



COMMITTEE OF THE WHOLE
MEETING
Mukwonago Municipal Building / Board Room
440 River Crest Court, Mukwonago, WI 53149
May 6, 2026 at 5:30 PM

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 Presentation of 250th Anniversary American Flag, presented by Walworth Co Supervisor Rick Stacey

4.2 Proclamation - 2026 Emergency Medical Services Personnel Week

4.3 Proclamation- 2026 National Police Week

4.4 Proclamation - 2026 National Public Works Week

5. Approval of Minutes

5.1 Approval of April 1, 2026 Committee of the Whole Minutes as prepared and distributed

6. Finance Committee, Trustee Darlene Johnson

6.1 Motion to recommend to the Village Board to approve Vouchers in the amount of \$1,202,638.89

6.2 Monthly Treasury Report and Revenue/Expenditure Guideline Report For

March 2026 *(For information purposes only, no action required)*

7. Health and Recreation Committee, Trustee John Meiners

- 7.1 Discussion/Recommendation regarding **Ordinance 1042** an ordinance revising Chapter 66, "Solid Waste," of the Mukwonago Municipal Code to Conform to DNR Revisions to the State Administrative Code Governing Recycling
- 7.2 Discussion/Recommendation regarding a Special Event Permit filed by the American Legion Post #375 for Maxwell Street days, to be held June 13 & 14, July 18 & 19, August 15 & 16, and September 12 & 13, 2026, located in Field Park
- 7.3 Discussion/Recommendation regarding a Special Event Permit filed by Mukwonago Rotary Club for the Jack-O-Lantern Jaunt to place on October 16 & 17, 2026, located in Field Park
- 7.4 Discussion/Recommendation regarding a Waiver of Fee request filed by the Mukwonago Rotary Club, regarding the Jack-O-Lantern Jaunt

8. Judicial Committee

- 8.1 Discussion/Recommendation regarding **Resolution 2026-31** a resolution authorizing and directing the proper Village Official(s) to issue the Liquor License Renewals for the period of July 1, 2026 to June 30, 2027
- 8.2 Discussion/Recommendation regarding a Temporary Alcohol Beverage License Application filed by the American Legion Community Post #375, for use at Maxwell Street Days to be held June 13 & 14, July 18 & 19, August 15 & 16, and September 12 & 13, 2026

9. Library Board of Trustees, Trustee Eric Brill

- 9.1 Discussion regarding April 2026 Library Director's Report *(For Information Only, No Action Needed)*
- 9.2 Announcement of Nonstate Grants for Local Projects Program for the Library Renovation Project

10. Public Works Committee, Trustee Eric Brill

- 10.1 Discussion/Recommendation to Award the contract for the Fire Station #1 Roof Replacement Project
- 10.2 Discussion/Recommendation to award the 2026 Street Crack Sealing Project
- 10.3 Discussion regarding [STH 83 Reconstruction Project Update](#) and public

comment process

10.4 Update regarding I-43 Rock Freeway Project Overview

10.5 Update on April storm damage and response.

11. Joint Protective Services, Trustee Scott Reeves

11.1 Discussion regarding March 2026 Financial Reports

12. 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.

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 17-23, 2026 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 6th day of May, 2026.



Fred H. Winchowky, Village President

ATTEST:

Lana C Kropf, Village Clerk-Treasurer

Proclamation

WHEREAS, The Congress and President of the United States have designated the week of May 10-16, 2026 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 Village of Mukwonago Police Department 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 Village of Mukwonago Police Department have grown to be a modern and well-respected law enforcement agency which unceasingly provides 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 10-16, 2026, 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 6th day of May, 2026.



ATTEST:

Fred H. Winchowky, Village President

Lana C Kropf, Village Clerk-Treasurer



National Public Works Week Proclamation

May 17–23, 2026

“Rooted in Service, Powered by Community”

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 2026 marks the 66th annual National Public Works Week sponsored by the American Public Works Association, be it now,

RESOLVED, I, **Fred Winchowky, President of the Village of Mukwonago** do hereby designate the week of May 17–23, 2026, 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.

DONE this 6th day of May, 2026.

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 1, 2026**

Time: 5:30 PM

Place: Mukwonago Municipal Building / Board Room
440 River Crest Court, Mukwonago, WI 53149

Call to Order

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

Roll Call

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

Absent: None

Comments from the Public

None

Proclamations/Presentations/Announcements

2026 Mukwonago Scout Expo (Camporee) Presentation

Daniel Ridel, Scout Master for Troop 152, presented to the Board the proposed 2026 Mukwonago Scout Expo (Camporee). He added that this expo would give the public an opportunity to see what the scouts do and what the group is about. He noted that the event is free to the public and asked the Committee consider waiving some of the park fees. No action taken.

Announcement of Open Book and Board of Review Dates:

- o Open Book 2026: April 15, 2026, 1 pm to 4 pm via phone
- o Board of Review 2026: April 30, 2026, 3 pm to 5 pm, Village Board Room

President Winchowky announced the 2026 Open Book and Board of Review dates. No action taken.

2026 National Public Safety Telecommunicators Week Proclamation

President Winchowky read the 2026 National Public Safety Telecommunicator Week Proclamation. He thanked them all for their hard work and dedication. No action taken.

Trustee Dale Porter Service Recognition Proclamation

President Winchowky read the proclamation honoring Trustee Dale Porter for his time as a trustee. No action taken.

Approval of Minutes

Approval of March 4, 2026 Committee of the Whole Minutes as prepared and distributed
Motion by Meiners to approve, second by Reeves. No discussion. Motion carried 7-0.

Finance Committee, Trustee Darlene Johnson

Motion to recommend to the Village Board to approve Vouchers in the amount of
\$1,348,959.04

D. Johnson noted there were several large expenditures that included the new Utility vehicle,

the WeEnergies bills, and the Fire settlement with the Town.
Motion by D. Johnson to recommend approval, second by K. Johnson. No discussion. Motion carried 7-0.

Monthly Treasury Report and Revenue/Expenditure Guideline Report For February 2026 (For information purposes only, no action required)

Finance Director Doherty presented the February 2026 Treasury Report and the Revenue/Expenditure Guideline report. No action taken.

Health and Recreation Committee, Trustee John Meiners

Discussion/Recommendation to relocate a WE Energies pole for the new Field Park Entrance
Motion by Meiners to recommend approval, second by Brill. Meiners stated that the entrance on Hwy 83 is closing, hence the need for the relocation. Motion carried 7-0.

Discussion/Recommendation regarding a Special Event Permit filed by Amorphous Beer for the Amorphous Beer Garden to be held May 30, 2026, June 27, 2026, July 25, 2026, August 29, 2026, and September 19, 2026 located in Field Park, Pavilion B

Motion by Meiners to recommend approval, second by D. Johnson. Police and Fire noted there have been no problems in the past. Motion carried 7-0.

Discussion/Recommendation regarding a Special Event Permit application filed by the Village of Mukwonago/Phantom Junction Stage for a concert in the park to take place on August 14, 2026, located at Phantom Junction Stage

Motion by Meiners to recommend approval, second by K. Johnson.

DPW Director Bittner stated that the band is yet to be determined. Motion carried 7-0.

Discussion/Recommendation regarding the Special Event Permit application filed by Troops 152, 229, & 363 of Mukwonago for the Mukwonago Scouting Expo (Camporee) to take place on April 25, 2026, located in Field Park

Motion by Meiners to recommend approval, second by D. Johnson.

Motion to amend by K. Johnson to change the fee to \$25 per day, total of \$75, second by Porter.

Motion to amend the amendment by Reeves to waive the fee, second by Brill. No discussion. Motion carried 7-0.

Discussion/Recommendation on the Indian Head Park message center sign design.

DPW Director Bittner recommended the Michael's Sign based on size and specifications. D. Johnson questioned funding and budget. Bittner added the signs and installation are within the capital budget.

Motion by Meiners to recommend approval for Michael's Signs, second by D. Johnson. No discussion. Motion carried 7-0.

Judicial Committee, Trustee Dale Porter

Discussion/Recommendation regarding a Temporary Class "B" Beer license application filed by the Mukwonago Food Pantry for use at Phantom Junction Stage events on May 28, July 16, and September 17, 2026

Motion by Porter to recommend approval, second by K. Johnson. Village staff confirmed that this is not the first time the Food Pantry has served at Phantom Junction stage. Motion carried 7-0.

Discussion/Recommendation regarding a Temporary Class "B" Beer/Temporary "Class B" Wine license application filed by the Mukwonago Food Pantry for use at Phantom Junction Stage events on July 9, 2026 and August 13, 2026

Motion by Porter to recommend approval, second by Meiners. No discussion. Motion carried 7-0.

Discussion/Recommendation regarding a Temporary "Class B" Wine license application filed by the Mukwonago Chamber of Commerce for use at Sip, Shop, & Stroll Mother's Day Wine Walk to be held on May 9, 2026 at various downtown Mukwonago businesses

Motion by Porter to recommend approval, second by D. Johnson. Chief DeMotto confirmed no issues with the event and request. Motion carried 7-0.

Library Board of Trustees, Trustee Eric Brill

Discussion regarding March 2026 Library Director's Report (For Information Only, No Action Needed)

Trustee Brill offered the March 2026 Library's Director report for information. No action taken.

Public Works Committee, Trustee Eric Brill

Discussion/Recommendation to approve Supplemental Agreement No. 1 to the Traffic Impact Analysis (TIA) for intersections of Wolf Run, Dewey Drive and Boxhorn Drive as required by WisDOT.

Motion by Brill to recommend approval, second by K. Johnson. Brill explained that there was a traffic study previously but not a full one; this would require a full study to be done. Motion carried 7-0.

Discussion/Recommendation regarding **Resolution 2026-24** a resolution to accept dedication of Public Sanitary Sewer and Water Utilities for Chapman Farms Phase III

Motion by Brill to recommend approval, second by Porter. Brill explained this is a requirement once the utilities have been fully completed. Motion carried 7-0.

Discussion/Recommendation regarding the bid award to Wolf Paving Co INC for the Bay View Circle & Court, Mukwonago Drive, and Apollo Court Rehabilitation project

Motion by Brill to recommend approval, second by Porter. Brill explained this is the 2026 Street Improvement project with will include some ADA upgrades along with utilities upgrades. Motion carried 7-0.

Announcement of a WisDOT Public Informational Meeting for STH83 Road Project scheduled for April 27, 2026 4PM-6PM at the Mukwonago Community Library.

Brill announced the WI DOT Public Information Meeting held regarding the Highway 83 reconstruction project. This will be held on April 27, 2026 from 4:00 p.m. to 6:00 p.m. at the Mukwonago Community Library. No action taken.

Discussion/Recommendation regarding Change Order No. 9 and Final Pay Request to Musson Brothers for work completed on DeBack Drive Infrastructure project, in the amount of \$202,320.10

Motion by Brill to recommend approval, second by Meiners. Brill explained that this is the final payment and there is one final punch list item to be completed. Motion carried 7-0.

Protective Services, Trustee Scott Reeves

Discussion/Recommendation to authorize the Chief of Police to enter into a Memorandum of Understanding with Wisconsin Department of Justice for Wisconsin Internet Crimes Against Children (ICAC) Task Force

Chief DeMotto explained that the goal of the task force will be to investigate, prosecute, and deter the possession, production and distribution of child sexual abuse materials among the

utilization of the Internet to seek children victims. Motion by Reeves to recommend approval, second by K. Johnson. Motion carried 7-0.

Adjournment

Meeting adjourned at 6:14 p.m.

DRAFT

Accounts Payable Cover Sheet

| Report: | Period or corresponding disbursement date | | |
|-------------------------------|--|----|-------------------------------|
| Village Accounts payable | 5/7/2026 | \$ | 495,506.78 |
| Payroll | 4/2/2026 | \$ | 1,264.20 |
| WE Energies | 4/9/2026 | \$ | 61,377.65 |
| Payroll | 4/9/2026 | \$ | 9,625.14 |
| Payroll | 4/9/2026 | \$ | 49,573.64 |
| Court | 4/9/2026 | \$ | 7,185.12 |
| Charter, Invoice Cloud | 4/9/2026 | \$ | 1,501.64 |
| Tax Settlement | 4/10/2026 | \$ | 1,006.75 |
| Tax Settlement | 4/10/2026 | \$ | 188,529.73 |
| Library | 4/10/2026 | \$ | 29,365.54 |
| Taxes Misc | 4/16/2026 | \$ | 985.17 |
| Close/Reduce Business Escrows | 4/17/2026 | \$ | 165,320.00 |
| Payroll-Related | 4/23/2026 | \$ | 8,700.21 |
| Payroll | 4/23/2026 | \$ | 169,087.05 |
| US Bank | 4/23/2026 | \$ | 13,610.27 |
| Total for Approval: | | | <u>\$ 1,202,638.89</u> |

