | 1,035 | \$44.50 | \$ 46,057.50 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 63 | Pavement marking, epoxy, 18-inch, stop bar | L.F. | 53 | \$19.00 | \$ 1,007.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |
| 64 | Pavement marking, epoxy, 12-inch yellow diagonal | L.F. | 18 | \$9.50 | \$ 171.00 | | \$ - | | \$ - | | \$ - | | \$ - | | \$ - | | |

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Progress Estimate - Unit Price Work

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|--|---|-----------|-------------------------|---------------------|--------------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Application Period: 11/11/22 to 04/20/25 | | | | | | Owner's Contract No.: Engineer's Project No.: 12-10096.300 | | | | | |
| A Item No. | B Description | C Unit | D Estimated Quantity | E Bid Unit Price | F Bid Item Value (\$) | G Work Completed Previously | | H Work Completed This Period | | I Total Work Completed to Date | |
| | | | | | | J Estimated Quantity Installed | K Value of Work Installed (\$) | L Estimated Quantity Installed | M Value of Work Installed (\$) | N Estimated Quantity Installed | O Value of Work Installed (\$) |
| 65 | Pavement marking, epoxy, 6-inch white crosswalk | L.F. | 590 | \$18.00 | \$ 12,420.00 | | \$ - | | \$ - | | \$ - |
| 66 | Pavement marking, epoxy, 4-inch yellow | L.F. | 2,264 | \$1.40 | \$ 3,169.60 | | \$ - | | \$ - | | \$ - |
| 67 | Pavement marking, epoxy, 4-inch white | L.F. | 2,410 | \$1.40 | \$ 3,374.00 | | \$ - | | \$ - | | \$ - |
| 68 | Pavement marking, arrows Type 2 | EA | 4 | \$325.00 | \$ 1,300.00 | | \$ - | | \$ - | | \$ - |
| 69 | Topsoil, turf grass seed, fertilizer and Class I, Urban, Type A erosion matting | S.Y. | 18,700 | \$7.25 | \$ 135,575.00 | | \$ - | | \$ - | | \$ - |
| 69R-1 | Topsoil, turf grass seed, fertilizer and hydro-mulch - 2022 | S.Y. | 23,764 | \$4.75 | \$ 112,879.00 | 23,764.00 | \$ 112,879.00 | | \$ - | 23,764.00 | \$ 112,879.00 |
| 69R-2 | Topsoil, turf grass seed, fertilizer and hydro-mulch | S.Y. | 9,700 | \$5.40 | \$ 52,380.00 | | \$ - | | \$ - | | \$ - |
| 70 | Topsoil, native seeding and Class II, Type B erosion mat - 2022 | S.Y. | 1,500 | \$8.75 | \$ 13,125.00 | 1,500.00 | \$ 13,125.00 | | \$ - | 1,500.00 | \$ 13,125.00 |
| 70R-2 | Topsoil, native seeding and Class II, Type B erosion mat | S.Y. | 3,420 | \$8.80 | \$ 30,096.00 | | \$ - | | \$ - | | \$ - |
| 71 | Traffic signs | EA | 27 | \$150.00 | \$ 4,050.00 | | \$ - | | \$ - | | \$ - |
| 72 | Traffic sign posts | EA | 27 | \$215.00 | \$ 5,805.00 | | \$ - | | \$ - | | \$ - |
| 73 | Excavate, haul, and stockpile sediment material - 2022 | C.Y. | 2,106 | \$26.60 | \$ 56,016.94 | 2,106.90 | \$ 56,016.94 | | \$ - | 2,106.90 | \$ 56,016.94 |
| 74 | Drying sediment material - 2022 | L.S. | 1 | \$9,500.00 | \$ 9,500.00 | 1.00 | \$ 9,500.00 | | \$ - | 1.00 | \$ 9,500.00 |
| 75 | Restoration w/ seed and hydro-mulch - 2022 | S.Y. | 6,736 | \$0.75 | \$ 5,052.00 | 6,736.00 | \$ 5,052.00 | | \$ - | 6,736.00 | \$ 5,052.00 |
| 76 | Respread salvaged topsoil - 2022 | S.Y. | 9,497 | \$2.00 | \$ 18,994.00 | 9,497.00 | \$ 18,994.00 | | \$ - | 9,497.00 | \$ 18,994.00 |
| 77 | Disposal of sediment material (if required) - 2022 | C.Y. | 2,106 | \$12.50 | \$ 26,323.75 | 2,106.90 | \$ 26,323.75 | | \$ - | 2,106.90 | \$ 26,323.75 |
| 78 | Additional compensation for injunction delay -2022 | L.S. | 1 | \$72,200.00 | \$ 72,200.00 | 1.00 | \$ 72,200.00 | | \$ - | 1.00 | \$ 72,200.00 |
| TOTAL BID ITEMS 1-72 | | | | | | \$ 3,579,059.95 | | \$ 1,748,133.34 | | \$ 352,183.50 | \$ 2,100,316.84 |
| ADDITIONAL ITEMS | | | | | | | | | | | |
| CO-05 | Decorative metal fence stockpile material - 2022 | L.S. | 1 | \$ 53,465.96 | \$ 53,465.96 | 1.00 | \$ 53,465.96 | | \$ - | 1.00 | \$ 53,465.96 |
| CO-06 | Grading-Borrow Site (Gearbox) - 2022 | L.S. | 1 | \$ 4,774.40 | \$ 4,774.40 | 1.00 | \$ 4,774.40 | | \$ - | 1.00 | \$ 4,774.40 |
| CO-07 | Stockpile Material - Water Main Infrastructure - 2022 | L.S. | 1 | \$ 228,772.00 | \$ 228,772.00 | 1.00 | \$ 228,772.00 | | \$ - | 1.00 | \$ 228,772.00 |
| TOTAL ADDITIONAL ITEMS | | | | | | \$ 287,012.36 | | \$ 287,012.36 | | \$ - | \$ 287,012.36 |
| TOTAL ALL ITEMS | | | | | | \$ 3,866,072.31 | | \$ 2,035,145.70 | | \$ 352,183.50 | \$ 2,387,329.20 |

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