The preceding list of bills payable was approved for payment

Date: _____

Approved by: _____

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--|--|-----------------------|----------|---------------------|------------|
| VENDOR NAME: AIRGAS USA LLC | | | | | |
| 55235541990 | EMS SUPPLIES | 150-5231-531100 | 19.74 | 19.74 FIRE | 05/07/2026 |
| TOTAL VENDOR AIRGAS USA LLC | | | | 19.74 | |
| VENDOR NAME: ALSCO | | | | | |
| IMIL2207510 | VILLAGE HALL WALK OFF MATS | 100-5160-521900 | 63.28 | 63.28 DPW | 05/07/2026 |
| IMIL2209338 | RUG CLEANING | 100-5211-539400 | 49.84 | 49.84 POLICE | 05/07/2026 |
| TOTAL VENDOR ALSCO | | | | 113.12 | |
| VENDOR NAME: AMAZON CAPITOL SERVICES | | | | | |
| 1WKJ-4R91-JDVG | VH CLEANING CART SUPPLIES | 100-5160-531100 | 59.27 | 59.27 DPW | 05/07/2026 |
| 1XXL-H49K-KYW3 | | 100-5324-539500 | (208.89) | (208.89) DPW | 05/07/2026 |
| 1RH6-TMC7-1JH6 | CLK ELECTION SUPPLIES- KNIVES AND DROP CEILI | 100-5144-531100 | 53.06 | 53.06 CLERK | 05/07/2026 |
| 1RH6-TMC7-1JH6 | DPW VILLAGE HALL CLEANING SUPPLIES | 100-5160-531100 | 32.50 | 32.50 DPW | 05/07/2026 |
| 1NG1-V3PN-XMTT | DPW SHOP AND OFFICE SUPPLIES | 100-5323-531100 | 89.15 | 89.15 DPW | 05/07/2026 |
| 1FC9-PW9Q-9FW3 | VARIOUS VILLAGE HALL SUPPLIES | 100-5142-531100 | 141.07 | 141.07 CLERK | 05/07/2026 |
| TOTAL VENDOR AMAZON CAPITOL SERVICES | | | | 166.16 | |
| VENDOR NAME: ASSOCIATED APPRAISAL CONSULTANT INC | | | | | |
| 186130 | MAY 2026 ASSESSMENT SERVICES | 100-5153-521900 | 2,989.20 | 2,989.20 CLERK | 05/07/2026 |
| TOTAL VENDOR ASSOCIATED APPRAISAL CONSULTANT INC | | | | 2,989.20 | |
| VENDOR NAME: AT & T | | | | | |
| 8740414119 | AT&T FIBER | 100-5211-522500 | 976.96 | 976.96 POLICE | 05/07/2026 |
| TOTAL VENDOR AT & T | | | | 976.96 | |
| VENDOR NAME: AT & T MOBILITY | | | | | |
| 04152026 | AT&T DEPT CELL PHONES | 100-5211-522500 | 520.73 | 520.73 POLICE | 05/07/2026 |
| TOTAL VENDOR AT & T MOBILITY | | | | 520.73 | |
| VENDOR NAME: AURORA HEALTH CARE | | | | | |
| 476517 | AURORA HEALTH CARE DISPATCH HIRING TEST | 100-5211-521900 | 157.00 | 157.00 POLICE | 05/07/2026 |
| TOTAL VENDOR AURORA HEALTH CARE | | | | 157.00 | |
| VENDOR NAME: BCB B ENTERTAINMENT INC | | | | | |
| 021826 | 2026 PJS EVENT DOWN PAYMENT | 340-5890-580603 | 500.00 | 500.00 DPW | 05/07/2026 |
| TOTAL VENDOR BCB B ENTERTAINMENT INC | | | | 500.00 | |
| VENDOR NAME: BOUND TREE MEDICAL LLC | | | | | |
| 86164801 | EMS SUPPLIES | 150-5231-531100 | 290.90 | 290.90 FIRE | 05/07/2026 |
| TOTAL VENDOR BOUND TREE MEDICAL LLC | | | | 290.90 | |
| VENDOR NAME: BS&A | | | | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|--------------------------------------|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: BS&A | | | | | |
| 168102 | SOFTWARE ANNUAL | 100-5141-522900 | 307.30 | 10,603.00 ALLOCATE | 05/07/2026 |
| | | 100-5145-522900 | 307.30 | | |
| | | 100-5142-522900 | 614.60 | | |
| | | 100-5241-522900 | 1,910.12 | | |
| | | 100-5632-522900 | 1,910.12 | | |
| | | 100-5211-522900 | 357.84 | | |
| | | 100-5300-522900 | 357.84 | | |
| | | 150-5221-522900 | 357.84 | | |
| | | 440-5511-521900 | 357.84 | | |
| | | 610-6920-692300 | 2,061.10 | | |
| | | 620-8400-852000 | 2,061.10 | | |
| TOTAL VENDOR BS&A | | | | <u>10,603.00</u> | |
| VENDOR NAME: BUREAU OF CORRECTIONAL ENTERPR | | | | | |
| 306-200116 | CAN LINERS | 100-5160-531100 | 56.12 | 56.12 DPW | 05/07/2026 |
| TOTAL VENDOR BUREAU OF CORRECTIONAL ENTERPR | | | | <u>56.12</u> | |
| VENDOR NAME: CARQUEST MUKWONAGO | | | | | |
| 6079-408609 | SHOP SUPPLIES | 100-5323-531100 | 37.64 | 37.64 DPW | 05/07/2026 |
| 6079-408563 | ZERO TURN AIR FILTERS | 100-5324-539500 | 46.98 | 46.98 DPW | 05/07/2026 |
| 6079-408368 | MOWER OIL FILTERS | 100-5324-539500 | 17.56 | 17.56 DPW | 05/07/2026 |
| 6079-408269 | OIL DRI | 100-5323-531100 | 43.68 | 43.68 DPW | 05/07/2026 |
| 6079-408268 | PIRSCH REPAIR | 150-5222-539500 | 9.96 | 9.96 FIRE | 05/07/2026 |
| TOTAL VENDOR CARQUEST MUKWONAGO | | | | <u>155.82</u> | |
| VENDOR NAME: CHEMTRADE CHEMICALS US LLC | | | | | |
| 90380684 | PHOS. REMOVAL CHEMICAL | 620-8010-824000 | 15,766.50 | 15,766.50 UTILITIES | 05/07/2026 |
| TOTAL VENDOR CHEMTRADE CHEMICALS US LLC | | | | <u>15,766.50</u> | |
| VENDOR NAME: CINTAS | | | | | |
| 4265564497 | UNIFORM SERVICE | 610-6920-692100 | 67.09 | 134.18 UTILITIES | 05/07/2026 |
| | | 620-8400-851000 | 67.09 | | |
| 4265564341 | DPW STAFF UNIFORMS AND SHOP SUPPLIES | 100-5323-531100 | 170.32 | 170.32 DPW | 05/07/2026 |
| 4266296324 | STAFF UNIFORMS AND SHOP SUPPLIES | 100-5323-531100 | 170.32 | 170.32 DPW | 05/07/2026 |
| 4266296381 | UNIFORM SERVICE | 610-6920-693000 | 104.04 | 208.09 UTILITIES | 05/07/2026 |
| | | 620-8400-856000 | 104.05 | | |
| 4267049802 | UNIFORM SERVICE | 610-6920-693000 | 67.09 | 134.18 UTILITIES | 05/07/2026 |
| | | 620-8400-856000 | 67.09 | | |
| 4267049617 | STAFF UNIFORMS AND SHOP SUPPLIES | 100-5323-531100 | 170.32 | 170.32 DPW | 05/07/2026 |
| TOTAL VENDOR CINTAS | | | | <u>987.41</u> | |
| VENDOR NAME: CRIVELLO, NICHOLS & HALL, S.C. | | | | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|---|-----------------------|----------|---------------------|------------|
| VENDOR NAME: CRIVELLO, NICHOLS & HALL, S.C. | | | | | |
| 5331-234586 | | 100-5130-521900 | 2,268.00 | 2,982.00 FINANCE | 05/07/2026 |
| | | 270-5140-521900 | 357.00 | | |
| | | 620-8400-852000 | 178.50 | | |
| | | 610-6920-692300 | 178.50 | | |
| TOTAL VENDOR CRIVELLO, NICHOLS & HALL, S.C. | | | | <u>2,982.00</u> | |
| VENDOR NAME: CUMMINS SALES AND SERVICE | | | | | |
| F6-260419411 | BOOSTER STATION- TRANSFER SWITCH REPAIR | 610-6200-662500 | 793.26 | 793.26 UTILITIES | 05/07/2026 |
| TOTAL VENDOR CUMMINS SALES AND SERVICE | | | | <u>793.26</u> | |
| VENDOR NAME: DELOREZ SCHANKEY | | | | | |
| MFD 12196 | EBIX PATIENT REFUND MFD 12196 | 150-4620-473000 | 250.00 | 250.00 FINANCE | 05/07/2026 |
| TOTAL VENDOR DELOREZ SCHANKEY | | | | <u>250.00</u> | |
| VENDOR NAME: DEPARTMENT OF ADMINISTRATION | | | | | |
| 505-0000110369 | EMAIL FILTER 04/2026 | 100-5111-522900 | 4.80 | 76.86 ALLOCATE | 05/07/2026 |
| | | 100-5120-522900 | 1.38 | | |
| | | 100-5141-522900 | 0.68 | | |
| | | 100-5142-522900 | 2.06 | | |
| | | 100-5211-522900 | 24.71 | | |
| | | 100-5241-522900 | 2.06 | | |
| | | 100-5300-522900 | 5.50 | | |
| | | 100-5512-522900 | 0.68 | | |
| | | 100-5632-522900 | 0.68 | | |
| | | 150-5221-522900 | 28.13 | | |
| | | 610-6920-692100 | 2.06 | | |
| | | 620-8400-851000 | 2.06 | | |
| | | 100-5145-522900 | 2.06 | | |
| TOTAL VENDOR DEPARTMENT OF ADMINISTRATION | | | | <u>76.86</u> | |
| VENDOR NAME: EXCEL BUILDING SERVICES LLC | | | | | |
| 4573 | BUILDING SERVICES | 100-5211-539400 | 975.00 | 975.00 POLICE | 05/07/2026 |
| TOTAL VENDOR EXCEL BUILDING SERVICES LLC | | | | <u>975.00</u> | |
| VENDOR NAME: FASTENAL COMPANY | | | | | |
| WIMUK111512 | SAFETY GLASSES | 620-8400-856000 | 35.07 | 70.13 UTILITIES | 05/07/2026 |
| | | 610-6920-693000 | 35.06 | | |
| WIMUK111523 | LOCATING SUPPLIES HARDWARE | 610-6920-693300 | 25.50 | 25.50 UTILITIES | 05/07/2026 |
| WIMUK111524 | TOOLS- GREASE GUNS | 620-8010-827000 | 642.12 | 642.12 UTILITIES | 05/07/2026 |
| TOTAL VENDOR FASTENAL COMPANY | | | | <u>737.75</u> | |
| VENDOR NAME: GENESEE AGGREGATE CORP | | | | | |
| 26798 | DRYING BEDS- SAND | 620-8010-825500 | 751.95 | 751.95 UTILITIES | 05/07/2026 |
| TOTAL VENDOR GENESEE AGGREGATE CORP | | | | <u>751.95</u> | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|--|-----------------------|----------|---------------------|------------|
| VENDOR NAME: GENESEE AGGREGATE TRUCKING | | | | | |
| 26798 | DRYING BED- SAND DELIVERY CHARGE | 620-8010-825500 | 472.02 | 472.02 UTILITIES | 05/07/2026 |
| TOTAL VENDOR GENESEE AGGREGATE TRUCKING | | | | <u>472.02</u> | |
| VENDOR NAME: GORDON FLESCH CO | | | | | |
| IN15589318 | CANON COPIER MARCH 2026 COPIES | 100-5142-531200 | 17.86 | 143.01 ALLOCATE | 05/07/2026 |
| | | 100-5300-539900 | 16.83 | | |
| | | 100-5120-531100 | 7.12 | | |
| | | 100-5141-531100 | 4.43 | | |
| | | 100-5145-531100 | 8.32 | | |
| | | 100-5241-531200 | 3.33 | | |
| | | 100-5632-531200 | 4.10 | | |
| | | 100-5211-531200 | 17.57 | | |
| | | 150-5221-531100 | 17.74 | | |
| | | 410-5363-531200 | 1.43 | | |
| | | 440-5511-531200 | 16.31 | | |
| | | 500-5344-531200 | 1.99 | | |
| | | 610-6902-690300 | 13.77 | | |
| | | 620-8400-851000 | 12.21 | | |
| 1552467 | CANON LEASE 04/20/26-05/19/26 | 100-5142-531200 | 20.25 | 162.10 ALLOCATE | 05/07/2026 |
| | | 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 | | |
| TOTAL VENDOR GORDON FLESCH CO | | | | <u>305.11</u> | |
| VENDOR NAME: GRAINGER | | | | | |
| 9883846645 | WELL #5- SOLENOID/EFF PUMPS- REPAIR PART | 610-6210-662300 | 765.38 | 984.04 UTILITIES | 05/07/2026 |
| | | 620-8010-827000 | 218.66 | | |
| 9887071927 | STORAGE SHELIVING | 620-8010-827000 | 352.77 | 352.77 UTILITIES | 05/07/2026 |
| TOTAL VENDOR GRAINGER | | | | <u>1,336.81</u> | |
| VENDOR NAME: HAWKINS WATER TREATMENT | | | | | |
| 7386050 | CHEMICALS FOR WATER TREATMENT | 610-6300-663100 | 2,356.48 | 2,356.48 UTILITIES | 05/07/2026 |
| 7390312 | DEMERRAGE CHARGE | 610-6300-663100 | 40.00 | 40.00 UTILITIES | 05/07/2026 |
| TOTAL VENDOR HAWKINS WATER TREATMENT | | | | <u>2,396.48</u> | |
| VENDOR NAME: HIPPENMEYER, REILLY, BLUM, | | | | | |
| 58470 | | 100-5130-521900 | 780.00 | 780.00 FINANCE | 05/07/2026 |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|------------------------------|-----------------------|------------|---------------------|------------|
| VENDOR NAME: HIPPENMEYER, REILLY, BLUM, | | | | | |
| TOTAL VENDOR HIPPENMEYER, REILLY, BLUM, | | | 780.00 | | |
| VENDOR NAME: HOME DEPOT | | | | | |
| MAR 2026 DPW | MISC TOOLS AND SUPPLIES | 100-5323-531100 | 249.73 | 479.23 DPW | 05/07/2026 |
| | | 100-5160-539500 | 142.82 | | |
| | | 100-5521-531100 | 86.68 | | |
| MAR 2026 FD HOME DEPOT INVOICE | | | | | |
| | | 150-5222-539500 | 10.98 | 368.98 FIRE | 05/07/2026 |
| | | 150-5221-531100 | 244.90 | | |
| | | 150-5221-531100 | 113.10 | | |
| TOTAL VENDOR HOME DEPOT | | | 848.21 | | |
| VENDOR NAME: HORN OIL | | | | | |
| MARCH 2026 | MARCH 2026 MONTHLY FUEL | 100-5212-535100 | 1,371.56 | 7,624.31 ALLOCATE | 05/07/2026 |
| | | 100-5241-535100 | 46.05 | | |
| | | 100-5324-535100 | 4,337.29 | | |
| | | 150-5222-535100 | 436.72 | | |
| | | 150-5231-535100 | 915.66 | | |
| | | 610-6920-693300 | 295.26 | | |
| | | 620-8010-828000 | 70.30 | | |
| | | 620-8010-825500 | 87.76 | | |
| | | 620-8030-828000 | 63.71 | | |
| TOTAL VENDOR HORN OIL | | | 7,624.31 | | |
| VENDOR NAME: HUDSONITE PRODUCTIONS | | | | | |
| 040726 | 2026 PJS EVENT DOWN PAYMENT | 340-5890-580603 | 1,625.00 | 1,625.00 DPW | 05/07/2026 |
| TOTAL VENDOR HUDSONITE PRODUCTIONS | | | 1,625.00 | | |
| VENDOR NAME: INTERSTATE PUMP & TANK | | | | | |
| 17152 | FUELING STATION REPAIRS | 100-5323-539500 | 192.77 | 192.77 DPW | 05/07/2026 |
| TOTAL VENDOR INTERSTATE PUMP & TANK | | | 192.77 | | |
| VENDOR NAME: J H HASSINGER INC | | | | | |
| 12-10169 PMNT 9 | WELLS 3 & 4 PROJECT | 610-0000-000109 | 306,350.30 | 306,350.30 FINANCE | 05/07/2026 |
| TOTAL VENDOR J H HASSINGER INC | | | 306,350.30 | | |
| VENDOR NAME: JACQUELYN WHITENS | | | | | |
| MFD 11935 | EBIX PATIENT REFUND MFD11935 | 150-4620-473000 | 50.16 | 50.16 FINANCE | 05/07/2026 |
| TOTAL VENDOR JACQUELYN WHITENS | | | 50.16 | | |
| VENDOR NAME: JAMES IMAGING SYSTEMS | | | | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--------------------------------------|--|-----------------------|----------|---------------------|------------|
| VENDOR NAME: JAMES IMAGING SYSTEMS | | | | | |
| 41771403 | KONICA MINOLTA C451I - 04/15/26-05/14/26 | 100-5142-531200 | 50.24 | 402.26 ALLOCATE | 05/07/2026 |
| | | 100-5300-539900 | 47.35 | | |
| | | 100-5120-531100 | 20.03 | | |
| | | 100-5141-531100 | 12.47 | | |
| | | 100-5145-531100 | 23.42 | | |
| | | 100-5241-531200 | 9.37 | | |
| | | 100-5632-531200 | 11.54 | | |
| | | 100-5211-531200 | 49.40 | | |
| | | 150-5221-531100 | 49.88 | | |
| | | 410-5363-531200 | 4.02 | | |
| | | 440-5511-531200 | 45.86 | | |
| | | 500-5344-531200 | 5.59 | | |
| | | 610-6902-690300 | 38.74 | | |
| | | 620-8300-840000 | 34.35 | | |
| TOTAL VENDOR JAMES IMAGING SYSTEMS | | | | 402.26 | |
| VENDOR NAME: JEFFERSON FIRE & SAFETY | | | | | |
| IN338907 | ICE RECUSE SUITS | 430-5700-571300 | 929.56 | 1,859.11 FIRE | 05/07/2026 |
| | | 150-5880-580600 | 929.55 | | |
| IN339214 | T34 TANK FILL LIGHT REPLACEMENT | 150-5222-539500 | 262.20 | 262.20 FIRE | 05/07/2026 |
| TOTAL VENDOR JEFFERSON FIRE & SAFETY | | | | 2,121.31 | |
| VENDOR NAME: KAESTNER AUTO ELECTRIC | | | | | |
| 451738 | EMERGENCY LED LIGHT | 100-5324-539500 | 399.00 | 399.00 DPW | 05/07/2026 |
| 451571 | TRUCK EMERGENCY LIGHT | 100-5324-539500 | 369.00 | 369.00 DPW | 05/07/2026 |
| TOTAL VENDOR KAESTNER AUTO ELECTRIC | | | | 768.00 | |
| VENDOR NAME: KLM ENGINEERING INC | | | | | |
| 11403 | NORTH TOWER- EXTERIOR CLEANING | 610-6450-665000 | 9,250.00 | 9,250.00 UTILITIES | 05/07/2026 |
| TOTAL VENDOR KLM ENGINEERING INC | | | | 9,250.00 | |
| VENDOR NAME: LIFE-ASSIST, INC. | | | | | |
| 2105563 | EMS SUPPLIES | 150-5231-531100 | 413.65 | 413.65 FIRE | 05/07/2026 |
| TOTAL VENDOR LIFE-ASSIST, INC. | | | | 413.65 | |
| VENDOR NAME: LOOK CREATIVE | | | | | |
| INV-000536 | POLICE SIGN - LAST INSTALLMENT - BOARD A | 430-5700-571100 | 9,000.00 | 9,000.00 POLICE | 05/07/2026 |
| TOTAL VENDOR LOOK CREATIVE | | | | 9,000.00 | |
| VENDOR NAME: MCDONOUGH SEPTIC | | | | | |
| I18609 | HAULER STATION- PORTA TOILET | 620-8010-827000 | 95.00 | 95.00 UTILITIES | 05/07/2026 |
| TOTAL VENDOR MCDONOUGH SEPTIC | | | | 95.00 | |
| VENDOR NAME: MUKWONAGO DOOR LLC | | | | | |
| 112625 | DPW SHOP GARAGE DOOR SPRING REPAIRS | 100-5323-539500 | 950.00 | 950.00 DPW | 05/07/2026 |
| 042026 | FIELD PARK GARAGE DOOR REPAIRS | 100-5521-531100 | 225.00 | 225.00 DPW | 05/07/2026 |
| TOTAL VENDOR MUKWONAGO DOOR LLC | | | | 1,175.00 | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--|--|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: MUKWONAGO ROTARY CLUB | | | | | |
| 2093776227 | Q4 2025-2026 DUES | 100-5142-532400 | 53.25 | 213.00 ALLOCATE | 05/07/2026 |
| | | 100-5632-532400 | 53.25 | | |
| | | 100-5211-532400 | 53.25 | | |
| | | 440-5511-533300 | 53.25 | | |
| TOTAL VENDOR MUKWONAGO ROTARY CLUB | | | | 213.00 | |
| VENDOR NAME: NAPA AUTO PARTS - SP018 | | | | | |
| 273591 | TRASH PUMP- PARTS | 620-8010-827000 | 27.48 | 27.48 UTILITIES | 05/07/2026 |
| 274540 | HYD HOSE FITTINGS | 100-5324-539500 | 11.93 | 11.93 DPW | 05/07/2026 |
| 274818 | T34 WINDSHIELD WIPERS | 150-5222-539500 | 30.98 | 30.98 FIRE | 05/07/2026 |
| 274823 | T34 WIPER CREDIT | 150-5222-539500 | (5.80) | (5.80) FIRE | 05/07/2026 |
| TOTAL VENDOR NAPA AUTO PARTS - SP018 | | | | 64.59 | |
| VENDOR NAME: NATURESCAPE | | | | | |
| PARK REFUND | REFUND FOR FIELD PARK RENTAL | 100-4820-485000 | 425.00 | 425.00 CLERK | 05/07/2026 |
| TOTAL VENDOR NATURESCAPE | | | | 425.00 | |
| VENDOR NAME: NORTHERN LAKE SERVICE INC | | | | | |
| 2606014 | COMPLIANCE SAMPLING- BACTI | 610-6300-663200 | 124.00 | 124.00 UTILITIES | 05/07/2026 |
| 2605953 | COMPLIANCE SAMPLING- COURIER SERVICE | 610-6300-663200 | 64.00 | 64.00 UTILITIES | 05/07/2026 |
| 2605537 | SLUDGE TESTING | 620-8010-825500 | 1,005.74 | 1,005.74 UTILITIES | 05/07/2026 |
| 2605729 | SLUDGE TESTING- PFAS | 620-8010-825500 | 641.73 | 641.73 UTILITIES | 05/07/2026 |
| TOTAL VENDOR NORTHERN LAKE SERVICE INC | | | | 1,835.47 | |
| VENDOR NAME: PRIMO BRANDS | | | | | |
| 06D8760179264 | VILAGE HALL & DPW DRINKING WATER | 100-5160-531100 | 83.18 | 166.35 DPW | 05/07/2026 |
| | | 100-5323-531100 | 83.17 | | |
| TOTAL VENDOR PRIMO BRANDS | | | | 166.35 | |
| VENDOR NAME: QUILL LLC | | | | | |
| 48410616 | QUILL OFFICE SUPPLIES | 100-5211-531100 | 56.19 | 56.19 POLICE | 05/07/2026 |
| TOTAL VENDOR QUILL LLC | | | | 56.19 | |
| VENDOR NAME: REGISTRATION FEE TRUST | | | | | |
| 2026CHEVY | VIN 1GNS6UED5TR241327 REGISTRATION | 100-5212-539500 | 214.50 | 214.50 POLICE | 05/07/2026 |
| 2020DODGE | VIN 1C4SDJFTXLC369648 REGISTRATION TRANS | 100-5212-539500 | 5.00 | 5.00 POLICE | 05/07/2026 |
| TOTAL VENDOR REGISTRATION FEE TRUST | | | | 219.50 | |
| VENDOR NAME: RUEKERT & MIELKE, INC. | | | | | |
| 163082 | 12-00000.100 General Services | 270-5140-521900 | 1,102.25 | 4,094.25 FINANCE | 05/07/2026 |
| | | 100-5335-521900 | 1,999.00 | | |
| | | 100-5660-521900 | 768.52 | | |
| | | 500-5344-521900 | 70.48 | | |
| | | 620-8400-852000 | 154.00 | | |
| 163083 | 12-10096.300 Deback Drive Infrastructure | 200-5335-521900 | 662.75 | 662.75 FINANCE | 05/07/2026 |
| 163086 | 12-10169.300 Wells 3 and 4 Radium Remova | 610-0000-000109 | 20,493.67 | 20,493.67 FINANCE | 05/07/2026 |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|--|--|-----------------------|-----------|---------------------|------------|
| VENDOR NAME: RUEKERT & MIELKE, INC. | | | | | |
| 163099 | 12-10203.200 Field Park Phase 2 Rehabili | 480-5700-584900 | 3,764.50 | FINANCE | 05/07/2026 |
| 163088 | 12-10205.100 Sewer and Water Comprehensi | 610-6920-692300 | 1,064.50 | FINANCE | 05/07/2026 |
| 163095 | 12-10215.125 Village Planning Services | 100-5632-521900 | 9,034.55 | FINANCE | 05/07/2026 |
| 163089 | 12-10237.200 Wolf Run Extension | 200-5335-521900 | 3,188.25 | FINANCE | 05/07/2026 |
| 163090 | 12-10238.200 Marsh View Drive Extension | 270-5335-521900 | 11,612.20 | FINANCE | 05/07/2026 |
| 163094 | 12-10243.700 WWTF SCADA Computer Upgrade | 620-8400-852000 | 609.00 | FINANCE | 05/07/2026 |
| 163100 | 12-10254.200 Eagle Lake Ave Multi-Use Pa | 480-5700-585000 | 2,243.10 | FINANCE | 05/07/2026 |
| 163102 | 12-10257.200 East Boxborn Drive Public I | 250-5335-521900 | 2,339.94 | FINANCE | 05/07/2026 |
| 163097 | 12-92041.720 2025 SCADA Service Work | 620-8400-852000 | 1,077.30 | FINANCE | 05/07/2026 |
| 163098 | 12-92171.2026.828 NR216/MS4 Compliance | 100-5660-521900 | 3,865.00 | FINANCE | 05/07/2026 |
| 163087 | 12-10210.300 CARDINAL RIDGE HEIN DEVELOP | 100-0000-211425 | 199.00 | FINANCE | 05/07/2026 |
| 163096 | 12-10226.340 TSUNAMI CAR WASH / REVIEW | 100-0000-211425 | 99.50 | FINANCE | 05/07/2026 |
| 163091 | 12-10235.300 PARK VIEW MIDDLE SCHOOL EXP | 100-0000-211425 | 99.50 | FINANCE | 05/07/2026 |
| 163093 | 12-10250.150 CULVER'S REDEVELOPMENT | 100-0000-211425 | 199.00 | FINANCE | 05/07/2026 |
| 163101 | 12-10256.150 BURN BOOT CAMP | 100-0000-211425 | 696.50 | FINANCE | 05/07/2026 |
| 163084 | 12-92136.304 CHAPMAN FARM / CHAPMAN RESI | 100-0000-211425 | 4,796.06 | FINANCE | 05/07/2026 |
| TOTAL VENDOR RUEKERT & MIELKE, INC. | | | 70,138.57 | | |
| VENDOR NAME: SOMAR ENTERPRISES | | | | | |
| 136122212047 | SOMAR TEK POLICE BADGES | 100-5211-539900 | 259.00 | POLICE | 05/07/2026 |
| | | 100-5211-534700 | 252.00 | | |
| TOTAL VENDOR SOMAR ENTERPRISES | | | 511.00 | | |
| VENDOR NAME: STERICYCLE | | | | | |
| 8014022148 | 2026 MARCH VH SHREDDING SERVICES | 100-5141-531100 | 55.27 | ALLOCATE | 05/07/2026 |
| | | 100-5142-531100 | 27.64 | | |
| | | 100-5632-531100 | 27.64 | | |
| TOTAL VENDOR STERICYCLE | | | 110.55 | | |
| VENDOR NAME: STRYKER SALES, LLC | | | | | |
| 9212017594 | EMS SUPPLIES | 150-5231-531100 | 31.11 | FIRE | 05/07/2026 |
| TOTAL VENDOR STRYKER SALES, LLC | | | 31.11 | | |
| VENDOR NAME: TRACEY RAYMOND | | | | | |
| 042426 | REIMBURSE RETIREMENT CAKE - DOHERTY | 100-5141-539800 | 34.98 | ADMIN | 05/07/2026 |
| TOTAL VENDOR TRACEY RAYMOND | | | 34.98 | | |
| VENDOR NAME: TRUCK & AUTO ELEGANCE LLC | | | | | |
| 69615 | DPW TRUCK #6 RUNNING BOARDS | 100-5324-539500 | 530.00 | DPW | 05/07/2026 |
| TOTAL VENDOR TRUCK & AUTO ELEGANCE LLC | | | 530.00 | | |
| VENDOR NAME: USA BLUEBOOK | | | | | |
| INV01022123 | LAB SUPPLIES | 620-8010-826000 | 1,087.44 | UTILITIES | 05/07/2026 |
| INV01014595 | SUCTION HOSE | 620-8010-827000 | 1,542.63 | UTILITIES | 05/07/2026 |
| INV01024409 | TRAFFIC CONTROL SIGNS | 610-6451-664100 | 135.33 | UTILITIES | 05/07/2026 |
| | | 610-6452-665200 | 135.37 | | |
| | | 620-8030-831000 | 270.65 | | |

| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|--|-----------------------|-----------|------------------|---------------------|------------|
| VENDOR NAME: USA BLUEBOOK | | | | | | |
| INV01024278 | TRAFFIC CONTROL SIGNS | 620-8030-831000 | 270.65 | 541.35 | UTILITIES | 05/07/2026 |
| | | 610-6451-664100 | 135.37 | | | |
| | | 610-6452-665200 | 135.33 | | | |
| TOTAL VENDOR USA BLUEBOOK | | | | <u>3,712.77</u> | | |
| VENDOR NAME: VERIZON WIRELESS | | | | | | |
| 6140954265 | APRIL 2026 MONTHLY BILL | 100-5141-522500 | 41.20 | 839.74 | ALLOCATE | 05/07/2026 |
| | | 100-5142-522500 | 41.20 | | | |
| | | 100-5241-522500 | 91.09 | | | |
| | | 100-5323-522500 | 335.05 | | | |
| | | 610-6920-692100 | 165.60 | | | |
| | | 620-8400-851000 | 165.60 | | | |
| 6140954266 | CELLULAR PLAN AND EQUIPMENT CHARGES | 610-6920-692100 | 916.19 | 1,832.38 | UTILITIES | 05/07/2026 |
| | | 620-8400-851000 | 916.19 | | | |
| TOTAL VENDOR VERIZON WIRELESS | | | | <u>2,672.12</u> | | |
| VENDOR NAME: WANASEK CORP | | | | | | |
| 17176 | CURB STOP REPAIR- 1215 BEAR PASS | 610-6452-665200 | 2,182.50 | 2,182.50 | UTILITIES | 05/07/2026 |
| 17177 | CURB STOP REPAIR- 445 MCKENZIE RD. | 610-6452-665200 | 5,701.77 | 5,701.77 | UTILITIES | 05/07/2026 |
| TOTAL VENDOR WANASEK CORP | | | | <u>7,884.27</u> | | |
| VENDOR NAME: WAUKESHA CTY TREASURER | | | | | | |
| CINV2026-01349 | CAD/NETMOTION/INTEGRAPH | 150-5221-521900 | 2,362.54 | 4,725.08 | FIRE | 05/07/2026 |
| | | 150-5231-521900 | 2,362.54 | | | |
| CINV2026-01607 | WAUKESHA COUNTY TRUNKED RADIO SERVICES | 150-5221-521900 | 741.14 | 1,482.29 | FIRE | 05/07/2026 |
| | | 150-5231-521900 | 741.15 | | | |
| TOTAL VENDOR WAUKESHA CTY TREASURER | | | | <u>6,207.37</u> | | |
| VENDOR NAME: WCTC | | | | | | |
| S0889844 | WCTC TRAINING | 100-5213-533500 | 24.00 | 24.00 | POLICE | 05/07/2026 |
| TOTAL VENDOR WCTC | | | | <u>24.00</u> | | |
| VENDOR NAME: WE ENERGIES DELAFIELD | | | | | | |
| 5185962 | FIELD PARK DRIVEWAY IMPROVEMENT POLE REL | 480-5700-584900 | 12,995.07 | 12,995.07 | DPW | 05/07/2026 |
| TOTAL VENDOR WE ENERGIES DELAFIELD | | | | <u>12,995.07</u> | | |
| VENDOR NAME: WI DEPT OF JUSTICE-TIME | | | | | | |
| 455TIME-0000019713 | WI DOJ TIME SYSTEM QUARTERLY | 100-5211-522900 | 2,244.00 | 2,244.00 | POLICE | 05/07/2026 |
| TOTAL VENDOR WI DEPT OF JUSTICE-TIME | | | | <u>2,244.00</u> | | |
| VENDOR NAME: WI RURAL WATER ASSOCIATION | | | | | | |

04/30/2026 11:56 AM
User: KGRAF
DB: Mukwonago

PENDING VILLAGE BOARD REVIEW FOR VILLAGE OF MUKWONAGO
EXP CHECK RUN DATES 05/07/2026 - 05/07/2026
UNJOURNALIZED
OPEN - CHECK TYPE: PAPER CHECK

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| INVOICE NUMBER | DESCRIPTION | DISTRIBUTIONS\AMOUNTS | AMOUNT | APPROVAL DEPARTMENT | POST DATE |
|---|-------------------------------|-----------------------|--------|------------------------|--------------|
| VENDOR NAME: WI RURAL WATER ASSOCIATION | | | | | |
| 2312 | CONFERENCE REGISTRATION- WRWA | 610-6920-693000 | 355.00 | 355.00 UTILITIES | 05/07/2026 |
| TOTAL VENDOR WI RURAL WATER ASSOCIATION | | | | <u>355.00</u> | |
| GRAND TOTAL: | | | | 495,506.78 | |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--|---|-----------------|-----------------|
| 04/02/2026 | AP | TASC | Invoice: IN3711629 Ref#: 75535 (FSA / HSA ADMIN 04-01-2026 TO 06-30-2026) | | |
| AP Trx #: 113593 | | | | | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5323-531100 | 144.48 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 610-6902-690300 | 88.04 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 620-8300-840000 | 69.98 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 440-5511-515900 | 144.48 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 150-5221-539900 | 144.48 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5241-539900 | 72.24 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5211-539900 | 180.60 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5212-539900 | 180.60 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5212-539900 | 36.12 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5142-539900 | 36.12 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5141-539900 | 18.06 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5145-539900 | 54.18 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 100-5670-515900 | 4.52 | |
| | | FSA / HSA ADMIN 04-01-2026 TO 06-30-2026 | 150-5233-531100 | 90.30 | |
| | | Vnd: 2374 Invoice: IN3711629 | 100-0000-211000 | | 726.92 |
| | | Vnd: 2374 Invoice: IN3711629 | 610-0000-211000 | | 88.04 |
| | | Vnd: 2374 Invoice: IN3711629 | 620-0000-211000 | | 69.98 |
| | | Vnd: 2374 Invoice: IN3711629 | 440-0000-211000 | | 144.48 |
| | | Vnd: 2374 Invoice: IN3711629 | 150-0000-211000 | | 234.78 |
| | | Expected Check Run: 04/02/2026 | | | |
| | | | | 1,264.20 | 1,264.20 |
| | | | | <u>1,264.20</u> | <u>1,264.20</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 726.92 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 234.78 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 144.48 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 88.04 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 69.98 |
| | | GRAND TOTAL: | | | <u>1,264.20</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|----------------------------------|---|-----------------|-----------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75550(0700126680-00001 Digester Gas) | | |
| AP Trx #: 113597 | | 0700126680-00001 Digester Gas | 620-8010-821200 | 515.65 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 515.65 |
| | | Expected Check Run: 04/06/2026 | | <u>515.65</u> | <u>515.65</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75551(0700126680-00002 Well #3 Elec) | | |
| AP Trx #: 113598 | | 0700126680-00002 Well #3 Elec | 610-6200-662200 | 2,930.00 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 2,930.00 |
| | | Expected Check Run: 04/06/2026 | | <u>2,930.00</u> | <u>2,930.00</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75552(0700126680-00003 Street Lights) | | |
| AP Trx #: 113599 | | 0700126680-00003 Street Lights | 100-5342-522200 | 3,907.07 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 3,907.07 |
| | | Expected Check Run: 04/06/2026 | | <u>3,907.07</u> | <u>3,907.07</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75553(0700126680-00004 Greenwald) | | |
| AP Trx #: 113600 | | 0700126680-00004 Greenwald | 610-6200-662200 | 459.48 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 459.48 |
| | | Expected Check Run: 04/06/2026 | | <u>459.48</u> | <u>459.48</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75554(0700126680-00005 Booster Station) | | |
| AP Trx #: 113601 | | 0700126680-00005 Booster Station | 610-6200-662200 | 1,375.82 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 1,375.82 |
| | | Expected Check Run: 04/06/2026 | | <u>1,375.82</u> | <u>1,375.82</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75555(0700126680-00006 Field Park) | | |
| AP Trx #: 113602 | | 0700126680-00006 Field Park | 100-5521-522200 | 92.50 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 92.50 |
| | | Expected Check Run: 04/06/2026 | | <u>92.50</u> | <u>92.50</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|---|-----------------|-----------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75556(0700126680-00007 1240 N. Rochester) | | |
| AP Trx #: 113603 | | 0700126680-00007 1240 N. Rochester | 620-8020-821000 | 462.40 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 462.40 |
| | | Expected Check Run: 04/06/2026 | | <u>462.40</u> | <u>462.40</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75557(0700126680-00008 Police Garage) | | |
| AP Trx #: 113604 | | 0700126680-00008 Police Garage | 100-5211-522200 | 245.69 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 245.69 |
| | | Expected Check Run: 04/06/2026 | | <u>245.69</u> | <u>245.69</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75558(0700126680-00009 Fld Prk Baseball Lights) | | |
| AP Trx #: 113605 | | 0700126680-00009 Fld Prk Baseball Lights | 100-5521-522200 | 22.09 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 22.09 |
| | | Expected Check Run: 04/06/2026 | | <u>22.09</u> | <u>22.09</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75559(0700126680-000010 Fox River View) | | |
| AP Trx #: 113606 | | 0700126680-000010 Fox River View | 620-8020-821000 | 312.80 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 312.80 |
| | | Expected Check Run: 04/06/2026 | | <u>312.80</u> | <u>312.80</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75560(0700126680-000011 DPW Elec) | | |
| AP Trx #: 113607 | | 0700126680-000011 DPW Elec | 100-5323-522200 | 532.38 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 532.38 |
| | | Expected Check Run: 04/06/2026 | | <u>532.38</u> | <u>532.38</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75561(0700126680-000012 Fire) | | |
| AP Trx #: 113608 | | 0700126680-000012 Fire | 150-5221-522200 | 2,322.41 | |
| | | Vnd: 0034 Invoice: 5872086752 | 150-0000-211000 | | 2,322.41 |
| | | Expected Check Run: 04/06/2026 | | <u>2,322.41</u> | <u>2,322.41</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|--|------------------|------------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75562(0700126680-000013 police-CTH E N of Sugd | | |
| AP Trx #: 113609 | | 0700126680-000013 police-CTH E N of Sugd | 100-5211-522200 | 30.19 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 30.19 |
| | | Expected Check Run: 04/06/2026 | | <u>30.19</u> | <u>30.19</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75563(0700126680-000014 Hall) | | |
| AP Trx #: 113610 | | 0700126680-000014 Hall | 100-5160-522200 | 1,268.50 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 1,268.50 |
| | | Expected Check Run: 04/06/2026 | | <u>1,268.50</u> | <u>1,268.50</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75564(0700126680-000014 Hall Gas) | | |
| AP Trx #: 113611 | | 0700126680-000014 Hall Gas | 100-5160-522400 | 399.81 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 399.81 |
| | | Expected Check Run: 04/06/2026 | | <u>399.81</u> | <u>399.81</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75565(0700126680-000016 Miniwauken Park) | | |
| AP Trx #: 113612 | | 0700126680-000016 Miniwauken Park | 100-5521-522200 | 38.66 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 38.66 |
| | | Expected Check Run: 04/06/2026 | | <u>38.66</u> | <u>38.66</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75566(0700126680-000017 Holz Elec) | | |
| AP Trx #: 113613 | | 0700126680-000017 Holz Elec | 620-8010-821100 | 11,702.85 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 11,702.85 |
| | | Expected Check Run: 04/06/2026 | | <u>11,702.85</u> | <u>11,702.85</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75567(0700126680-000018 Parks) | | |
| AP Trx #: 113614 | | 0700126680-000018 Parks | 100-5521-522200 | 19.33 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 19.33 |
| | | Expected Check Run: 04/06/2026 | | <u>19.33</u> | <u>19.33</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---|--|-----------------|-----------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75568(0700126680-000019 Atkinson Pump) | | |
| AP Trx #: 113615 | | 0700126680-000019 Atkinson Pump | 620-8020-821000 | 1,321.93 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 1,321.93 |
| | | Expected Check Run: 04/06/2026 | | <u>1,321.93</u> | <u>1,321.93</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75569(0700126680-000020 Well #6) | | |
| AP Trx #: 113616 | | 0700126680-000020 Well #6 | 610-6200-662200 | 1,407.38 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 1,407.38 |
| | | Expected Check Run: 04/06/2026 | | <u>1,407.38</u> | <u>1,407.38</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75570(0700126680-000021 DPW Gas) | | |
| AP Trx #: 113617 | | 0700126680-000021 DPW Gas | 100-5323-522400 | 524.77 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 524.77 |
| | | Expected Check Run: 04/06/2026 | | <u>524.77</u> | <u>524.77</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75571(0700126680-000022 Concession Building) | | |
| AP Trx #: 113618 | | 0700126680-000022 Concession Building | 100-5521-522200 | 90.36 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 90.36 |
| | | Expected Check Run: 04/06/2026 | | <u>90.36</u> | <u>90.36</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75572(0700126680-000023 Well #3 Gas) | | |
| AP Trx #: 113619 | | 0700126680-000023 Well #3 Gas | 610-6200-662200 | 9.57 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 9.57 |
| | | Expected Check Run: 04/06/2026 | | <u>9.57</u> | <u>9.57</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75573(0700126680-000024 Parks-200 S Rochester) | | |
| AP Trx #: 113620 | | 0700126680-000024 Parks-200 S Rochester | 100-5342-522200 | 24.29 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 24.29 |
| | | Expected Check Run: 04/06/2026 | | <u>24.29</u> | <u>24.29</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---------------------------------------|--|-----------------|-----------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75574(0700126680-000025 Tower) | | |
| AP Trx #: 113621 | | 0700126680-000025 Tower | 610-6200-662200 | 28.82 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 28.82 |
| | | Expected Check Run: 04/06/2026 | | <u>28.82</u> | <u>28.82</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75575(0700126680-000027 Police) | | |
| AP Trx #: 113622 | | 0700126680-000027 Police | 100-5211-522200 | 1,920.43 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 1,920.43 |
| | | Expected Check Run: 04/06/2026 | | <u>1,920.43</u> | <u>1,920.43</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75576(0700126680-000028 Miniwaukan Pavilion) | | |
| AP Trx #: 113623 | | 0700126680-000028 Miniwaukan Pavilion | 100-5521-522200 | 24.11 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 24.11 |
| | | Expected Check Run: 04/06/2026 | | <u>24.11</u> | <u>24.11</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75577(0700126680-000029 F. Park Sump Pump) | | |
| AP Trx #: 113624 | | 0700126680-000029 F. Park Sump Pump | 100-5521-522200 | 22.65 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 22.65 |
| | | Expected Check Run: 04/06/2026 | | <u>22.65</u> | <u>22.65</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75578(0700126680-00030 Andrews Street) | | |
| AP Trx #: 113625 | | 0700126680-00030 Andrews Street | 100-5521-522200 | 127.29 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 127.29 |
| | | Expected Check Run: 04/06/2026 | | <u>127.29</u> | <u>127.29</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75579(0700126680-000031 Holz Gas) | | |
| AP Trx #: 113626 | | 0700126680-000031 Holz Gas | 620-8010-821200 | 304.24 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 304.24 |
| | | Expected Check Run: 04/06/2026 | | <u>304.24</u> | <u>304.24</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---------------------------------|--|-----------------|-----------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75580(0700126680-000033 Parks) | | |
| AP Trx #: 113627 | | 0700126680-000033 Parks | 100-5521-522200 | 30.01 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 30.01 |
| | | Expected Check Run: 04/06/2026 | | <u>30.01</u> | <u>30.01</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75581(0700126680-000034 Street Lights) | | |
| AP Trx #: 113628 | | 0700126680-000034 Street Lights | 100-5342-522200 | 77.66 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 77.66 |
| | | Expected Check Run: 04/06/2026 | | <u>77.66</u> | <u>77.66</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75582(0700126680-000036 Flashers) | | |
| AP Trx #: 113629 | | 0700126680-000036 Flashers | 100-5211-522200 | 11.39 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 11.39 |
| | | Expected Check Run: 04/06/2026 | | <u>11.39</u> | <u>11.39</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75583(0700126680-000038 Museum) | | |
| AP Trx #: 113630 | | 0700126680-000038 Museum | 100-5512-522200 | 316.63 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 316.63 |
| | | Expected Check Run: 04/06/2026 | | <u>316.63</u> | <u>316.63</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75584(0700126680-000039 Well #5) | | |
| AP Trx #: 113631 | | 0700126680-000039 Well #5 | 610-6200-662200 | 2,613.11 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 2,613.11 |
| | | Expected Check Run: 04/06/2026 | | <u>2,613.11</u> | <u>2,613.11</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75585(0700126680-00043 Outdoor Stage) | | |
| AP Trx #: 113632 | | 0700126680-00043 Outdoor Stage | 100-5521-522200 | 42.69 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 42.69 |
| | | Expected Check Run: 04/06/2026 | | <u>42.69</u> | <u>42.69</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|--|-----------------|-----------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75586(0700126680-00048 Miniwauken Park) | | |
| AP Trx #: 113633 | | 0700126680-00048 Miniwauken Park | 100-5521-522200 | 18.41 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 18.41 |
| | | Expected Check Run: 04/06/2026 | | <u>18.41</u> | <u>18.41</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5796053175 Ref#: 75587(0700126680-00054 210 Shore Dr) | | |
| AP Trx #: 113634 | | 0700126680-00054 210 Shore Dr | 620-8020-821000 | 59.51 | |
| | | Vnd: 0034 Invoice: 5796053175 | 620-0000-211000 | | 59.51 |
| | | Expected Check Run: 04/06/2026 | | <u>59.51</u> | <u>59.51</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5796053175 Ref#: 75588(0700126680-00057 525 Roberts Dr) | | |
| AP Trx #: 113635 | | 0700126680-00057 525 Roberts Dr | 610-6200-662200 | 9,313.84 | |
| | | Vnd: 0034 Invoice: 5796053175 | 610-0000-211000 | | 9,313.84 |
| | | Expected Check Run: 04/06/2026 | | <u>9,313.84</u> | <u>9,313.84</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75589(0709449777-00001 Library Gas) | | |
| AP Trx #: 113636 | | 0709449777-00001 Library Gas | 440-5511-522400 | 920.09 | |
| | | Vnd: 0034 Invoice: 5872086752 | 440-0000-211000 | | 920.09 |
| | | Expected Check Run: 04/06/2026 | | <u>920.09</u> | <u>920.09</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75590(0709449777-00002 Library Elec) | | |
| AP Trx #: 113637 | | 0709449777-00002 Library Elec | 440-5511-522200 | 2,569.17 | |
| | | Vnd: 0034 Invoice: 5872086752 | 440-0000-211000 | | 2,569.17 |
| | | Expected Check Run: 04/06/2026 | | <u>2,569.17</u> | <u>2,569.17</u> |
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5872086752 Ref#: 75591(0712697628-00001 Tower Radio Bldg) | | |
| AP Trx #: 113638 | | 0712697628-00001 Tower Radio Bldg | 100-5211-522200 | 439.29 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 439.29 |
| | | Expected Check Run: 04/06/2026 | | <u>439.29</u> | <u>439.29</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|--|---------|---|-----------------|---------------|---------------|
| 04/06/2026 | AP | WE ENERGIES | | | |
| AP Trx #: 113639 | | | | | |
| Invoice: 5872086752 Ref#: 75592(0712697628-00002 Mukw Dam) | | | | | |
| | | 0712697628-00002 Mukw Dam | 100-5254-522200 | 23.74 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 23.74 |
| | | Expected Check Run: 04/06/2026 | | <u>23.74</u> | <u>23.74</u> |
| 04/06/2026 | AP | WE ENERGIES | | | |
| AP Trx #: 113640 | | | | | |
| Invoice: 5872086752 Ref#: 75593(0712697628-00003 PD Tower meter #05662) | | | | | |
| | | 0712697628-00003 PD Tower meter #05662 | 100-5211-522200 | 19.33 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 19.33 |
| | | Expected Check Run: 04/06/2026 | | <u>19.33</u> | <u>19.33</u> |
| 04/06/2026 | AP | WE ENERGIES | | | |
| AP Trx #: 113641 | | | | | |
| Invoice: 5872086752 Ref#: 75594(0712697628-00004 1224 Riverton) | | | | | |
| | | 0712697628-00004 1224 Riverton | 620-8020-821000 | 138.38 | |
| | | Vnd: 0034 Invoice: 5872086752 | 620-0000-211000 | | 138.38 |
| | | Expected Check Run: 04/06/2026 | | <u>138.38</u> | <u>138.38</u> |
| 04/06/2026 | AP | WE ENERGIES | | | |
| AP Trx #: 113642 | | | | | |
| Invoice: 5872086752 Ref#: 75595(0712697628-00006 Well #7) | | | | | |
| | | 0712697628-00006 Well #7 | 610-6200-662200 | 761.09 | |
| | | Vnd: 0034 Invoice: 5872086752 | 610-0000-211000 | | 761.09 |
| | | Expected Check Run: 04/06/2026 | | <u>761.09</u> | <u>761.09</u> |
| 04/06/2026 | AP | WE ENERGIES | | | |
| AP Trx #: 113643 | | | | | |
| Invoice: 5872086752 Ref#: 75596(0712697628-00007 School Crossing Lights) | | | | | |
| | | 0712697628-00007 School Crossing Lights | 100-5342-522200 | 14.73 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 14.73 |
| | | Expected Check Run: 04/06/2026 | | <u>14.73</u> | <u>14.73</u> |
| 04/06/2026 | AP | WE ENERGIES | | | |
| AP Trx #: 113644 | | | | | |
| Invoice: 5872086752 Ref#: 75597(0712697628-00008 Field Park Signage) | | | | | |
| | | 0712697628-00008 Field Park Signage | 100-5521-522200 | 54.48 | |
| | | Vnd: 0034 Invoice: 5872086752 | 100-0000-211000 | | 54.48 |
| | | Expected Check Run: 04/06/2026 | | <u>54.48</u> | <u>54.48</u> |

User: BKEIZER

BANK CODE: GEN PAY BY: PAPER CHECK CHECK RUN DATES 04/06/2026 - 04/06/2026

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|---|------------------|------------------|
| 04/06/2026 | AP | WE ENERGIES | Invoice: 5870880554 Ref#: 75598(0700126680-00015 STREET LIGHTS) | | |
| AP Trx #: 113645 | | 0700126680-00015 STREET LIGHTS | 100-5342-522200 | 11,510.63 | |
| | | Vnd: 0034 Invoice: 5870880554 | 100-0000-211000 | | 11,510.63 |
| | | Expected Check Run: 04/06/2026 | | | |
| | | | | <u>11,510.63</u> | <u>11,510.63</u> |
| | | | | <u>61,377.65</u> | <u>61,377.65</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 21,849.11 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 2,322.41 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 3,489.26 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 18,899.11 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 14,817.76 |
| | | | TOTAL INCREASE IN PAYABI | | 61,377.65 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|--|-----------|-----------|
| 04/09/2026 | AP | GREAT WEST RETIREMENT SERVICES | Invoice: PR041026 Ref#: 75666 (RETIREMENT GW PR 04/10/26) | | |
| AP Trx #: 113649 | | | | | |
| | | DEF COMP GW 04/10/26 | 100-0000-215250 | 1,198.48 | |
| | | DEF COMP GW 04/10/26 | 150-0000-215250 | 2,892.51 | |
| | | Vnd: 0005 Invoice: PR041026 | 100-0000-211000 | | 1,198.48 |
| | | Vnd: 0005 Invoice: PR041026 | 150-0000-211000 | | 2,892.51 |
| | | Expected Check Run: 04/09/2026 | | | |
| | | | | 4,090.99 | 4,090.99 |
| 04/09/2026 | AP | MISSION SQUARE | Invoice: PR041026 Ref#: 75668 (RETIREMENT MS/ICMA PR 04/10/26 305155-60) | | |
| AP Trx #: 113650 | | | | | |
| | | DEF COMP ICMA/MS 04/10/26 | 100-0000-215250 | 4,262.37 | |
| | | DEF COMP ICMA/MS 04/10/26 | 150-0000-215250 | 61.11 | |
| | | DEF COMP ICMA/MS 04/10/26 | 440-0000-215250 | 633.54 | |
| | | DEF COMP ICMA/MS 04/10/26 | 500-0000-215250 | 6.06 | |
| | | DEF COMP ICMA/MS 04/10/26 | 610-0000-215250 | 279.45 | |
| | | DEF COMP ICMA/MS 04/10/26 | 620-0000-215250 | 291.62 | |
| | | Vnd: 0010 Invoice: PR041026 | 100-0000-211000 | | 4,262.37 |
| | | Vnd: 0010 Invoice: PR041026 | 150-0000-211000 | | 61.11 |
| | | Vnd: 0010 Invoice: PR041026 | 440-0000-211000 | | 633.54 |
| | | Vnd: 0010 Invoice: PR041026 | 500-0000-211000 | | 6.06 |
| | | Vnd: 0010 Invoice: PR041026 | 610-0000-211000 | | 279.45 |
| | | Vnd: 0010 Invoice: PR041026 | 620-0000-211000 | | 291.62 |
| | | Expected Check Run: 04/09/2026 | | | |
| | | | | 5,534.15 | 5,534.15 |
| | | | | 9,625.14 | 9,625.14 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 5,460.85 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 2,953.62 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 633.54 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 6.06 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 279.45 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 291.62 |
| | | TOTAL INCREASE IN PAYABI | | | 9,625.14 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|---|------------------|------------------|
| 04/09/2026 | AP | IAFF MERP | Invoice: PR041026 Ref#: 75663(IAFF MERP CONTRIBUTIONS - APRIL 2026) | | |
| AP Trx #: 113651 | | IAFF MERP APRIL 2026 | 150-0000-215525 | 750.00 | |
| | | Vnd: 3450 Invoice: PR041026 | 150-0000-211000 | | 750.00 |
| | | Expected Check Run: 04/09/2026 | | <u>750.00</u> | <u>750.00</u> |
| 04/09/2026 | AP | METLIFE | Invoice: APRIL 2026 Ref#: 75654(APRIL 2026 VISION PREMIUMS) | | |
| AP Trx #: 113652 | | APRIL 2026 VISION INSURANCE | 100-0000-215303 | 120.93 | |
| | | APRIL 2026 VISION INSURANCE | 150-0000-215303 | 29.40 | |
| | | APRIL 2026 VISION INSURANCE | 440-0000-215303 | 18.98 | |
| | | APRIL 2026 VISION INSURANCE | 500-0000-215303 | 0.63 | |
| | | APRIL 2026 VISION INSURANCE | 610-0000-215303 | 9.36 | |
| | | APRIL 2026 VISION INSURANCE | 620-0000-215303 | 16.98 | |
| | | Vnd: 3449 Invoice: APRIL 2026 | 100-0000-211000 | | 120.93 |
| | | Vnd: 3449 Invoice: APRIL 2026 | 150-0000-211000 | | 29.40 |
| | | Vnd: 3449 Invoice: APRIL 2026 | 440-0000-211000 | | 18.98 |
| | | Vnd: 3449 Invoice: APRIL 2026 | 500-0000-211000 | | 0.63 |
| | | Vnd: 3449 Invoice: APRIL 2026 | 610-0000-211000 | | 9.36 |
| | | Vnd: 3449 Invoice: APRIL 2026 | 620-0000-211000 | | 16.98 |
| | | Expected Check Run: 04/09/2026 | | <u>196.28</u> | <u>196.28</u> |
| 04/09/2026 | AP | NORTH SHORE BANK FSB | Invoice: 2026 STREIT Ref#: 75661(DANIEL STREIT RETIREMENT SICK LEAVE PA | | |
| AP Trx #: 113653 | | DANIEL STREIT RETIREMENT SICK LEAVE PAYO | 100-5900-515800 | 46,365.00 | |
| | | Vnd: 0011 Invoice: 2026 STREIT | 100-0000-211000 | | 46,365.00 |
| | | Expected Check Run: 04/09/2026 | | <u>46,365.00</u> | <u>46,365.00</u> |
| 04/09/2026 | AP | SECURIAN FINANCIAL GROUP INC | Invoice: 76038-APR2026 Ref#: 75664(APRIL 2026 ACCIDENT I NSURANCE) | | |
| AP Trx #: 113654 | | APR 2026 ACCIDENT INSURANCE | 100-0000-215305 | 78.81 | |
| | | APR 2026 ACCIDENT INSURANCE | 150-0000-215305 | 12.28 | |
| | | APR 2026 ACCIDENT INSURANCE | 440-0000-215305 | 4.39 | |
| | | APR 2026 ACCIDENT INSURANCE | 610-0000-215305 | 11.07 | |
| | | APR 2026 ACCIDENT INSURANCE | 620-0000-215305 | 5.49 | |
| | | Vnd: 3136 Invoice: 76038-APR2026 | 100-0000-211000 | | 78.81 |
| | | Vnd: 3136 Invoice: 76038-APR2026 | 150-0000-211000 | | 12.28 |
| | | Vnd: 3136 Invoice: 76038-APR2026 | 440-0000-211000 | | 4.39 |
| | | Vnd: 3136 Invoice: 76038-APR2026 | 610-0000-211000 | | 11.07 |
| | | Vnd: 3136 Invoice: 76038-APR2026 | 620-0000-211000 | | 5.49 |
| | | Expected Check Run: 04/09/2026 | | <u>112.04</u> | <u>112.04</u> |

User: BKEIZER

BANK CODE: GEN PAY BY: PAPER CHECK CHECK RUN DATES 04/09/2026 - 04/09/2026

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|---------------------------------------|---|------------------|------------------|
| 04/09/2026 | AP | SECURIAN FINANCIAL GROUP INC | Invoice: 002832L-APR26 Ref#: 75669(MAY 2026 LIFE INSURANCE) | | |
| AP Trx #: 113655 | | | | | |
| | | MAY 2026 LIFE INSURANCE PREM | 100-0000-215301 | 1,341.62 | |
| | | MAY 2026 LIFE INSURANCE PREM | 150-0000-215301 | 305.92 | |
| | | MAY 2026 LIFE INSURANCE PREM | 440-0000-215301 | 93.13 | |
| | | MAY 2026 LIFE INSURANCE PREM | 500-0000-215301 | 1.04 | |
| | | MAY 2026 LIFE INSURANCE PREM | 610-0000-215301 | 75.06 | |
| | | MAY 2026 LIFE INSURANCE PREM | 620-0000-215301 | 191.55 | |
| | | P PITCHER - COLLECTED IN ADV MILITARY | 100-0000-215301 | | 32.10 |
| | | Vnd: 3136 Invoice: 002832L-APR26 | 100-0000-211000 | | 1,309.52 |
| | | Vnd: 3136 Invoice: 002832L-APR26 | 150-0000-211000 | | 305.92 |
| | | Vnd: 3136 Invoice: 002832L-APR26 | 440-0000-211000 | | 93.13 |
| | | Vnd: 3136 Invoice: 002832L-APR26 | 500-0000-211000 | | 1.04 |
| | | Vnd: 3136 Invoice: 002832L-APR26 | 610-0000-211000 | | 75.06 |
| | | Vnd: 3136 Invoice: 002832L-APR26 | 620-0000-211000 | | 191.55 |
| | | Expected Check Run: 04/09/2026 | | <u>2,008.32</u> | <u>2,008.32</u> |
| 04/09/2026 | AP | UNEMPLOYMENT INSURANCE | Invoice: 000014380392 Ref#: 75652(REECE MCCARTNEY UNEMPLOYMENT) | | |
| AP Trx #: 113656 | | | | | |
| | | REECE MCCARTNEY UNEMPLOYMENT | 440-5511-511000 | 174.10 | |
| | | Vnd: 0225 Invoice: 000014380392 | 440-0000-211000 | | 174.10 |
| | | Expected Check Run: 04/09/2026 | | <u>174.10</u> | <u>174.10</u> |
| | | | | <u>49,605.74</u> | <u>49,605.74</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 47,874.26 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 1,097.60 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 290.60 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 1.67 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 95.49 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 214.02 |
| | | TOTAL INCREASE IN PAYABI | | | 49,573.64 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|--------------------------|-----------|-----------|
| 04/10/2026 | AP | TREASURER STATE OF WI | | | |
| AP Trx #: 113665 | | | | | |
| | | MARCH 2026 COURT FINES & FEES | 100-0000-242400 | 5,437.72 | |
| | | Vnd: 0222 Invoice: MARCH 2026 | 100-0000-211000 | | 5,437.72 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | 5,437.72 | 5,437.72 |
| 04/10/2026 | AP | TREASURER WAUKESHA COUNTY | | | |
| AP Trx #: 113666 | | | | | |
| | | MARCH 2026 COURT FINES & FEES | 100-0000-243240 | 1,747.40 | |
| | | Vnd: 0223 Invoice: MARCH 2026 | 100-0000-211000 | | 1,747.40 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | 1,747.40 | 1,747.40 |
| | | | | 7,185.12 | 7,185.12 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 7,185.12 |
| | | | TOTAL INCREASE IN PAYABI | | 7,185.12 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|------------------------------------|--|-----------|-----------|
| 04/01/2026 | AP | CHARTER COMMUNICATIONS | Invoice: 152486401032126 Ref#: 75452 (APRIL 2026 MONTHLY BILL) | | |
| AP Trx #: 113595 | | | | | |
| | | COURT | 100-5120-522500 | 19.47 | |
| | | ADMIN | 100-5141-522500 | 8.24 | |
| | | CLERK | 100-5142-522500 | 83.07 | |
| | | FINANCE | 100-5145-522900 | 32.96 | |
| | | POLICE | 100-5211-522500 | 204.51 | |
| | | BLDG INSP | 100-5241-522500 | 19.47 | |
| | | DPW | 100-5323-522500 | 62.20 | |
| | | MUSEUM | 100-5512-522500 | 130.00 | |
| | | FIRE | 150-5221-522500 | 214.24 | |
| | | RECYCLING | 410-5363-522500 | 2.64 | |
| | | LIBRARY | 440-5511-522500 | 152.05 | |
| | | STORM WATER | 500-5344-522500 | 1.32 | |
| | | WATER | 610-6920-692100 | 34.41 | |
| | | SEWER | 620-8400-851000 | 34.41 | |
| | | Vnd: 3200 Invoice: 152486401032126 | 100-0000-211000 | | 559.92 |
| | | Vnd: 3200 Invoice: 152486401032126 | 150-0000-211000 | | 214.24 |
| | | Vnd: 3200 Invoice: 152486401032126 | 410-0000-211000 | | 2.64 |
| | | Vnd: 3200 Invoice: 152486401032126 | 440-0000-211000 | | 152.05 |
| | | Vnd: 3200 Invoice: 152486401032126 | 500-0000-211000 | | 1.32 |
| | | Vnd: 3200 Invoice: 152486401032126 | 610-0000-211000 | | 34.41 |
| | | Vnd: 3200 Invoice: 152486401032126 | 620-0000-211000 | | 34.41 |
| | | Expected Check Run: 04/01/2026 | | 998.99 | 998.99 |
| 04/06/2026 | AP | INVOICE CLOUD | Invoice: 1743-2026_3 Ref#: 75614 (INVOICE CLOUD MONTHLY FEES - MARCH 2026) | | |
| AP Trx #: 113596 | | | | | |
| | | INVOICE CLOUD CC FEES MR | 100-5142-539900 | 10.56 | |
| | | INVOICE CLOUD CC FEES BUILDING | 100-5241-539900 | 105.63 | |
| | | INVOICE CLOUD CC FEES RECYCLE | 410-5363-539900 | 128.82 | |
| | | INVOICE CLOUD CC FEES WATER | 610-6920-692100 | 128.82 | |
| | | INVOICE CLOUD CC FEES SEWER | 620-8300-840000 | 128.82 | |
| | | Vnd: 2921 Invoice: 1743-2026_3 | 100-0000-211000 | | 116.19 |
| | | Vnd: 2921 Invoice: 1743-2026_3 | 410-0000-211000 | | 128.82 |
| | | Vnd: 2921 Invoice: 1743-2026_3 | 610-0000-211000 | | 128.82 |
| | | Vnd: 2921 Invoice: 1743-2026_3 | 620-0000-211000 | | 128.82 |
| | | Expected Check Run: 04/06/2026 | | 502.65 | 502.65 |
| | | | | 1,501.64 | 1,501.64 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 676.11 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 214.24 |
| | | VOUCHERS PAYABLE | 410-0000-211000 | | 131.46 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 152.05 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 1.32 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 163.23 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 163.23 |
| | | TOTAL INCREASE IN PAYABI | | | 1,501.64 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--|-----------------|-----------------|-----------------|
| 04/10/2026 | AP | PHANTOM LAKES MGMT DISTRICT | | | |
| AP Trx #: 113751 | | | | | |
| | | PHANTOM LAKES MGT DISTRICT TAX | 720-0000-245000 | 1,006.75 | |
| | | Vnd: 0029 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 1,006.75 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,006.75</u> | <u>1,006.75</u> |
| | | | | <u>1,006.75</u> | <u>1,006.75</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 720-0000-211000 | | 1,006.75 |
| | | | GRAND TOTAL: | | <u>1,006.75</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--|-----------------|-------------------|-------------------|
| 04/10/2026 | AP | EAST TROY SCHOOL DISTRICT | | | |
| AP Trx #: 113752 | | | | | |
| | | EAST TROY SCHOOL TAX | 720-0000-246200 | 1,662.26 | |
| | | Vnd: 0022 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 1,662.26 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,662.26</u> | <u>1,662.26</u> |
| 04/10/2026 | AP | GATEWAY TECHNICAL COLLEGE | | | |
| AP Trx #: 113753 | | | | | |
| | | GATEWAY COLLEGE TAX | 720-0000-246300 | 133.77 | |
| | | Vnd: 0134 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 133.77 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>133.77</u> | <u>133.77</u> |
| 04/10/2026 | AP | MUKWONAGO AREA SCHOOLS | | | |
| AP Trx #: 113754 | | | | | |
| | | MUKWONAGO SCHOOL TAX - WAUKESHA CTY | 720-0000-246000 | 147,570.52 | |
| | | MUKWONAGO SCHOOL TAX - WALWORTH CTY | 720-0000-246000 | 101.62 | |
| | | Vnd: 0026 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 147,672.14 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>147,672.14</u> | <u>147,672.14</u> |
| 04/10/2026 | AP | WALWORTH CTY TREASURER | | | |
| AP Trx #: 113755 | | | | | |
| | | WALWORTH COUNTY TAX | 720-0000-243110 | 549.54 | |
| | | Vnd: 0032 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 549.54 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>549.54</u> | <u>549.54</u> |
| 04/10/2026 | AP | WAUKESHA CTY TREASURER | | | |
| AP Trx #: 113756 | | | | | |
| | | WAUKESHA COUNTY TAX | 720-0000-243100 | 32,252.19 | |
| | | Vnd: 0033 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 32,252.19 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>32,252.19</u> | <u>32,252.19</u> |
| 04/10/2026 | AP | WCTC | | | |
| AP Trx #: 113757 | | | | | |
| | | WAUKESHA TECH COLLEGE TAX | 720-0000-246100 | 6,259.83 | |
| | | Vnd: 0031 Invoice: APR 2026 SETTLEMENT | 720-0000-211000 | | 6,259.83 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>6,259.83</u> | <u>6,259.83</u> |
| | | | | <u>188,529.73</u> | <u>188,529.73</u> |

Cash/Payable Account Totals:
 VOUCHERS PAYABLE

720-0000-211000
 TOTAL INCREASE IN PAYABI

188,529.73
 188,529.73

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|-----------------|-----------------|-----------------|
| 04/10/2026 | AP | ALL STAR RENTALS | | | |
| AP Trx #: 113669 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 3,138.30 | |
| | | Vnd: 3243 Invoice: 32578 | 440-0000-211000 | | 3,138.30 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>3,138.30</u> | <u>3,138.30</u> |
| 04/10/2026 | AP | ALSCO | | | |
| AP Trx #: 113670 | | | | | |
| | | OUTSIDE SERVICES | 440-5511-531000 | 119.98 | |
| | | Vnd: 2950 Invoice: IMIL2201964 | 440-0000-211000 | | 119.98 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>119.98</u> | <u>119.98</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 113671 | | | | | |
| | | EQUIPMENT LESS THAN \$5000 | 440-5511-581100 | 317.16 | |
| | | Vnd: 3189 Invoice: 1CKK-CDKG-Y7RF | 440-0000-211000 | | 317.16 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>317.16</u> | <u>317.16</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 113672 | | | | | |
| | | THINGERY COLLECTION | 440-5511-533000 | 412.41 | |
| | | Vnd: 3189 Invoice: 13JF-K3G4-TKLL | 440-0000-211000 | | 412.41 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>412.41</u> | <u>412.41</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 113673 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 120.88 | |
| | | Vnd: 3189 Invoice: 1HT9-7XNY-3FG4 | 440-0000-211000 | | 120.88 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>120.88</u> | <u>120.88</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 113674 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 56.26 | |
| | | Vnd: 3189 Invoice: 1Y4W-7YV7-PKRH | 440-0000-211000 | | 56.26 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>56.26</u> | <u>56.26</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|---|---------------|---------------|
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | Invoice: 1H7Y-HYJM-R7PX Ref#: 75513 (DVD) | | |
| AP Trx #: 113675 | | AV MATERIAL | 440-5700-532900 | 50.51 | |
| | | Vnd: 3189 Invoice: 1H7Y-HYJM-R7PX | 440-0000-211000 | | 50.51 |
| | | Expected Check Run: 04/10/2026 | | <u>50.51</u> | <u>50.51</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | Invoice: 1QMG-KFGY-CXFL Ref#: 75655 (OFFICE SUPPLIES) | | |
| AP Trx #: 113676 | | OPERATIONAL SUPPLIES | 440-5511-531100 | 38.17 | |
| | | Vnd: 3189 Invoice: 1QMG-KFGY-CXFL | 440-0000-211000 | | 38.17 |
| | | Expected Check Run: 04/10/2026 | | <u>38.17</u> | <u>38.17</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | Invoice: 1FHT-JVJD-LP46 Ref#: 75656 (COLLECTION SUPPLIES) | | |
| AP Trx #: 113677 | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 337.46 | |
| | | Vnd: 3189 Invoice: 1FHT-JVJD-LP46 | 440-0000-211000 | | 337.46 |
| | | Expected Check Run: 04/10/2026 | | <u>337.46</u> | <u>337.46</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | Invoice: 1VKH-YD6W-FGMF Ref#: 75657 (YS PROGRAM SUPPLIES) | | |
| AP Trx #: 113678 | | PROGRAMMING | 440-5511-533100 | 281.99 | |
| | | Vnd: 3189 Invoice: 1VKH-YD6W-FGMF | 440-0000-211000 | | 281.99 |
| | | Expected Check Run: 04/10/2026 | | <u>281.99</u> | <u>281.99</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | Invoice: 1VKH-YD6W-DVX3 Ref#: 75658 (YS PROGRAM SUPPLIES) | | |
| AP Trx #: 113679 | | PROGRAMMING | 440-5511-533100 | 17.76 | |
| | | Vnd: 3189 Invoice: 1VKH-YD6W-DVX3 | 440-0000-211000 | | 17.76 |
| | | Expected Check Run: 04/10/2026 | | <u>17.76</u> | <u>17.76</u> |
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | Invoice: 1W4R-WY7L-G3F6 Ref#: 75659 (GRANT) | | |
| AP Trx #: 113680 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 138.95 | |
| | | Vnd: 3189 Invoice: 1W4R-WY7L-G3F6 | 440-0000-211000 | | 138.95 |
| | | Expected Check Run: 04/10/2026 | | <u>138.95</u> | <u>138.95</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------------|-----------------|---------------|---------------|
| 04/10/2026 | AP | AMAZON CAPITOL SERVICES | | | |
| AP Trx #: 113681 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 44.32 | |
| | | Vnd: 3189 Invoice: 161G-H36P-67HJ | 440-0000-211000 | | 44.32 |
| | | Expected Check Run: 04/10/2026 | | <u>44.32</u> | <u>44.32</u> |
| 04/10/2026 | AP | AMERICA AQUARIA | | | |
| AP Trx #: 113682 | | | | | |
| | | OUTSIDE SERVICES | 440-5511-531000 | 85.00 | |
| | | Vnd: 1792 Invoice: 57495 | 440-0000-211000 | | 85.00 |
| | | Expected Check Run: 04/10/2026 | | <u>85.00</u> | <u>85.00</u> |
| 04/10/2026 | AP | BERNSTEIN & ASSOCIATES, LLC | | | |
| AP Trx #: 113683 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 240.00 | |
| | | Vnd: 3268 Invoice: 3779 | 440-0000-211000 | | 240.00 |
| | | Expected Check Run: 04/10/2026 | | <u>240.00</u> | <u>240.00</u> |
| 04/10/2026 | AP | CAROL DIANE GALLAGHER | | | |
| AP Trx #: 113684 | | | | | |
| | | METASPACE MAINTENANCE | 440-5511-531700 | 150.00 | |
| | | Vnd: 3455 Invoice: 203 | 440-0000-211000 | | 150.00 |
| | | Expected Check Run: 04/10/2026 | | <u>150.00</u> | <u>150.00</u> |
| 04/10/2026 | AP | CAROL DIANE GALLAGHER | | | |
| AP Trx #: 113685 | | | | | |
| | | METASPACE MAINTENANCE | 440-5511-531700 | 150.00 | |
| | | Vnd: 3455 Invoice: 204 | 440-0000-211000 | | 150.00 |
| | | Expected Check Run: 04/10/2026 | | <u>150.00</u> | <u>150.00</u> |
| 04/10/2026 | AP | COMPLETE OFFICE OF WISCONSIN | | | |
| AP Trx #: 113686 | | | | | |
| | | OPERATIONAL SUPPLIES | 440-5511-531100 | 572.57 | |
| | | Vnd: 3340 Invoice: 112095 | 440-0000-211000 | | 572.57 |
| | | Expected Check Run: 04/10/2026 | | <u>572.57</u> | <u>572.57</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|---------------------------------|-----------------|---------------|---------------|
| 04/10/2026 | AP | DEMCO INC | | | |
| AP Trx #: 113687 | | | | | |
| | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 171.20 | |
| | | Vnd: 0053 Invoice: 7781146 | 440-0000-211000 | | 171.20 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>171.20</u> | <u>171.20</u> |
| 04/10/2026 | AP | DEMCO INC | | | |
| AP Trx #: 113688 | | | | | |
| | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 165.46 | |
| | | Vnd: 0053 Invoice: 7781970 | 440-0000-211000 | | 165.46 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>165.46</u> | <u>165.46</u> |
| 04/10/2026 | AP | DEMCO INC | | | |
| AP Trx #: 113689 | | | | | |
| | | COLLECTION MAINTENANCE & REPAIR | 440-5511-531600 | 177.28 | |
| | | Vnd: 0053 Invoice: 7783287 | 440-0000-211000 | | 177.28 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>177.28</u> | <u>177.28</u> |
| 04/10/2026 | AP | EMILY CEITHAMER | | | |
| AP Trx #: 113690 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 537.23 | |
| | | Vnd: 3275 Invoice: MARCH/APRIL | 440-0000-211000 | | 537.23 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>537.23</u> | <u>537.23</u> |
| 04/10/2026 | AP | EXCEL BUILDING SERVICES LLC | | | |
| AP Trx #: 113691 | | | | | |
| | | OUTSIDE SERVICES | 440-5511-531000 | 689.00 | |
| | | Vnd: 2655 Invoice: 4561 | 440-0000-211000 | | 689.00 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>689.00</u> | <u>689.00</u> |
| 04/10/2026 | AP | GREAT AMERICAN FINANCIAL SVCS. | | | |
| AP Trx #: 113692 | | | | | |
| | | CONTRACTUAL SERVICES | 440-5511-522000 | 460.74 | |
| | | Vnd: 1290 Invoice: 41584102 | 440-0000-211000 | | 460.74 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>460.74</u> | <u>460.74</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|-----------------|-----------------|
| 04/10/2026 | AP | IKM BUILDING SOLUTIONS | | | |
| AP Trx #: 113693 | | | | | |
| | | REPAIRS & MAINTENANCE | 440-5511-539500 | 1,653.91 | |
| | | Vnd: 0505 Invoice: 960004367 | 440-0000-211000 | | 1,653.91 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,653.91</u> | <u>1,653.91</u> |
| 04/10/2026 | AP | IMPACT ACQUISITIONS, LLC | | | |
| AP Trx #: 113694 | | | | | |
| | | CONTRACTUAL SERVICES | 440-5511-522000 | 540.96 | |
| | | Vnd: 3192 Invoice: 3693791 | 440-0000-211000 | | 540.96 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>540.96</u> | <u>540.96</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113695 | | | | | |
| | | BOOKS | 440-5700-532800 | 418.59 | |
| | | Vnd: 0207 Invoice: 95030320 | 440-0000-211000 | | 418.59 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>418.59</u> | <u>418.59</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113696 | | | | | |
| | | BOOKS | 440-5700-532800 | 612.49 | |
| | | Vnd: 0207 Invoice: 95047519 | 440-0000-211000 | | 612.49 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>612.49</u> | <u>612.49</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113697 | | | | | |
| | | BOOKS | 440-5700-532800 | 229.38 | |
| | | Vnd: 0207 Invoice: 95069061 | 440-0000-211000 | | 229.38 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>229.38</u> | <u>229.38</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113698 | | | | | |
| | | BOOKS | 440-5700-532800 | 1,121.08 | |
| | | Vnd: 0207 Invoice: 95069062 | 440-0000-211000 | | 1,121.08 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,121.08</u> | <u>1,121.08</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|-----------------|-----------------|
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113699 | | | | | |
| | | BOOKS | 440-5700-532800 | 44.74 | |
| | | Vnd: 0207 Invoice: 95085471 | 440-0000-211000 | | 44.74 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>44.74</u> | <u>44.74</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113700 | | | | | |
| | | BOOKS | 440-5700-532800 | 645.77 | |
| | | Vnd: 0207 Invoice: 95103008 | 440-0000-211000 | | 645.77 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>645.77</u> | <u>645.77</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113701 | | | | | |
| | | BOOKS | 440-5700-532800 | 542.77 | |
| | | Vnd: 0207 Invoice: 95135713 | 440-0000-211000 | | 542.77 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>542.77</u> | <u>542.77</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113702 | | | | | |
| | | BOOKS | 440-5700-532800 | 409.54 | |
| | | Vnd: 0207 Invoice: 95149529 | 440-0000-211000 | | 409.54 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>409.54</u> | <u>409.54</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113703 | | | | | |
| | | BOOKS | 440-5700-532800 | 1,253.88 | |
| | | Vnd: 0207 Invoice: 95264832 | 440-0000-211000 | | 1,253.88 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,253.88</u> | <u>1,253.88</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113704 | | | | | |
| | | BOOKS | 440-5700-532800 | 297.79 | |
| | | Vnd: 0207 Invoice: 95308219 | 440-0000-211000 | | 297.79 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>297.79</u> | <u>297.79</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|-----------------|-----------------|
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113705 | | | | | |
| | | BOOKS | 440-5700-532800 | | 31.90 |
| | | Vnd: 0207 Invoice: 95317592 | 440-0000-211000 | 31.90 | |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>31.90</u> | <u>31.90</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113706 | | | | | |
| | | BOOKS | 440-5700-532800 | 1,899.12 | |
| | | Vnd: 0207 Invoice: 95399075 | 440-0000-211000 | | 1,899.12 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,899.12</u> | <u>1,899.12</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113707 | | | | | |
| | | BOOKS | 440-5700-532800 | 197.86 | |
| | | Vnd: 0207 Invoice: 95416105 | 440-0000-211000 | | 197.86 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>197.86</u> | <u>197.86</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113708 | | | | | |
| | | BOOKS | 440-5700-532800 | 25.50 | |
| | | Vnd: 0207 Invoice: 95542776 | 440-0000-211000 | | 25.50 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>25.50</u> | <u>25.50</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113709 | | | | | |
| | | BOOKS | 440-5700-532800 | 698.95 | |
| | | Vnd: 0207 Invoice: 95563051 | 440-0000-211000 | | 698.95 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>698.95</u> | <u>698.95</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113710 | | | | | |
| | | BOOKS | 440-5700-532800 | 782.40 | |
| | | Vnd: 0207 Invoice: 95587708 | 440-0000-211000 | | 782.40 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>782.40</u> | <u>782.40</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|-----------------|-----------------|
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113711 | | | | | |
| | | BOOKS | 440-5700-532800 | 470.61 | |
| | | Vnd: 0207 Invoice: 95602087 | 440-0000-211000 | | 470.61 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>470.61</u> | <u>470.61</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113712 | | | | | |
| | | BOOKS | 440-5700-532800 | 331.37 | |
| | | Vnd: 0207 Invoice: 95614734 | 440-0000-211000 | | 331.37 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>331.37</u> | <u>331.37</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113713 | | | | | |
| | | BOOKS | 440-5700-532800 | 358.25 | |
| | | Vnd: 0207 Invoice: 95614735 | 440-0000-211000 | | 358.25 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>358.25</u> | <u>358.25</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113714 | | | | | |
| | | BOOKS | 440-5700-532800 | 141.10 | |
| | | Vnd: 0207 Invoice: 95628574 | 440-0000-211000 | | 141.10 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>141.10</u> | <u>141.10</u> |
| 04/10/2026 | AP | INGRAM LIBRARY SERVICES | | | |
| AP Trx #: 113715 | | | | | |
| | | BOOKS | 440-5700-532800 | 303.30 | |
| | | Vnd: 0207 Invoice: 95628575 | 440-0000-211000 | | 303.30 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>303.30</u> | <u>303.30</u> |
| 04/10/2026 | AP | LIBRARY STRATEGIES | | | |
| AP Trx #: 113716 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 3,500.00 | |
| | | Vnd: 3389 Invoice: 2735 | 440-0000-211000 | | 3,500.00 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>3,500.00</u> | <u>3,500.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|-----------------|---------------|---------------|
| 04/10/2026 | AP | MIDWEST TAPE | | | |
| AP Trx #: 113717 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 63.71 | |
| | | Vnd: 0074 Invoice: 508546560 | 440-0000-211000 | | 63.71 |
| | | Expected Check Run: 04/10/2026 | | <u>63.71</u> | <u>63.71</u> |
| 04/10/2026 | AP | MIDWEST TAPE | | | |
| AP Trx #: 113718 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 53.37 | |
| | | Vnd: 0074 Invoice: 508586128 | 440-0000-211000 | | 53.37 |
| | | Expected Check Run: 04/10/2026 | | <u>53.37</u> | <u>53.37</u> |
| 04/10/2026 | AP | MIDWEST TAPE | | | |
| AP Trx #: 113719 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 211.42 | |
| | | Vnd: 0074 Invoice: 508586129 | 440-0000-211000 | | 211.42 |
| | | Expected Check Run: 04/10/2026 | | <u>211.42</u> | <u>211.42</u> |
| 04/10/2026 | AP | MIDWEST TAPE | | | |
| AP Trx #: 113720 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 264.16 | |
| | | Vnd: 0074 Invoice: 508613510 | 440-0000-211000 | | 264.16 |
| | | Expected Check Run: 04/10/2026 | | <u>264.16</u> | <u>264.16</u> |
| 04/10/2026 | AP | MIDWEST TAPE | | | |
| AP Trx #: 113721 | | | | | |
| | | AV MATERIAL | 440-5700-532900 | 184.68 | |
| | | Vnd: 0074 Invoice: 508651016 | 440-0000-211000 | | 184.68 |
| | | Expected Check Run: 04/10/2026 | | <u>184.68</u> | <u>184.68</u> |
| 04/10/2026 | AP | OLEARY PLUMBING & HEATING INC | | | |
| AP Trx #: 113722 | | | | | |
| | | REPAIRS & MAINTENANCE | 440-5511-539500 | 945.25 | |
| | | Vnd: 0215 Invoice: 118368 | 440-0000-211000 | | 945.25 |
| | | Expected Check Run: 04/10/2026 | | <u>945.25</u> | <u>945.25</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|-------------------------------------|--------------------------|-----------------|-----------------|
| 04/10/2026 | AP | ROMAN ELECTRIC CO., INC. | | | |
| AP Trx #: 113723 | | | | | |
| | | REPAIRS & MAINTENANCE | 440-5511-539500 | 1,528.98 | |
| | | Vnd: 2702 Invoice: 226724 | 440-0000-211000 | | 1,528.98 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>1,528.98</u> | <u>1,528.98</u> |
| 04/10/2026 | AP | TAYLOR COMPUTER SERVICES, INC | | | |
| AP Trx #: 113724 | | | | | |
| | | CONTRACTUAL SERVICES | 440-5511-522000 | 33.75 | |
| | | Vnd: 1295 Invoice: 29228 | 440-0000-211000 | | 33.75 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>33.75</u> | <u>33.75</u> |
| 04/10/2026 | AP | THE PENWORTHY COMPANY LLC | | | |
| AP Trx #: 113725 | | | | | |
| | | BOOKS | 440-5700-532800 | 398.23 | |
| | | Vnd: 3367 Invoice: 0616179-IN | 440-0000-211000 | | 398.23 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>398.23</u> | <u>398.23</u> |
| 04/10/2026 | AP | THOMAS PRESS, INC. | | | |
| AP Trx #: 113726 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 41.90 | |
| | | Vnd: 3247 Invoice: 3750-26 | 440-0000-211000 | | 41.90 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>41.90</u> | <u>41.90</u> |
| 04/10/2026 | AP | UNITED STATES ALLIANCE FIRE PROTECT | | | |
| AP Trx #: 113727 | | | | | |
| | | CONTRACTUAL SERVICES | 440-5511-522000 | 720.00 | |
| | | Vnd: 0588 Invoice: 1046-F171939 | 440-0000-211000 | | 720.00 |
| | | Expected Check Run: 04/10/2026 | | | |
| | | | | <u>720.00</u> | <u>720.00</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 29,365.54 |
| | | | TOTAL INCREASE IN PAYABI | | 29,365.54 |

User: BKEIZER

BANK CODE: GEN PAY BY: EFT TRANSFER CHECK RUN DATES 04/15/2026 - 04/15/2026

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|------------------------------------|--|---------------|---------------|
| 04/15/2026 | AP | WI DEPT OF REVENUE | Invoice: 2026 ANNUAL FEE Ref#: 75717(2026 ANNUAL ADMINISTRATIVE FEE) | | |
| AP Trx #: 113956 | | OTHER | 220-5140-539900 | 150.00 | |
| | | OTHER | 240-5140-539900 | 150.00 | |
| | | OTHER | 250-5140-539900 | 150.00 | |
| | | Vnd: 0036 Invoice: 2026 ANNUAL FEE | 220-0000-211000 | | 150.00 |
| | | Vnd: 0036 Invoice: 2026 ANNUAL FEE | 240-0000-211000 | | 150.00 |
| | | Vnd: 0036 Invoice: 2026 ANNUAL FEE | 250-0000-211000 | | 150.00 |
| | | Expected Check Run: 04/15/2026 | | <u>450.00</u> | <u>450.00</u> |
| 04/15/2026 | AP | WI DEPT OF REVENUE QTRLY TAX | Invoice: 1ST QTR 2026 Ref#: 75718(WI DEPT OF REVENUE QTRLY TAX) | | |
| AP Trx #: 113957 | | OTHER | 100-5521-539900 | 308.00 | |
| | | OTHER | 100-5160-539900 | 54.48 | |
| | | OTHER | 440-5511-539900 | 83.31 | |
| | | OTHER | 440-5511-539900 | 89.38 | |
| | | Vnd: 0151 Invoice: 1ST QTR 2026 | 100-0000-211000 | | 362.48 |
| | | Vnd: 0151 Invoice: 1ST QTR 2026 | 440-0000-211000 | | 172.69 |
| | | Expected Check Run: 04/15/2026 | | <u>535.17</u> | <u>535.17</u> |
| Cash/Payable Account Totals: | | | | <u>985.17</u> | <u>985.17</u> |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 362.48 |
| | | VOUCHERS PAYABLE | 220-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 240-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 250-0000-211000 | | 150.00 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 172.69 |
| | | TOTAL INCREASE IN PAYABI | | | 985.17 |

04/17/2026 09:51 AM
 User: BKEIZER
 DB: Mukwonago

INVOICE JOURNAL REPORT FOR VILLAGE OF MUKWONAGO
 BANK CODE: GEN PAY BY: PAPER CHECK CHECK RUN DATES 04/17/2026 - 04/17/2026

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|--|-------------------|-------------------|
| 04/17/2026 | AP | BIELINSKI HOMES | Invoice: B24-0008 Ref#: 75822 (REDUCTION OF CASH LOC - GREY FOX EDGEWOO) | | |
| AP Trx #: 113960 | | B24-0008 | 100-0000-211425 | 150,320.00 | |
| | | Vnd: 3166 Invoice: B24-0008 | 100-0000-211000 | | 150,320.00 |
| | | Expected Check Run: 04/17/2026 | | | |
| | | | | <u>150,320.00</u> | <u>150,320.00</u> |
| 04/17/2026 | AP | BIELINSKI HOMES | Invoice: B20-0007 Ref#: 75823 (CLOSE ESCROW ACCOUNT - MEADOWLANDS BIELI) | | |
| AP Trx #: 113961 | | B20-0007 | 100-0000-211425 | 15,000.00 | |
| | | Vnd: 3166 Invoice: B20-0007 | 100-0000-211000 | | 15,000.00 |
| | | Expected Check Run: 04/17/2026 | | | |
| | | | | <u>15,000.00</u> | <u>15,000.00</u> |
| | | | | <u>165,320.00</u> | <u>165,320.00</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 165,320.00 |
| | | | TOTAL INCREASE IN PAYABI | | 165,320.00 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|--|-----------------|-----------------|
| 04/22/2026 | AP | AFLAC | Invoice: 585811 Ref#: 75911 (ACCOUNT# V1553 APRIL 2026 SUPPLEMENTAL I) | | |
| AP Trx #: 114058 | | SUPPLEMENTAL INS APRIL 2026 | 100-0000-215302 | 581.76 | |
| | | SUPPLEMENTAL INS APRIL 2026 | 150-0000-215302 | 274.46 | |
| | | SUPPLEMENTAL INS APRIL 2026 | 610-0000-215302 | 131.13 | |
| | | SUPPLEMENTAL INS APRIL 2026 | 620-0000-215302 | 102.25 | |
| | | ADJ | 100-0000-215302 | | 0.04 |
| | | Vnd: 0004 Invoice: 585811 | 100-0000-211000 | | 581.72 |
| | | Vnd: 0004 Invoice: 585811 | 150-0000-211000 | | 274.46 |
| | | Vnd: 0004 Invoice: 585811 | 610-0000-211000 | | 131.13 |
| | | Vnd: 0004 Invoice: 585811 | 620-0000-211000 | | 102.25 |
| | | Expected Check Run: 04/22/2026 | | <u>1,089.60</u> | <u>1,089.60</u> |
| 04/22/2026 | AP | MUKWONAGO PROFESSIONAL | Invoice: APRIL 2026 Ref#: 75912 (APRIL 2026 FIRE UNION DUES) | | |
| AP Trx #: 114059 | | APRIL 2026 FIRE UNION DUES | 150-0000-215500 | 750.00 | |
| | | Vnd: 0017 Invoice: APRIL 2026 | 150-0000-211000 | | 750.00 |
| | | Expected Check Run: 04/22/2026 | | <u>750.00</u> | <u>750.00</u> |
| 04/22/2026 | AP | MUKWONAGO PROFESSIONAL POLICE | Invoice: APRIL 2026 Ref#: 75913 (APRIL 2026 POLICE UNION DUES) | | |
| AP Trx #: 114060 | | APRIL 2026 POLICE UNION DUES | 100-0000-215500 | 475.00 | |
| | | Vnd: 0016 Invoice: APRIL 2026 | 100-0000-211000 | | 475.00 |
| | | Expected Check Run: 04/22/2026 | | <u>475.00</u> | <u>475.00</u> |
| 04/22/2026 | AP | VILLAGE OF MUKWONAGO MRA | Invoice: APRIL 2026 Ref#: 75910 (APRIL 2026 FSA/HSA/LPFSA) | | |
| AP Trx #: 114061 | | APRIL 2026 FSA/HSA/LPFSA | 100-0000-215350 | 4,197.02 | |
| | | APRIL 2026 FSA/HSA/LPFSA | 150-0000-215350 | 1,029.27 | |
| | | APRIL 2026 FSA/HSA/LPFSA | 440-0000-215350 | 300.02 | |
| | | APRIL 2026 FSA/HSA/LPFSA | 500-0000-215350 | 4.69 | |
| | | APRIL 2026 FSA/HSA/LPFSA | 610-0000-215350 | 587.74 | |
| | | APRIL 2026 FSA/HSA/LPFSA | 620-0000-215350 | 475.24 | |
| | | ADJ ERROR FROM MARCH VOUCHER | 100-0000-215350 | | 208.33 |
| | | Vnd: 0018 Invoice: APRIL 2026 | 100-0000-211000 | | 3,988.69 |
| | | Vnd: 0018 Invoice: APRIL 2026 | 150-0000-211000 | | 1,029.27 |
| | | Vnd: 0018 Invoice: APRIL 2026 | 440-0000-211000 | | 300.02 |
| | | Vnd: 0018 Invoice: APRIL 2026 | 500-0000-211000 | | 4.69 |
| | | Vnd: 0018 Invoice: APRIL 2026 | 610-0000-211000 | | 587.74 |
| | | Vnd: 0018 Invoice: APRIL 2026 | 620-0000-211000 | | 475.24 |
| | | Expected Check Run: 04/22/2026 | | <u>6,593.98</u> | <u>6,593.98</u> |
| | | | | <u>8,908.58</u> | <u>8,908.58</u> |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 5,045.41 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|-----------|---------|------------------|--------------------------|-----------|-----------|
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 2,053.73 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 300.02 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 4.69 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 718.87 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 577.49 |
| | | | TOTAL INCREASE IN PAYABI | | 8,700.21 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------|--|-----------|-----------|
| 04/22/2026 | AP | DELTA DENTAL OF WISCONSIN | Invoice: APRIL 2026 Ref#: 75916(MAY 2026 DENTAL PREMIUMS) | | |
| AP Trx #: 114063 | | | | | |
| | | MAY 2026 DENTAL PREMIUMS | 100-0000-215304 | 2,070.83 | |
| | | MAY 2026 DENTAL PREMIUMS | 150-0000-215304 | 523.35 | |
| | | MAY 2026 DENTAL PREMIUMS | 440-0000-215304 | 160.66 | |
| | | MAY 2026 DENTAL PREMIUMS | 500-0000-215304 | 2.78 | |
| | | MAY 2026 DENTAL PREMIUMS | 610-0000-215304 | 113.38 | |
| | | MAY 2026 DENTAL PREMIUMS | 620-0000-215304 | 251.90 | |
| | | Vnd: 2974 Invoice: APRIL 2026 | 100-0000-211000 | | 2,070.83 |
| | | Vnd: 2974 Invoice: APRIL 2026 | 150-0000-211000 | | 523.35 |
| | | Vnd: 2974 Invoice: APRIL 2026 | 440-0000-211000 | | 160.66 |
| | | Vnd: 2974 Invoice: APRIL 2026 | 500-0000-211000 | | 2.78 |
| | | Vnd: 2974 Invoice: APRIL 2026 | 610-0000-211000 | | 113.38 |
| | | Vnd: 2974 Invoice: APRIL 2026 | 620-0000-211000 | | 251.90 |
| | | Expected Check Run: 04/22/2026 | | | |
| | | | | 3,122.90 | 3,122.90 |
| 04/22/2026 | AP | EMPLOYEE TRUST FUNDS | Invoice: APRIL 2026 Ref#: 75915(MAY 2026 HEALTH INSURANCE) | | |
| AP Trx #: 114064 | | | | | |
| | | MAY 2026 HEALTH INSURANCE | 100-0000-215300 | 47,862.78 | |
| | | MAY 2026 HEALTH INSURANCE | 150-0000-215300 | 17,553.53 | |
| | | MAY 2026 HEALTH INSURANCE | 440-0000-215300 | 3,776.65 | |
| | | MAY 2026 HEALTH INSURANCE | 500-0000-215300 | 43.54 | |
| | | MAY 2026 HEALTH INSURANCE | 610-0000-215300 | 5,299.34 | |
| | | MAY 2026 HEALTH INSURANCE | 620-0000-215300 | 5,670.06 | |
| | | Vnd: 0008 Invoice: APRIL 2026 | 100-0000-211000 | | 47,862.78 |
| | | Vnd: 0008 Invoice: APRIL 2026 | 150-0000-211000 | | 17,553.53 |
| | | Vnd: 0008 Invoice: APRIL 2026 | 440-0000-211000 | | 3,776.65 |
| | | Vnd: 0008 Invoice: APRIL 2026 | 500-0000-211000 | | 43.54 |
| | | Vnd: 0008 Invoice: APRIL 2026 | 610-0000-211000 | | 5,299.34 |
| | | Vnd: 0008 Invoice: APRIL 2026 | 620-0000-211000 | | 5,670.06 |
| | | Expected Check Run: 04/22/2026 | | | |
| | | | | 80,205.90 | 80,205.90 |
| 04/22/2026 | AP | GREAT WEST RETIREMENT SERVICES | Invoice: PR042426 Ref#: 75914(RETIREMENT GW PR 04/24/26) | | |
| AP Trx #: 114065 | | | | | |
| | | DEF COMP GW 04/24/26 | 100-0000-215250 | 1,174.25 | |
| | | DEF COMP GW 04/24/26 | 150-0000-215250 | 3,063.64 | |
| | | Vnd: 0005 Invoice: PR042426 | 100-0000-211000 | | 1,174.25 |
| | | Vnd: 0005 Invoice: PR042426 | 150-0000-211000 | | 3,063.64 |
| | | Expected Check Run: 04/22/2026 | | | |
| | | | | 4,237.89 | 4,237.89 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-----------------------------|--|-----------|-----------|
| 04/22/2026 | AP | MISSION SQUARE | Invoice: PR042426 Ref#: 75919 (RETIREMENT MS/ICMA PR 04/24/26 305155-60) | | |
| AP Trx #: 114066 | | | | | |
| | | DEF COMP ICMA/MS 04/24/26 | 100-0000-215250 | 3,577.90 | |
| | | DEF COMP ICMA/MS 04/24/26 | 150-0000-215250 | 50.00 | |
| | | DEF COMP ICMA/MS 04/24/26 | 440-0000-215250 | 631.22 | |
| | | DEF COMP ICMA/MS 04/24/26 | 610-0000-215250 | 295.27 | |
| | | DEF COMP ICMA/MS 04/24/26 | 620-0000-215250 | 294.37 | |
| | | Vnd: 0010 Invoice: PR042426 | 100-0000-211000 | | 3,577.90 |
| | | Vnd: 0010 Invoice: PR042426 | 150-0000-211000 | | 50.00 |
| | | Vnd: 0010 Invoice: PR042426 | 440-0000-211000 | | 631.22 |
| | | Vnd: 0010 Invoice: PR042426 | 610-0000-211000 | | 295.27 |
| | | Vnd: 0010 Invoice: PR042426 | 620-0000-211000 | | 294.37 |

Expected Check Run: 04/22/2026

4,848.76 4,848.76

| | | | | | |
|------------------|----|----------------------------------|--|--------|--------|
| 04/22/2026 | AP | UKG INC. | Invoice: I01100180693 Ref#: 75918 (PAYROLL PROCESSING FEES MAR 2026) | | |
| AP Trx #: 114067 | | | | | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5300-539900 | 114.69 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5111-539900 | 100.36 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5120-539900 | 28.67 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5141-539900 | 14.34 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5145-539900 | 43.03 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5142-539900 | 28.67 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5144-521900 | 172.04 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5241-539900 | 43.01 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5670-521900 | 3.58 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5211-539900 | 129.03 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5212-539900 | 157.70 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 100-5213-521900 | 28.67 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 150-5221-539900 | 372.76 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 150-5233-531100 | 71.68 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 440-5511-534000 | 358.42 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 610-6902-690300 | 62.72 | |
| | | PAYROLL PROCESSING FEES MAR 2026 | 620-8300-840000 | 48.39 | |
| | | Vnd: 3181 Invoice: I01100180693 | 100-0000-211000 | | 863.79 |
| | | Vnd: 3181 Invoice: I01100180693 | 150-0000-211000 | | 444.44 |
| | | Vnd: 3181 Invoice: I01100180693 | 440-0000-211000 | | 358.42 |
| | | Vnd: 3181 Invoice: I01100180693 | 610-0000-211000 | | 62.72 |
| | | Vnd: 3181 Invoice: I01100180693 | 620-0000-211000 | | 48.39 |

Expected Check Run: 04/22/2026

1,777.76 1,777.76

User: BKEIZER

BANK CODE: GEN PAY BY: EFT TRANSFER CHECK RUN DATES 04/22/2026 - 04/22/2026

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|--------------------------------|-----------------|------------|------------|
| 04/22/2026 | AP | WI RETIREMENT SYSTEM | | | |
| AP Trx #: 114068 | | | | | |
| | | WRS MARCH 2026 | 100-0000-215200 | 41,585.01 | |
| | | WRS MARCH 2026 | 150-0000-215200 | 20,844.14 | |
| | | WRS MARCH 2026 | 440-0000-215200 | 5,780.08 | |
| | | WRS MARCH 2026 | 500-0000-215200 | 83.70 | |
| | | WRS MARCH 2026 | 610-0000-215200 | 3,213.60 | |
| | | WRS MARCH 2026 | 620-0000-215200 | 3,387.32 | |
| | | ADJ | 100-0000-215200 | | 0.01 |
| | | Vnd: 0019 Invoice: APRIL 2026 | 100-0000-211000 | | 41,585.00 |
| | | Vnd: 0019 Invoice: APRIL 2026 | 150-0000-211000 | | 20,844.14 |
| | | Vnd: 0019 Invoice: APRIL 2026 | 440-0000-211000 | | 5,780.08 |
| | | Vnd: 0019 Invoice: APRIL 2026 | 500-0000-211000 | | 83.70 |
| | | Vnd: 0019 Invoice: APRIL 2026 | 610-0000-211000 | | 3,213.60 |
| | | Vnd: 0019 Invoice: APRIL 2026 | 620-0000-211000 | | 3,387.32 |
| | | Expected Check Run: 04/22/2026 | | | |
| | | | | 74,893.85 | 74,893.85 |
| | | | | 169,087.06 | 169,087.06 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 97,134.55 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 42,479.10 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 10,707.03 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 130.02 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 8,984.31 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 9,652.04 |
| | | TOTAL INCREASE IN PAYABI | | | 169,087.05 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|--------------|--------------|
| 04/16/2026 | AP | 2MINNESOTA WLD | | | |
| AP Trx #: 113964 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 20.59 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 20.59 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>20.59</u> | <u>20.59</u> |
| 04/16/2026 | AP | ADOBE INC | | | |
| AP Trx #: 113965 | | | | | |
| | | OUTREACH | 440-5511-533300 | 36.74 | |
| | | Vnd: MISCCC Invoice: ARMOUR ABBY | 440-0000-211000 | | 36.74 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>36.74</u> | <u>36.74</u> |
| 04/16/2026 | AP | ALDI 64046 | | | |
| AP Trx #: 113966 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5144-531100 | 25.59 | |
| | | Vnd: MISCCC Invoice: ZERFAS SHAY | 100-0000-211000 | | 25.59 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>25.59</u> | <u>25.59</u> |
| 04/16/2026 | AP | AMAZON MKTPL*B51WV5C30 | | | |
| AP Trx #: 113967 | | | | | |
| | | REPAIRS & MAINTENANCE | 150-5222-539500 | 30.98 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 30.98 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>30.98</u> | <u>30.98</u> |
| 04/16/2026 | AP | AMAZON MKTPL*B58IC6N41 | | | |
| AP Trx #: 113968 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5231-531100 | 50.89 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 50.89 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>50.89</u> | <u>50.89</u> |
| 04/16/2026 | AP | AMAZON MKTPL*B74XJ0GN1 | | | |
| AP Trx #: 113969 | | | | | |
| | | NEW UNIFORM ISSUE | 100-5212-534700 | 28.27 | |
| | | Vnd: MISCCC Invoice: DEMOTTO CHRIS | 100-0000-211000 | | 28.27 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>28.27</u> | <u>28.27</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|---|-----------|-----------|
| 04/16/2026 | AP | AMAZON MKTPL*B75EC9PC1 | Invoice: DEMOTTO CHRIS Ref#: 75776(BUILDING REPAIR & EQUIPMENT REPLACEM | | |
| AP Trx #: 113970 | | REPAIRS & MAINTENANCE | 100-5211-539500 | 546.98 | |
| | | BLDG REPAIRS & MAINTENANCE | 100-5211-539400 | 351.92 | |
| | | Vnd: MISCCC Invoice: DEMOTTO CHRIS | 100-0000-211000 | | 898.90 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 898.90 | 898.90 |
| 04/16/2026 | AP | AMAZON MKTPL*B76759BR1 | Invoice: DEMOTTO CHRIS Ref#: 75778(NEW OFFICER NAME TAG AND WHISLE) | | |
| AP Trx #: 113971 | | NEW UNIFORM ISSUE | 100-5212-534700 | 83.80 | |
| | | Vnd: MISCCC Invoice: DEMOTTO CHRIS | 100-0000-211000 | | 83.80 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 83.80 | 83.80 |
| 04/16/2026 | AP | AMAZON MKTPL*B76LM3JL2 | Invoice: CASTLE WAYNE A Ref#: 75747(PHONE CASE) | | |
| AP Trx #: 113972 | | OFFICE SUPPLIES & EXPENSES | 610-6920-692100 | 10.99 | |
| | | OFFICE SUPPLIES & EXPENSES | 620-8400-851000 | 10.99 | |
| | | Vnd: MISCCC Invoice: CASTLE WAYNE A | 610-0000-211000 | | 10.99 |
| | | Vnd: MISCCC Invoice: CASTLE WAYNE A | 620-0000-211000 | | 10.99 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 21.98 | 21.98 |
| 04/16/2026 | AP | AMAZON MKTPL*BD5H85BC0 | Invoice: STIEN JEFFREY R Ref#: 75801(CLOTHING SUPPLIES) | | |
| AP Trx #: 113973 | | CLOTHING ALLOWANCE | 150-5222-534600 | 36.52 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 36.52 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 36.52 | 36.52 |
| 04/16/2026 | AP | AMAZON MKTPL*BD7JZ3P21 | Invoice: WILSON CHET Ref#: 75814(REPLACE SQUAD SPOTLIGHT) | | |
| AP Trx #: 113974 | | REPAIRS & MAINTENANCE | 100-5212-539500 | 104.95 | |
| | | Vnd: MISCCC Invoice: WILSON CHET | 100-0000-211000 | | 104.95 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 104.95 | 104.95 |
| 04/16/2026 | AP | AMAZON MKTPL*BG00E7390 | Invoice: DEMOTTO CHRIS Ref#: 75774(DRONE BATTERY REPLACEMENT - DNG FUNDS) | | |
| AP Trx #: 113975 | | EQUIPMENT LESS THAN \$5000 | 340-5890-581100 | 89.99 | |
| | | Vnd: MISCCC Invoice: DEMOTTO CHRIS | 340-0000-211000 | | 89.99 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 89.99 | 89.99 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | AMAZON MKTPL*BG48Z2FW0 | | | |
| AP Trx #: 113976 | | | | | |
| | | EQUIPMENT LESS THAN \$5000 | 340-5890-581100 | 492.99 | |
| | | Vnd: MISCCC Invoice: DEMOTTO CHRIS | 340-0000-211000 | | 492.99 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>492.99</u> | <u>492.99</u> |
| 04/16/2026 | AP | AMERICAN HEART SHOPCPR | | | |
| AP Trx #: 113977 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5232-531100 | 925.00 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 925.00 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>925.00</u> | <u>925.00</u> |
| 04/16/2026 | AP | APPLE.COM/BILL | | | |
| AP Trx #: 113978 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5231-531100 | 0.99 | |
| | | Vnd: MISCCC Invoice: SURA MATTHEW J | 150-0000-211000 | | 0.99 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>0.99</u> | <u>0.99</u> |
| 04/16/2026 | AP | ARBOR DAY FOUNDATION | | | |
| AP Trx #: 113979 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5611-531100 | 6.25 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 6.25 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>6.25</u> | <u>6.25</u> |
| 04/16/2026 | AP | AURELIA S | | | |
| AP Trx #: 113980 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 39.52 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 39.52 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>39.52</u> | <u>39.52</u> |
| 04/16/2026 | AP | AZAR INTERNATIONAL INC | | | |
| AP Trx #: 113981 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 702.35 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 702.35 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>702.35</u> | <u>702.35</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | BATTERIES PLUS #0580 | | | |
| AP Trx #: 113982 | | | | | |
| | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | 89.95 | |
| | | Vnd: MISCCC Invoice: SMITH JAMES A | 620-0000-211000 | | 89.95 |
| | | Expected Check Run: 04/23/2026 | | <u>89.95</u> | <u>89.95</u> |
| 04/16/2026 | AP | BIG BEND CROSSROADS PIZZ | | | |
| AP Trx #: 113983 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5141-531100 | 59.00 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 59.00 |
| | | Expected Check Run: 04/23/2026 | | <u>59.00</u> | <u>59.00</u> |
| 04/16/2026 | AP | BOOKWORM GARDENS | | | |
| AP Trx #: 113984 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 250.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 250.00 |
| | | Expected Check Run: 04/23/2026 | | <u>250.00</u> | <u>250.00</u> |
| 04/16/2026 | AP | BRITBOX LLC | | | |
| AP Trx #: 113985 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 116.04 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 116.04 |
| | | Expected Check Run: 04/23/2026 | | <u>116.04</u> | <u>116.04</u> |
| 04/16/2026 | AP | CANVA* I04845-60235912 | | | |
| AP Trx #: 113986 | | | | | |
| | | METASPACE MAINTENANCE | 440-5511-531700 | 37.80 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 37.80 |
| | | Expected Check Run: 04/23/2026 | | <u>37.80</u> | <u>37.80</u> |
| 04/16/2026 | AP | CANVA* I04850-57441377 | | | |
| AP Trx #: 113987 | | | | | |
| | | OPERATIONAL SUPPLIES | 440-5511-531100 | 55.65 | |
| | | Vnd: MISCCC Invoice: ARMOUR ABBY | 440-0000-211000 | | 55.65 |
| | | Expected Check Run: 04/23/2026 | | <u>55.65</u> | <u>55.65</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|-----------------|-----------------|
| 04/16/2026 | AP | CHICAGO BOOKS & JOURNALS | | | |
| AP Trx #: 113988 | | | | | |
| | | OUTREACH | 440-5511-533300 | 142.09 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 142.09 |
| | | Expected Check Run: 04/23/2026 | | <u>142.09</u> | <u>142.09</u> |
| 04/16/2026 | AP | CRUNCHYROLL * | | | |
| AP Trx #: 113989 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 147.68 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 147.68 |
| | | Expected Check Run: 04/23/2026 | | <u>147.68</u> | <u>147.68</u> |
| 04/16/2026 | AP | DAVID ALAN ALAN S SMOKEHO | | | |
| AP Trx #: 113990 | | | | | |
| | | OTHER | 100-5211-539900 | 1,076.80 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 1,076.80 |
| | | Expected Check Run: 04/23/2026 | | <u>1,076.80</u> | <u>1,076.80</u> |
| 04/16/2026 | AP | DAVID ALAN ALAN S SMOKEHO | | | |
| AP Trx #: 113991 | | | | | |
| | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 240.00 | |
| | | Vnd: MISCCC Invoice: ZAESKE DEBBIE | 340-0000-211000 | | 240.00 |
| | | Expected Check Run: 04/23/2026 | | <u>240.00</u> | <u>240.00</u> |
| 04/16/2026 | AP | DD *DOORDASH CHAMPPSKI | | | |
| AP Trx #: 113992 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 52.40 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 52.40 |
| | | Expected Check Run: 04/23/2026 | | <u>52.40</u> | <u>52.40</u> |
| 04/16/2026 | AP | DISNEY PLUS | | | |
| AP Trx #: 113993 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 13.64 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 13.64 |
| | | Expected Check Run: 04/23/2026 | | <u>13.64</u> | <u>13.64</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | DNH*GODADDY#4064353480 | | | |
| AP Trx #: 113994 | | | | | |
| | | SOFTWARE SUPPORT/MAINTENANCE | 100-5211-522900 | 13.19 | |
| | | Vnd: MISCCC Invoice: KREISER ROBERT | 100-0000-211000 | | 13.19 |
| | | Expected Check Run: 04/23/2026 | | <u>13.19</u> | <u>13.19</u> |
| 04/16/2026 | AP | DNR WS2 EM1 EPAY DEM SALE | | | |
| AP Trx #: 113995 | | | | | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 45.00 | |
| | | Vnd: MISCCC Invoice: SMITH JAMES A | 620-0000-211000 | | 45.00 |
| | | Expected Check Run: 04/23/2026 | | <u>45.00</u> | <u>45.00</u> |
| 04/16/2026 | AP | DNR WS2 EM1 EPAY DEM SRVF | | | |
| AP Trx #: 113996 | | | | | |
| | | EDUCATIONAL/TRAINING EXPENSES | 620-8400-854100 | 0.90 | |
| | | Vnd: MISCCC Invoice: SMITH JAMES A | 620-0000-211000 | | 0.90 |
| | | Expected Check Run: 04/23/2026 | | <u>0.90</u> | <u>0.90</u> |
| 04/16/2026 | AP | DOLLARTREE | | | |
| AP Trx #: 113997 | | | | | |
| | | OTHER | 100-5111-539900 | 18.38 | |
| | | Vnd: MISCCC Invoice: ZERFAS SHAY | 100-0000-211000 | | 18.38 |
| | | Expected Check Run: 04/23/2026 | | <u>18.38</u> | <u>18.38</u> |
| 04/16/2026 | AP | EAGLE MEDIA INC. | | | |
| AP Trx #: 113998 | | | | | |
| | | CLOTHING ALLOWANCE | 150-5222-534600 | 151.00 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 151.00 |
| | | Expected Check Run: 04/23/2026 | | <u>151.00</u> | <u>151.00</u> |
| 04/16/2026 | AP | GALLS | | | |
| AP Trx #: 113999 | | | | | |
| | | CLOTHING ALLOWANCE | 150-5222-534600 | 369.81 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 369.81 |
| | | Expected Check Run: 04/23/2026 | | <u>369.81</u> | <u>369.81</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|--------------------------------------|---------|------------------------|---|---------------|---------------|
| 04/16/2026 | AP | GALLS | | | |
| AP Trx #: 114000 | | | | | |
| | | | Invoice: STIEN JEFFREY R Ref#: 75805 (STIEN CLOTHING) | | |
| CLOTHING ALLOWANCE | | | 150-5221-534600 | 215.97 | |
| Vnd: MISCCC Invoice: STIEN JEFFREY R | | | 150-0000-211000 | | 215.97 |
| Expected Check Run: 04/23/2026 | | | | <u>215.97</u> | <u>215.97</u> |
| 04/16/2026 | AP | HELP.HBOMAX.COM | | | |
| AP Trx #: 114001 | | | | | |
| | | | Invoice: CEITHAMER EMILY Ref#: 75753 (3/27/26-3/27/27 SUBSCRIPTION) | | |
| THINGERY MAINTENANCE | | | 440-5511-531800 | 115.49 | |
| Vnd: MISCCC Invoice: CEITHAMER EMILY | | | 440-0000-211000 | | 115.49 |
| Expected Check Run: 04/23/2026 | | | | <u>115.49</u> | <u>115.49</u> |
| 04/16/2026 | AP | IIMC | | | |
| AP Trx #: 114002 | | | | | |
| | | | Invoice: DYKSTRA DIANA Ref#: 75782 (IIMC MEMBERSHIP) | | |
| MEMBERSHIP DUES | | | 100-5141-532400 | 115.00 | |
| Vnd: MISCCC Invoice: DYKSTRA DIANA | | | 100-0000-211000 | | 115.00 |
| Expected Check Run: 04/23/2026 | | | | <u>115.00</u> | <u>115.00</u> |
| 04/16/2026 | AP | INTL CRANE FDN. | | | |
| AP Trx #: 114003 | | | | | |
| | | | Invoice: CEITHAMER EMILY Ref#: 75754 (EXPLORE PASS/PD BY FRIENDS) | | |
| DONATED FUND EXPENDITURES | | | 440-5890-580600 | 60.00 | |
| Vnd: MISCCC Invoice: CEITHAMER EMILY | | | 440-0000-211000 | | 60.00 |
| Expected Check Run: 04/23/2026 | | | | <u>60.00</u> | <u>60.00</u> |
| 04/16/2026 | AP | KWIK TRIP #1110 | | | |
| AP Trx #: 114004 | | | | | |
| | | | Invoice: CEITHAMER EMILY Ref#: 75768 (CONFERENCE MEAL) | | |
| TRAINING & TRAVEL | | | 440-5511-533500 | 19.35 | |
| Vnd: MISCCC Invoice: CEITHAMER EMILY | | | 440-0000-211000 | | 19.35 |
| Expected Check Run: 04/23/2026 | | | | <u>19.35</u> | <u>19.35</u> |
| 04/16/2026 | AP | LODGE KOHLER HOTEL & S | | | |
| AP Trx #: 114005 | | | | | |
| | | | Invoice: KINDER MATTHEW Ref#: 75794 (WRWA CONFERENCE- HOTEL) | | |
| MISC GENERAL EXPENSES | | | 610-6920-693000 | 262.20 | |
| Vnd: MISCCC Invoice: KINDER MATTHEW | | | 610-0000-211000 | | 262.20 |
| Expected Check Run: 04/23/2026 | | | | <u>262.20</u> | <u>262.20</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | LODGE KOHLER HOTEL & S | | | |
| AP Trx #: 114006 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 274.91 | |
| | | Vnd: MISCCC Invoice: KINDER MATTHEW | 610-0000-211000 | | 274.91 |
| | | Expected Check Run: 04/23/2026 | | <u>274.91</u> | <u>274.91</u> |
| 04/16/2026 | AP | MAHJONGGLEA | | | |
| AP Trx #: 114007 | | | | | |
| | | PROGRAMMING | 440-5511-533100 | 90.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 90.00 |
| | | Expected Check Run: 04/23/2026 | | <u>90.00</u> | <u>90.00</u> |
| 04/16/2026 | AP | MAILCHIMP | | | |
| AP Trx #: 114008 | | | | | |
| | | SOFTWARE SUPPORT/MAINTENANCE | 100-5141-522900 | 47.25 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 47.25 |
| | | Expected Check Run: 04/23/2026 | | <u>47.25</u> | <u>47.25</u> |
| 04/16/2026 | AP | MDI WORLDW | | | |
| AP Trx #: 114009 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5222-531100 | 401.10 | |
| | | Vnd: MISCCC Invoice: WEGNER ANDREW P | 150-0000-211000 | | 401.10 |
| | | Expected Check Run: 04/23/2026 | | <u>401.10</u> | <u>401.10</u> |
| 04/16/2026 | AP | MERCY COMMUNITY EDUCATION | | | |
| AP Trx #: 114010 | | | | | |
| | | TRAINING & TRAVEL | 100-5215-533500 | 150.00 | |
| | | Vnd: MISCCC Invoice: DEMOTTO CHRIS | 100-0000-211000 | | 150.00 |
| | | Expected Check Run: 04/23/2026 | | <u>150.00</u> | <u>150.00</u> |
| 04/16/2026 | AP | MKE DOMES PURCHASE | | | |
| AP Trx #: 114011 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 500.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 500.00 |
| | | Expected Check Run: 04/23/2026 | | <u>500.00</u> | <u>500.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | MOBILE BEACON | | | |
| AP Trx #: 114012 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 64.99 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 64.99 |
| | | Expected Check Run: 04/23/2026 | | <u>64.99</u> | <u>64.99</u> |
| 04/16/2026 | AP | NETFLIX.COM | | | |
| AP Trx #: 114013 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 24.99 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 24.99 |
| | | Expected Check Run: 04/23/2026 | | <u>24.99</u> | <u>24.99</u> |
| 04/16/2026 | AP | OLIVE GRACE COLLECT | | | |
| AP Trx #: 114014 | | | | | |
| | | BILLABLE DISBURSEMENTS | 100-0000-211400 | 82.10 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 82.10 |
| | | Expected Check Run: 04/23/2026 | | <u>82.10</u> | <u>82.10</u> |
| 04/16/2026 | AP | OPENAI *CHATGPT SUBSCR | | | |
| AP Trx #: 114015 | | | | | |
| | | SOFTWARE SUPPORT/MAINTENANCE | 100-5141-522900 | 20.00 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 20.00 |
| | | Expected Check Run: 04/23/2026 | | <u>20.00</u> | <u>20.00</u> |
| 04/16/2026 | AP | PAYPAL *WISCONSIN L | | | |
| AP Trx #: 114016 | | | | | |
| | | TRAINING & TRAVEL | 100-5323-533500 | 113.13 | |
| | | Training & Travel | 500-5344-533500 | 10.37 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 113.13 |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 500-0000-211000 | | 10.37 |
| | | Expected Check Run: 04/23/2026 | | <u>123.50</u> | <u>123.50</u> |
| 04/16/2026 | AP | RS GROUP | | | |
| AP Trx #: 114017 | | | | | |
| | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | 41.24 | |
| | | Vnd: MISCCC Invoice: WENDLANDT MICHA | 620-0000-211000 | | 41.24 |
| | | Expected Check Run: 04/23/2026 | | <u>41.24</u> | <u>41.24</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | SENDIK'S MEADOWBROO | | | |
| AP Trx #: 114018 | | | | | |
| | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 81.84 | |
| | | Vnd: MISCCC Invoice: ZAESKE DEBBIE | 340-0000-211000 | | 81.84 |
| | | Expected Check Run: 04/23/2026 | | <u>81.84</u> | <u>81.84</u> |
| 04/16/2026 | AP | SHERWIN-WILLIAMS703278 | | | |
| AP Trx #: 114019 | | | | | |
| | | MAINTENANCE-PUMPING | 610-6210-662500 | 29.89 | |
| | | Vnd: MISCCC Invoice: BARTCZAK ALDEN | 610-0000-211000 | | 29.89 |
| | | Expected Check Run: 04/23/2026 | | <u>29.89</u> | <u>29.89</u> |
| 04/16/2026 | AP | SP CRICALOT | | | |
| AP Trx #: 114020 | | | | | |
| | | OPERATIONAL SUPPLIES | 150-5232-531100 | 640.00 | |
| | | Vnd: MISCCC Invoice: SURA MATTHEW J | 150-0000-211000 | | 640.00 |
| | | Expected Check Run: 04/23/2026 | | <u>640.00</u> | <u>640.00</u> |
| 04/16/2026 | AP | SPOTHERO 844-356-8054 | | | |
| AP Trx #: 114021 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 38.97 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 38.97 |
| | | Expected Check Run: 04/23/2026 | | <u>38.97</u> | <u>38.97</u> |
| 04/16/2026 | AP | SQ *DUNN BROTHERS COFFEE, | | | |
| AP Trx #: 114022 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 21.84 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 21.84 |
| | | Expected Check Run: 04/23/2026 | | <u>21.84</u> | <u>21.84</u> |
| 04/16/2026 | AP | SQ *DUNN BROTHERS COFFEE, | | | |
| AP Trx #: 114023 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 18.35 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 18.35 |
| | | Expected Check Run: 04/23/2026 | | <u>18.35</u> | <u>18.35</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | SQ *SIFT GLUTEN FREE | | | |
| AP Trx #: 114024 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 36.98 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 36.98 |
| | | Expected Check Run: 04/23/2026 | | <u>36.98</u> | <u>36.98</u> |
| 04/16/2026 | AP | SSP*FRIENDSOFSCHLITZAUDUB | | | |
| AP Trx #: 114025 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 80.00 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 80.00 |
| | | Expected Check Run: 04/23/2026 | | <u>80.00</u> | <u>80.00</u> |
| 04/16/2026 | AP | TGWATERSPORTS.COM | | | |
| AP Trx #: 114026 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | 155.89 | |
| | | Vnd: MISCCC Invoice: ARMOUR ABBY | 440-0000-211000 | | 155.89 |
| | | Expected Check Run: 04/23/2026 | | <u>155.89</u> | <u>155.89</u> |
| 04/16/2026 | AP | THE BUSINESS JOURNALS | | | |
| AP Trx #: 114027 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5670-531100 | 250.00 | |
| | | Vnd: MISCCC Invoice: DYKSTRA DIANA | 100-0000-211000 | | 250.00 |
| | | Expected Check Run: 04/23/2026 | | <u>250.00</u> | <u>250.00</u> |
| 04/16/2026 | AP | THE HOME DEPOT #4921 | | | |
| AP Trx #: 114028 | | | | | |
| | | TRANSPORTATION EXPENSES | 610-6920-693300 | 62.06 | |
| | | Vnd: MISCCC Invoice: BARTCZAK ALDEN | 610-0000-211000 | | 62.06 |
| | | Expected Check Run: 04/23/2026 | | <u>62.06</u> | <u>62.06</u> |
| 04/16/2026 | AP | THE HOME DEPOT #4921 | | | |
| AP Trx #: 114029 | | | | | |
| | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | 39.96 | |
| | | Vnd: MISCCC Invoice: BROWN DAVID | 620-0000-211000 | | 39.96 |
| | | Expected Check Run: 04/23/2026 | | <u>39.96</u> | <u>39.96</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | THE HOME DEPOT #4921 | | | |
| AP Trx #: 114030 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 69.78 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 69.78 |
| | | Expected Check Run: 04/23/2026 | | <u>69.78</u> | <u>69.78</u> |
| 04/16/2026 | AP | THE HOME DEPOT #4921 | | | |
| AP Trx #: 114031 | | | | | |
| | | OPERATION SUPPLY/EXPENSE | 620-8010-827000 | 75.44 | |
| | | Vnd: MISCCC Invoice: WENDLANDT MICHA | 620-0000-211000 | | 75.44 |
| | | Expected Check Run: 04/23/2026 | | <u>75.44</u> | <u>75.44</u> |
| 04/16/2026 | AP | TST*HOLD THE WHEAT | | | |
| AP Trx #: 114032 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 38.06 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 38.06 |
| | | Expected Check Run: 04/23/2026 | | <u>38.06</u> | <u>38.06</u> |
| 04/16/2026 | AP | TST*NORSKE NOOK OSSEO | | | |
| AP Trx #: 114033 | | | | | |
| | | TRAINING & TRAVEL | 440-5511-533500 | 39.60 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 39.60 |
| | | Expected Check Run: 04/23/2026 | | <u>39.60</u> | <u>39.60</u> |
| 04/16/2026 | AP | TUNDRA LODGE RESORT AND W | | | |
| AP Trx #: 114034 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | 458.90 | |
| | | Vnd: MISCCC Invoice: CASTLE WAYNE A | 610-0000-211000 | | 458.90 |
| | | Expected Check Run: 04/23/2026 | | <u>458.90</u> | <u>458.90</u> |
| 04/16/2026 | AP | ULINE *SHIP SUPPLIES | | | |
| AP Trx #: 114035 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 54.00 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 54.00 |
| | | Expected Check Run: 04/23/2026 | | <u>54.00</u> | <u>54.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|------------------------------------|-----------------|-----------------|-----------------|
| 04/16/2026 | AP | US BANK STATEMENT CREDITS | | | |
| AP Trx #: 114036 | | | | | |
| | | METASPACE MAINTENANCE | 440-5511-531700 | | 2,300.00 |
| | | Vnd: 3384 Invoice: ARMOUR ABBY | 440-0000-211000 | 2,300.00 | |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>2,300.00</u> | <u>2,300.00</u> |
| 04/16/2026 | AP | US BANK STATEMENT CREDITS | | | |
| AP Trx #: 114037 | | | | | |
| | | THINGERY MAINTENANCE | 440-5511-531800 | | 5.50 |
| | | Vnd: 3384 Invoice: CEITHAMER EMILY | 440-0000-211000 | 5.50 | |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>5.50</u> | <u>5.50</u> |
| 04/16/2026 | AP | US BANK STATEMENT CREDITS | | | |
| AP Trx #: 114038 | | | | | |
| | | MISC GENERAL EXPENSES | 610-6920-693000 | | 12.71 |
| | | Vnd: 3384 Invoice: KINDER MATTHEW | 610-0000-211000 | 12.71 | |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>12.71</u> | <u>12.71</u> |
| 04/16/2026 | AP | USPS PO 5657100149 | | | |
| AP Trx #: 114039 | | | | | |
| | | POSTAGE | 440-5511-531500 | 156.00 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 156.00 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | <u>156.00</u> | <u>156.00</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|---|-----------|-----------|
| 04/23/2026 | AP | VBS*VONAGE BUSINESS | Invoice: INV12843065 Ref#: 75821(PHONES - 04/11/26-05/10/26) | | |
| AP Trx #: 114040 | | TELEPHONE | 100-5141-522500 | 98.94 | |
| | | TELEPHONE | 100-5142-522500 | 96.46 | |
| | | SOFTWARE SUPPORT/MAINTENANCE | 100-5145-522900 | 59.36 | |
| | | 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 | 350.61 | |
| | | TELEPHONE | 150-5221-522500 | 321.85 | |
| | | TELEPHONE | 440-5511-522500 | 423.30 | |
| | | OFFICE SUPPLIES & EXPENSES | 610-6920-692100 | 61.98 | |
| | | OFFICE SUPPLIES & EXPENSES | 620-8400-851000 | 61.99 | |
| | | Vnd: MISCCC Invoice: INV12843065 | 100-0000-211000 | | 763.94 |
| | | Vnd: MISCCC Invoice: INV12843065 | 150-0000-211000 | | 321.85 |
| | | Vnd: MISCCC Invoice: INV12843065 | 440-0000-211000 | | 423.30 |
| | | Vnd: MISCCC Invoice: INV12843065 | 610-0000-211000 | | 61.98 |
| | | Vnd: MISCCC Invoice: INV12843065 | 620-0000-211000 | | 61.99 |
| | | Expected Check Run: 04/23/2026 | | 1,633.06 | 1,633.06 |
| 04/16/2026 | AP | WAL-MART #1571 | Invoice: KIM CATHRYN Ref#: 75791(PROGRAM SUPPLIES /PD BY LIONS) | | |
| AP Trx #: 114041 | | DONATED FUND EXPENDITURES | 440-5890-580600 | 58.04 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 58.04 |
| | | Expected Check Run: 04/23/2026 | | 58.04 | 58.04 |
| 04/16/2026 | AP | WAL-MART #1571 | Invoice: STIEN JEFFREY R Ref#: 75800(EMS SUPPLIES) | | |
| AP Trx #: 114042 | | OPERATIONAL SUPPLIES | 150-5231-531100 | 6.97 | |
| | | Vnd: MISCCC Invoice: STIEN JEFFREY R | 150-0000-211000 | | 6.97 |
| | | Expected Check Run: 04/23/2026 | | 6.97 | 6.97 |
| 04/16/2026 | AP | WAL-MART #1571 | Invoice: ZAESKE DEBBIE Ref#: 75815(TELECOMMUNICATORS WEEK - PAID FOR BY | | |
| AP Trx #: 114043 | | POLICE DESIGNATED FUND EXPENDITURES | 340-5890-580602 | 66.39 | |
| | | Vnd: MISCCC Invoice: ZAESKE DEBBIE | 340-0000-211000 | | 66.39 |
| | | Expected Check Run: 04/23/2026 | | 66.39 | 66.39 |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|--------------------------------------|-----------------|---------------|---------------|
| 04/16/2026 | AP | WAL-MART #1571 | | | |
| AP Trx #: 114044 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5144-531100 | 19.34 | |
| | | Vnd: MISCCC Invoice: ZERFAS SHAY | 100-0000-211000 | | 19.34 |
| | | Expected Check Run: 04/23/2026 | | <u>19.34</u> | <u>19.34</u> |
| 04/16/2026 | AP | WM SUPERCENTER #1571 | | | |
| AP Trx #: 114045 | | | | | |
| | | DONATED FUND EXPENDITURES | 440-5890-580600 | 134.81 | |
| | | Vnd: MISCCC Invoice: CEITHAMER EMILY | 440-0000-211000 | | 134.81 |
| | | Expected Check Run: 04/23/2026 | | <u>134.81</u> | <u>134.81</u> |
| 04/16/2026 | AP | WM SUPERCENTER #1571 | | | |
| AP Trx #: 114046 | | | | | |
| | | OPERATIONAL SUPPLIES | 440-5511-531100 | 45.18 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 45.18 |
| | | Expected Check Run: 04/23/2026 | | <u>45.18</u> | <u>45.18</u> |
| 04/16/2026 | AP | WM SUPERCENTER #1571 | | | |
| AP Trx #: 114047 | | | | | |
| | | OPERATIONAL SUPPLIES | 440-5511-531100 | 105.93 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 105.93 |
| | | Expected Check Run: 04/23/2026 | | <u>105.93</u> | <u>105.93</u> |
| 04/16/2026 | AP | WM SUPERCENTER #1571 | | | |
| AP Trx #: 114048 | | | | | |
| | | LABORATORY | 620-8010-826000 | 41.10 | |
| | | Vnd: MISCCC Invoice: WENDLANDT MICHA | 620-0000-211000 | | 41.10 |
| | | Expected Check Run: 04/23/2026 | | <u>41.10</u> | <u>41.10</u> |
| 04/16/2026 | AP | WWW.BESTOFSIGNS.COM | | | |
| AP Trx #: 114049 | | | | | |
| | | OUTREACH | 440-5511-533300 | 578.80 | |
| | | Vnd: MISCCC Invoice: ARMOUR ABBY | 440-0000-211000 | | 578.80 |
| | | Expected Check Run: 04/23/2026 | | <u>578.80</u> | <u>578.80</u> |

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------|---------|-------------------------------------|-----------------|-----------|-----------|
| 04/16/2026 | AP | WWW.BESTOFSIGNS.COM | | | |
| AP Trx #: 114050 | | | | | |
| | | OUTREACH | 440-5511-533300 | 400.60 | |
| | | Vnd: MISCCC Invoice: ARMOUR ABBY | 440-0000-211000 | | 400.60 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 400.60 | 400.60 |
| 04/16/2026 | AP | WWW.UI.COM | | | |
| AP Trx #: 114051 | | | | | |
| | | IMPROVEMENTS | 100-5160-582100 | 335.10 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 335.10 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 335.10 | 335.10 |
| 04/16/2026 | AP | WWW.UI.COM | | | |
| AP Trx #: 114052 | | | | | |
| | | IMPROVEMENTS | 100-5160-582100 | 285.60 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 285.60 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 285.60 | 285.60 |
| 04/16/2026 | AP | ZOOM.COM 888-799-9666 | | | |
| AP Trx #: 114053 | | | | | |
| | | ELECTRONIC TOOLS & SERVICES | 440-5511-534000 | 169.90 | |
| | | Vnd: MISCCC Invoice: KIM CATHRYN | 440-0000-211000 | | 169.90 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 169.90 | 169.90 |
| 04/16/2026 | AP | ZORO TOOLS INC | | | |
| AP Trx #: 114054 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5521-531100 | 408.19 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 408.19 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 408.19 | 408.19 |
| 04/16/2026 | AP | ZORO TOOLS INC | | | |
| AP Trx #: 114055 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5521-531100 | 48.94 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 48.94 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 48.94 | 48.94 |

User: BKEIZER

BANK CODE: GEN PAY BY: EFT TRANSFER CHECK RUN DATES 04/23/2026 - 04/23/2026

DB: Mukwonago

| Post Date | Journal | Description | GL Number | DR Amount | CR Amount |
|------------------------------|---------|-------------------------------------|-----------------|-----------|-----------|
| 04/16/2026 | AP | ZORO TOOLS INC | | | |
| AP Trx #: 114056 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5521-531100 | 127.76 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 127.76 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 127.76 | 127.76 |
| 04/16/2026 | AP | ZORO TOOLS INC | | | |
| AP Trx #: 114057 | | | | | |
| | | OPERATIONAL SUPPLIES | 100-5521-531100 | 31.49 | |
| | | Vnd: MISCCC Invoice: BITTNER RONALD | 100-0000-211000 | | 31.49 |
| | | Expected Check Run: 04/23/2026 | | | |
| | | | | 31.49 | 31.49 |
| | | | | 18,246.69 | 18,246.69 |
| Cash/Payable Account Totals: | | | | | |
| | | VOUCHERS PAYABLE | 100-0000-211000 | | 5,112.97 |
| | | VOUCHERS PAYABLE | 150-0000-211000 | | 3,151.08 |
| | | VOUCHERS PAYABLE | 340-0000-211000 | | 971.21 |
| | | VOUCHERS PAYABLE | 440-0000-211000 | | 2,809.85 |
| | | VOUCHERS PAYABLE | 500-0000-211000 | | 10.37 |
| | | VOUCHERS PAYABLE | 610-0000-211000 | | 1,148.22 |
| | | VOUCHERS PAYABLE | 620-0000-211000 | | 406.57 |
| | | TOTAL INCREASE IN PAYABI | | | 13,610.27 |

GENERAL VILLAGE

| | | | | | |
|--------------------|--------------------------------|----------------------|---------------------|----------------------|---------------------|
| 100-111xxx | General Fund | 4,651,013.55 | 466,150.85 | 2,160,863.35 | 2,023,999.35 |
| 100-111005/020/033 | Checking/MRA/Accrued Sick | 1,173,519.69 | 685,725.37 | 350,754.17 | 137,040.15 |
| 150-111xxx | Fire Department | 1,169,904.51 | 208,048.02 | 961,856.49 | |
| 200-110xxx | Community Development (Deback) | 968,185.81 | 73,246.94 | 894,938.87 | |
| 210-111xxx | Wisc Development - RLF | 95,218.34 | 95,218.34 | - | |
| 220-111xxx | TID#3-General | 319,314.93 | 319,314.93 | - | |
| 240-111xxx | TID#4-General | 1,163,239.52 | 223,939.77 | 939,299.75 | |
| 250-111xxx | TID#5-General | 3,068,070.84 | 770,356.46 | 2,297,714.38 | |
| 260-111xxx | TID#6-General | - | - | - | |
| 300-111xxx | Debt Service | 2,274,579.72 | 36,990.22 | 2,237,589.50 | |
| 320-111300 | Fire Department Designated | 1,113,773.29 | 30,795.52 | 420,827.35 | 662,150.42 |
| 340-111xxx | Village Designated Funds | 707,304.12 | 89,808.07 | 617,496.05 | |
| 350-111xxx | American Rescue Plan Act | - | - | - | |
| 410-111300 | Recycling | 326,401.78 | 326,401.78 | - | |
| 430-111300 | Capital Equipment | 1,053,832.01 | 82,721.26 | 971,110.75 | |
| 440-111xxx | Library | 584,600.14 | 68,437.41 | 516,162.73 | |
| 480-111xxx | Capital Improvement Funds | 2,572,509.33 | 171,211.61 | 2,401,297.72 | |
| 500-111300 | Stormwater District #1 | 100,859.73 | 100,859.73 | - | |
| 600-111xxx | Impact Fees | 116,502.21 | 116,502.21 | - | |
| 720-111xxx | Taxroll | 689,076.71 | 674,017.05 | 15,059.66 | |
| 810-111xxx | Parkland Site | 222,030.92 | 83,603.23 | 138,427.69 | |
| TOTAL | | 22,369,937.15 | 4,623,348.77 | 14,923,398.46 | 2,823,189.92 |

WATER UTILITY

| | | | | | |
|--------------|---------------------------|---------------------|---------------------|---------------------|-------------------|
| 610-111300 | Cash | 690,917.99 | 690,917.99 | | |
| 610-111200 | Bonds & Unrestricted Cash | 2,864,996.64 | | 2,864,996.64 | |
| 610-111250 | Operating Reserve | 478,118.05 | | 478,118.05 | |
| 610-111050 | Current Year Debt Reserve | 177,518.66 | 177,518.66 | - | |
| 610-111060 | Required Debt Reserve | 590,601.15 | - | 130,492.70 | 460,108.45 |
| 610-111080 | Impact Fee | 236,028.94 | 236,028.94 | - | |
| 610-111033 | Accrued Sick Pay | 12,336.19 | | 12,336.19 | - |
| TOTAL | | 5,050,517.62 | 1,104,465.59 | 3,485,943.58 | 460,108.45 |

SEWER UTILITY

| | | | | | |
|--------------|----------------------------|---------------------|-------------------|---------------------|-------------------|
| 620-111300 | Cash | 44,578.76 | 44,578.76 | | |
| 620-111200 | Bonds & Unrestricted Cash | 79,838.09 | | 79,838.09 | |
| 620-111250 | Operating Reserve | 462,903.87 | | 462,903.87 | |
| 620-111040 | Sewer Connection Fee | 572,018.92 | 33,109.39 | 538,909.53 | - |
| 620-111060 | Required Debt Reserve | 840,202.95 | - | 36,663.05 | 803,539.90 |
| 620-111050 | Current Year Debt Reserve | 183,886.95 | 183,886.95 | - | |
| 620-111070 | Equipment Replacement Fund | 847,404.23 | - | 847,404.23 | - |
| 620-111080 | Impact Fee | 88,048.15 | 88,048.15 | - | |
| 620-111033 | Accrued Sick Pay | 12,336.19 | | 12,336.19 | - |
| TOTAL | | 3,131,218.11 | 349,623.25 | 1,978,054.96 | 803,539.90 |

| | | | | |
|--------------------|----------------------|---------------------|----------------------|---------------------|
| GRAND TOTAL | 30,551,672.88 | 6,077,437.61 | 20,387,397.00 | 4,086,838.27 |
|--------------------|----------------------|---------------------|----------------------|---------------------|

Prepared by Kelley Graf

balance check

30,551,672.88

PERIOD ENDING 03/31/2026

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|---------------------------------|-----------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 100 - GENERAL FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 364,245.00 | 22,568.11 | 341,676.89 | 6.20 |
| PTAX | GENERAL PROPERTY TAX | 3,301,473.00 | 2,583,400.43 | 718,072.57 | 78.25 |
| TAXES | OTHER TAXES | 355,500.00 | 85,930.49 | 269,569.51 | 24.17 |
| IGOVTRV | INTERGOVERNMENTAL REVENUES | 1,141,415.00 | 159,676.61 | 981,738.39 | 13.99 |
| LICPER | LICENSES & PERMITS | 471,873.00 | 219,411.97 | 252,461.03 | 46.50 |
| LAWORD | FINES & FORFEITURES | 135,000.00 | 45,456.74 | 89,543.26 | 33.67 |
| PUBCHGS | PUBLIC CHARGES FOR SERVICES | 23,198.00 | 5,587.95 | 17,610.05 | 24.09 |
| LEISURE | LEISURE ACTIVITIES | 72,000.00 | 0.00 | 72,000.00 | 0.00 |
| IGOVTC | INTERGOVERNMENTAL CHARGES | 208,600.00 | 25,906.53 | 182,693.47 | 12.42 |
| INVTINC | INVESTMENT INCOME | 287,964.00 | 92,674.22 | 195,289.78 | 32.18 |
| TOTAL REVENUES | | 6,361,268.00 | 3,240,613.05 | 3,120,654.95 | 50.94 |
| Expenditures | | | | | |
| 5111 | VILLAGE BOARD | 71,563.00 | 20,064.78 | 51,498.22 | 28.04 |
| 5112 | HISTORIC PRESERVATION | 290.00 | 0.00 | 290.00 | 0.00 |
| 5120 | MUNICIPAL COURT | 43,507.00 | 16,086.24 | 27,420.76 | 36.97 |
| 5130 | VILLAGE ATTORNEY | 90,000.00 | 9,655.00 | 80,345.00 | 10.73 |
| 5141 | VILLAGE ADMINISTRATOR | 321,738.00 | 47,580.51 | 274,157.49 | 14.79 |
| 5142 | CLERK-TREASURER | 272,416.00 | 63,606.94 | 208,809.06 | 23.35 |
| 5144 | ELECTIONS | 33,270.00 | 1,975.23 | 31,294.77 | 5.94 |
| 5145 | FINANCE DEPARTMENT | 126,105.00 | 13,442.47 | 112,662.53 | 10.66 |
| 5150 | IT SERVICES | 15,000.00 | 0.00 | 15,000.00 | 0.00 |
| 5151 | INDEPENDENT AUDITING | 12,000.00 | 561.92 | 11,438.08 | 4.68 |
| 5153 | ASSESSMENT OF PROPERTY | 36,250.00 | 8,967.56 | 27,282.44 | 24.74 |
| 5154 | RISK & PROPERTY INSURANCE | 129,100.00 | 60,767.32 | 68,332.68 | 47.07 |
| 5160 | VILLAGE HALL | 66,473.00 | 22,221.27 | 44,251.73 | 33.43 |
| 5211 | POLICE ADMINISTRATION | 1,447,156.00 | 287,555.58 | 1,159,600.42 | 19.87 |
| 5212 | POLICE PATROL | 1,285,630.00 | 300,493.91 | 985,136.09 | 23.37 |
| 5213 | CRIME INVESTIGATION | 284,019.00 | 63,618.77 | 220,400.23 | 22.40 |
| 5215 | POLICE TRAINING | 12,000.00 | 1,125.30 | 10,874.70 | 9.38 |
| 5220 | FIRE STATION (VILLAGE) | 10,222.00 | 2,734.69 | 7,487.31 | 26.75 |
| 5241 | BUILDING INSPECTOR | 374,639.00 | 65,092.85 | 309,546.15 | 17.37 |
| 5247 | BOARD OF APPEALS | 850.00 | 0.00 | 850.00 | 0.00 |
| 5254 | DAMS | 13,545.00 | 2,155.86 | 11,389.14 | 15.92 |
| 5300 | DPW GENERAL ADMINISTRATION | 414,205.00 | 94,461.63 | 319,743.37 | 22.81 |
| 5323 | GARAGE | 84,580.00 | 20,682.76 | 63,897.24 | 24.45 |
| 5324 | MACHINERY & EQUIPMENT | 137,622.00 | 28,414.61 | 109,207.39 | 20.65 |
| 5335 | ENGINEERING | 60,000.00 | 10,257.66 | 49,742.34 | 17.10 |
| 5341 | STREETS & ALLEYS | 13,107.00 | 4,947.24 | 8,159.76 | 37.75 |
| 5342 | STREET LIGHTING | 184,250.00 | 29,825.86 | 154,424.14 | 16.19 |
| 5343 | CURBS GUTTERS & SIDEWALKS | 2,740.00 | 371.60 | 2,368.40 | 13.56 |
| 5344 | STORM SEWER | 13,705.00 | 1,296.62 | 12,408.38 | 9.46 |
| 5345 | STREET CLEANING | 23,041.00 | 889.06 | 22,151.94 | 3.86 |
| 5346 | BRIDGES & CULVERTS | 500.00 | 0.00 | 500.00 | 0.00 |
| 5347 | SNOW & ICE CONTROL | 87,371.00 | 29,546.05 | 57,824.95 | 33.82 |
| 5348 | STREET SIGNS & MARKINGS | 21,727.00 | 2,365.93 | 19,361.07 | 10.89 |
| 5362 | GARBAGE COLLECTION | 8,238.00 | 1,032.56 | 7,205.44 | 12.53 |
| 5431 | ANIMAL POUND | 2,600.00 | 2,492.60 | 107.40 | 95.87 |
| 5512 | MUSEUM | 10,550.00 | 1,559.97 | 8,990.03 | 14.79 |
| 5521 | PARKS | 211,814.00 | 8,311.47 | 203,502.53 | 3.92 |
| 5522 | CELEBRATIONS | 8,887.00 | 593.95 | 8,293.05 | 6.68 |
| 5611 | FORESTRY | 45,194.00 | 10,150.62 | 35,043.38 | 22.46 |
| 5613 | WEED CONTROL | 745.00 | 0.00 | 745.00 | 0.00 |
| 5632 | PLANNING DEPARTMENT | 117,450.00 | 6,422.12 | 111,027.88 | 5.47 |
| 5660 | STORMWATER MASTER PLAN | 28,750.00 | 3,362.75 | 25,387.25 | 11.70 |
| 5670 | ECONOMIC DEVELOPMENT | 45,174.00 | 16,175.27 | 28,998.73 | 35.81 |
| 5890 | USE OF DESIGNATED FUNDS | 101,500.00 | 92,000.00 | 9,500.00 | 90.64 |
| 5900 | OTHER FINANCING USES | 91,745.00 | 0.00 | 91,745.00 | 0.00 |
| TOTAL EXPENDITURES | | 6,361,268.00 | 1,352,866.53 | 5,008,401.47 | 21.27 |
| Fund 100 - GENERAL FUND: | | | | | |
| TOTAL REVENUES | | 6,361,268.00 | 3,240,613.05 | 3,120,654.95 | 50.94 |
| TOTAL EXPENDITURES | | 6,361,268.00 | 1,352,866.53 | 5,008,401.47 | 21.27 |
| NET OF REVENUES & EXPENDITURES | | 0.00 | 1,887,746.52 | (1,887,746.52) | 100.00 |

PERIOD ENDING 03/31/2026

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|---------------------------------|-----------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 92,979.00 | 12,249.70 | 80,729.30 | 13.17 |
| PTAX | GENERAL PROPERTY TAX | 617,245.00 | 154,311.27 | 462,933.73 | 25.00 |
| EBIX | EBIX REVENUES | 1,400,000.00 | 432,966.54 | 967,033.46 | 30.93 |
| IGOVTRV | INTERGOVERNMENTAL REVENUES | 190,908.00 | 62,676.22 | 128,231.78 | 32.83 |
| PUBCHGS | PUBLIC CHARGES FOR SERVICES | 1,000.00 | 0.00 | 1,000.00 | 0.00 |
| IGOVTC | INTERGOVERNMENTAL CHARGES | 617,245.00 | 154,311.27 | 462,933.73 | 25.00 |
| INVSTINC | INVESTMENT INCOME | 40,000.00 | 14,106.00 | 25,894.00 | 35.27 |
| TOTAL REVENUES | | 2,959,377.00 | 830,621.00 | 2,128,756.00 | 28.07 |
| Expenditures | | | | | |
| 5140 | ADMINISTRATIVE & GENERAL | 29,150.00 | 7,287.48 | 21,862.52 | 25.00 |
| 5221 | FIRE ADMINISTRATION | 1,172,870.00 | 259,106.57 | 913,763.43 | 22.09 |
| 5222 | FIRE SUPPRESSION | 82,900.00 | 6,856.01 | 76,043.99 | 8.27 |
| 5223 | FIRE TRAINING | 31,429.00 | 2,720.36 | 28,708.64 | 8.66 |
| 5231 | AMBULANCE | 550,887.00 | 128,210.38 | 422,676.62 | 23.27 |
| 5232 | AMBULANCE TRAINING | 20,738.00 | 1,494.85 | 19,243.15 | 7.21 |
| 5233 | REFERENDUM FUNDED STAFFING | 806,426.00 | 155,011.69 | 651,414.31 | 19.22 |
| 5700 | CAPITAL OUTLAY EXPENDITURES | 95,000.00 | 3,000.00 | 92,000.00 | 3.16 |
| 5880 | USE OF GRANTS/DONATIONS | 0.00 | 7,696.20 | (7,696.20) | 100.00 |
| 5890 | USE OF DESIGNATED FUNDS | 17,500.00 | 16,000.00 | 1,500.00 | 91.43 |
| 5900 | OTHER FINANCING USES | 152,477.00 | 73,978.67 | 78,498.33 | 48.52 |
| TOTAL EXPENDITURES | | 2,959,377.00 | 661,362.21 | 2,298,014.79 | 22.35 |
| Fund 150 - FIRE/AMBULANCE FUND: | | | | | |
| TOTAL REVENUES | | 2,959,377.00 | 830,621.00 | 2,128,756.00 | 28.07 |
| TOTAL EXPENDITURES | | 2,959,377.00 | 661,362.21 | 2,298,014.79 | 22.35 |
| NET OF REVENUES & EXPENDITURES | | 0.00 | 169,258.79 | (169,258.79) | 100.00 |

PERIOD ENDING 03/31/2026

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|--------------------------------|-------------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 610 - WATER UTILITY FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 1,000.00 | 240,371.15 | (239,371.15) | 4,037.12 |
| UTILREV | UTILITY REVENUES | 2,413,200.00 | 538,613.54 | 1,874,586.46 | 22.32 |
| CONTRIB | CONTRIBUTED CAPITAL | 106,253.00 | 55,228.51 | 51,024.49 | 51.98 |
| MISCINC | MISC INCOME UTILITIES | 199,700.00 | 117,392.27 | 82,307.73 | 58.78 |
| IGOVTC | INTERGOVERNMENTAL CHARGES | 1,500.00 | 370.90 | 1,129.10 | 24.73 |
| INVTINC | INVESTMENT INCOME | 118,733.00 | 41,250.77 | 77,482.23 | 34.74 |
| TOTAL REVENUES | | 2,840,386.00 | 993,227.14 | 1,847,158.86 | 34.97 |
| Expenditures | | | | | |
| 5890 | USE OF DESIGNATED FUNDS | 9,625.00 | 10,000.00 | (375.00) | 103.90 |
| 5900 | OTHER FINANCING USES | 67,655.00 | 20,000.00 | 47,655.00 | 29.56 |
| 6200 | PUMPING OPERATIONS | 161,420.00 | 28,635.90 | 132,784.10 | 17.74 |
| 6210 | PUMPING MAINTENANCE | 135,322.00 | 9,580.52 | 125,741.48 | 7.08 |
| 6300 | WATER TREATMENT OPERATIONS | 128,915.00 | 13,981.56 | 114,933.44 | 10.85 |
| 6310 | WATER TREATMENT MAINTENANCE | 22,051.00 | 1,883.66 | 20,167.34 | 8.54 |
| 6450 | T&D-DISTR RSRVR/STNDP MAINT | 61,589.00 | 3,500.00 | 58,089.00 | 5.68 |
| 6451 | T&D-MAINS MAINTENANCE | 70,920.00 | 3,161.49 | 67,758.51 | 4.46 |
| 6452 | T&D-SERVICES MAINTENANCE | 69,412.00 | 11,059.14 | 58,352.86 | 15.93 |
| 6453 | T&D-METERS MAINTENANCE | 38,120.00 | 5,524.48 | 32,595.52 | 14.49 |
| 6454 | T&D-HYDRANTS MAINTENANCE | 32,348.00 | 92.70 | 32,255.30 | 0.29 |
| 6901 | METER READING LABOR | 3,754.00 | 974.96 | 2,779.04 | 25.97 |
| 6902 | ACCOUNTING & COLLECTING LABOR | 87,678.00 | 20,498.46 | 67,179.54 | 23.38 |
| 6920 | ADMINISTRATIVE & GENERAL EXP | 1,291,550.00 | 175,391.06 | 1,116,158.94 | 13.58 |
| TOTAL EXPENDITURES | | 2,180,359.00 | 304,283.93 | 1,876,075.07 | 13.96 |
| Fund 610 - WATER UTILITY FUND: | | | | | |
| TOTAL REVENUES | | 2,840,386.00 | 993,227.14 | 1,847,158.86 | 34.97 |
| TOTAL EXPENDITURES | | 2,180,359.00 | 304,283.93 | 1,876,075.07 | 13.96 |
| NET OF REVENUES & EXPENDITURES | | 660,027.00 | 688,943.21 | (28,916.21) | 104.38 |

PERIOD ENDING 03/31/2026

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|-------------------------------------|------------------------------|------------------------|---------------------------|----------------------|----------------|
| Fund 620 - WASTEWATER UTILITY FUND | | | | | |
| Revenues | | | | | |
| OTHERREV | OTHER REVENUES | 400.00 | 6.64 | 393.36 | 1.66 |
| OFS | OTHER FINANCING SOURCES | 20,000.00 | 20,000.00 | 0.00 | 100.00 |
| UTILREV | UTILITY REVENUES | 2,224,700.00 | 552,640.05 | 1,672,059.95 | 24.84 |
| LICPER | LICENSES & PERMITS | 90,760.00 | 40,503.69 | 50,256.31 | 44.63 |
| CONTRIB | CONTRIBUTED CAPITAL | 44,990.00 | 20,408.29 | 24,581.71 | 45.36 |
| MISCINC | MISC INCOME UTILITIES | 250,000.00 | 36,843.65 | 213,156.35 | 14.74 |
| INVSTINC | INVESTMENT INCOME | 129,000.00 | 28,708.37 | 100,291.63 | 22.25 |
| TOTAL REVENUES | | 2,759,850.00 | 699,110.69 | 2,060,739.31 | 25.33 |
| Expenditures | | | | | |
| 5890 | USE OF DESIGNATED FUNDS | 9,625.00 | 10,000.00 | (375.00) | 103.90 |
| 5900 | OTHER FINANCING USES | 247,323.00 | 0.00 | 247,323.00 | 0.00 |
| 8010 | WWTP-TREATMENT/DISPOSAL/GP | 905,728.00 | 146,562.66 | 759,165.34 | 16.18 |
| 8020 | LIFT STATIONS/PUMPING EQUIP | 49,320.00 | 14,675.85 | 34,644.15 | 29.76 |
| 8030 | WASTEWATER COLLECTION SYSTEM | 130,168.00 | 179.53 | 129,988.47 | 0.14 |
| 8300 | ACCOUNTING/COLLECTING | 84,678.00 | 20,448.86 | 64,229.14 | 24.15 |
| 8400 | ADMINISTRATIVE & GENERAL | 754,051.00 | 125,783.55 | 628,267.45 | 16.68 |
| TOTAL EXPENDITURES | | 2,180,893.00 | 317,650.45 | 1,863,242.55 | 14.57 |
| Fund 620 - WASTEWATER UTILITY FUND: | | | | | |
| TOTAL REVENUES | | 2,759,850.00 | 699,110.69 | 2,060,739.31 | 25.33 |
| TOTAL EXPENDITURES | | 2,180,893.00 | 317,650.45 | 1,863,242.55 | 14.57 |
| NET OF REVENUES & EXPENDITURES | | 578,957.00 | 381,460.24 | 197,496.76 | 65.89 |

PERIOD ENDING 03/31/2026

SELECT FUNDS

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|--------------------------------|-------------|------------------------|---------------------------|----------------------|----------------|
| TOTAL REVENUES - ALL FUNDS | | 14,920,881.00 | 5,763,571.88 | 9,157,309.12 | 38.63 |
| TOTAL EXPENDITURES - ALL FUNDS | | <u>13,681,897.00</u> | <u>2,636,163.12</u> | <u>11,045,733.88</u> | <u>19.27</u> |
| NET OF REVENUES & EXPENDITURES | | 1,238,984.00 | 3,127,408.76 | (1,888,424.76) | 252.42 |

VILLAGE OF MUKWONAGO

Agenda Item Report for the Committee of the Whole



| | | | |
|---|--|--------------------|--|
| Topic: | | | |
| Discussion/Recommendation regarding Ordinance 1042 an ordinance revising Chapter 66, "Solid Waste," of the Mukwonago Municipal Code to Conform to DNR Revisions to the State Administrative Code Governing Recycling | | | |
| Date: | | | |
| May 6, 2026 | | | |
| Presenter: | | Department: | |
| Ron Bittner, DPW Director | | Public Works | |
| Conformance with Strategic Plan: | | | |
| Quality of Life | | | |
| Overview / Background Information | | | |
| The revised recycling ordinance was submitted to the Wisconsin Department of Natural Resources (DNR) for review and recordkeeping. During their review, the DNR identified three items requiring attention. First, Section 66-72 contained outdated language related to medical waste disposal; this language has since been removed. Additionally, the DNR determined that Sections 66-80 and 66-81 did not fully satisfy their required ordinance language. To address this, the language from the DNR's sample ordinance was adopted verbatim. The DNR has reviewed these revisions and confirmed that the updated ordinance now meets their requirements. | | | |
| Key Issues | | | |
| | | | |
| Fiscal Note / Budget Impact | | | |
| N/A | | | |
| Action Requested / Recommendation | | | |
| Recommendation to approve the revised recycling ordinance. | | | |

ORDINANCE NO. 1042

An Ordinance Revising Chapter 66, “Solid Waste,” of the Mukwonago Municipal Code to Conform to DNR Revisions to the State Administrative Code Governing Recycling

WHEREAS, the Wisconsin Department of Natural Resources (DNR) has revised the administrative code that oversees Responsible Units’ (“RU”) effective recycling programs and other aspects of Wisconsin’s recycling law; and

WHEREAS, as an RU under Wisconsin rules, the Village of Mukwonago is required to amend Chapter 66 (“Solid Waste”) ; and

WHEREAS, the Village has previously amended Chapter 66 to adapt to these new guidelines, upon review the DNR asked the Village to further amend portions of the code to keep up with latest DNR advisements and amendments as of spring of 2026, and

NOW THEREFORE, at a regular meeting of the Village Board of the Village of Mukwonago, Waukesha County, Wisconsin, held on the 20th day of May, 2026, by a favorable vote of the Board, said Board does ordain as follows:

SECTION 1

Section 66-72, “Nondisposable materials,” of Article III, “Recycling,” of Chapter 46, “Solid Waste,” of the Village of Mukwonago Municipal Code is hereby repealed and replaced as follows:

It shall be unlawful for any person to place for disposal any of the following wastes: Hazardous and toxic wastes, chemicals, explosives, flammable liquids, paint, trees and stumps, construction debris, carcasses, medical wastes.

SECTION 2

Section 66-80, “Responsibilities of owners or designated agents of multiple-family dwellings,” of Article III, “Recycling,” of Chapter 46, “Solid Waste,” of the Village of Mukwonago Municipal Code is hereby repealed and replaced as follows:

- (a) Owners or designated agents of multiple-family dwellings shall do all of the following to recycle the materials specified in § 66-75(a)(5)-(15):
 - (1) Provide adequate, separate containers for the recycling program established in compliance with the ordinance. The number of recycling containers shall equal or be

greater than the number of trash containers and at least one of the following shall be met:

- i. The minimum total volume of recycling container space is equal to 20 gallons per week per dwelling unit.
 - ii. The ratio of trash container volume to recycling container volume is at most 2:1.
 - iii. An alternative method that does not result in the overflow of a recycling container during the time period between collection of materials and delivery to a recycling facility.
- (2) Notify tenants in writing at the time of renting or leasing the dwelling and at least semi-annually thereafter about the established recycling program.
 - (3) Provide for the collection of the materials separated from the solid waste by the tenants and the delivery of the materials to a recycling facility.
 - (4) Notify tenants which materials are collected, how to prepare the materials in order to meet the processing requirements, collection methods or sites, and locations of drop-off collection sites to recycle materials not collected on-site.
- (b) The requirements specified in (a) do not apply to the owners or designated agents of multiple-family dwellings if the postconsumer waste generated within the dwelling is treated at a processing facility licensed by the Department of Natural Resources that recovers for recycling the materials specified in § 66-75(a)(5)-(15): from solid waste in as pure a form as is technically feasible.

SECTION 3

Section 66-81, "Responsibilities of owners or designated agents of nonresidential facilities and properties including trailer parks," of Article III, "Recycling," of Chapter 46, "Solid Waste," of the Village of Mukwonago Municipal Code is hereby repealed and replaced as follows:

- (a) Owners or designated agents of non-residential facilities and properties shall do all of the following to recycle the materials specified in § 66-75(a)(5)-(15):
 - (1) Provide adequate, separate containers for the recycling program established under this section. The total volume of recycling containers shall be sufficient to avoid overflow during the time period between collection of materials and delivery to a recycling facility.
 - (2) Notify in writing, at least semi-annually, all users, tenants and occupants of the properties about the established recycling program.

- (3) Provide for the collection of the materials separated from the solid waste by the users, tenants and occupants and the delivery of the materials to a recycling facility.
- (4) Notify users, tenants and occupants which materials are collected, how to prepare materials in order to meet the processing requirements, collection methods or sites, and locations of drop-off collection sites to recycle materials not collected on-site.
- (b) The requirements specified in (a) herein do not apply to the owners or designated agents of non-residential facilities and properties if the postconsumer waste generated within the facility or property is treated at a processing facility licensed by the Department of Natural Resources that recovers for recycling the materials specified in § 66-75(a)(5)-(15) from solid waste in as pure a form as is technically feasible.

SECTION 4

That all Ordinances or parts of Ordinances conflicting with the provisions of this Ordinance are hereby to such extent repealed.

SECTION 5

If any portion of this Ordinance is invalid or unconstitutional, or the application of this Ordinance to any person or circumstances is invalid or unconstitutional, such invalidity or unconstitutionality shall not affect the other provisions or applications of this Ordinance which can be given effect without the invalid or unconstitutional provisions or applications.

SECTION 6

That this Ordinance shall take effect and be in force from and after its passage and posting as provided by law, and the Village Clerk shall so amend the Code of Ordinances of the Village of Mukwonago and shall indicate the number of this amending ordinance therein.

PASSED AND ADOPTED by the Village Board of the Village of Mukwonago, Waukesha County, Wisconsin, 20th day of May, 2026.

Fred Winchowky, Village President, Board of Trustees

Countersigned:

Lana Kropf, Village Clerk-Treasurer



ARTICLE III

Recycling

Division 1 Generally

§ 66-51 Purpose of article.

§ 66-52 Statutory authority of article.

§ 66-53 Abrogation and greater restrictions.

§ 66-54 Interpretation of article.

§ 66-55 Applicability of article.

§ 66-56 Definitions.

§ 66-57 Administration.

§ 66-58 Enforcement of article.

§ 66-59 Penalty for violation of article.

§ 66-60 through § 66-70. (Reserved)

Division 2 Source Separation of Garbage, Refuse and Recyclables

§ 66-71 Dumping.

§ 66-72 Nondisposable materials.

§ 66-73 Garbage from outside of municipality.

§ 66-74 Use of recycling facilities.

§ 66-75 Separation of recyclable materials.

§ 66-76 Separation requirements exempted.

§ 66-77 Care of separated recyclable materials.

§ 66-78 Management of lead acid batteries, major appliances, waste oil, yard waste and tires.

§ 66-79 Preparation and collection of recyclable materials.

§ 66-80 Responsibilities of owners or designated agents of multiple-family dwellings.

§ 66-81 Responsibilities of owners or designated agents of nonresidential facilities and properties including trailer parks.

§ 66-82 Prohibitions on disposal of recyclable materials separated for recycling.

§ 66-83 Collection.

§ 66-84 Unauthorized collection.

Division 1 Generally

§ 66-51 Purpose of article.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(A), 10-4-1994]

The purpose of this article is to promote recycling, composting and resource recovery through the administration of an effective recycling program, as provided in W.S.A., § ~~287.11~~ 159.11, and chapter NR 544, Wis. Adm. Code.

§ 66-52 Statutory authority of article.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(B), 10-4-1994]

This article is adopted as authorized under W.S.A., § ~~287.09(3)(b)~~ 159.09(3)(b), and Wis. Adm. Code, NR 544.04(2) and 544.06.

§ 66-53 Abrogation and greater restrictions.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(C), 10-4-1994]

It is not intended by this article to repeal, abrogate, annul, impair or interfere with any existing rules, regulations, ordinances or permits previously adopted or issued pursuant to law. However, whenever this article imposes greater restrictions, the provisions of this article shall apply.

§ 66-54 Interpretation of article.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(D), 10-4-1994]

In their interpretation and application, the provisions of this article shall be held to be the minimum requirements and shall not be deemed a limitation or repeal of any other power granted by the state statutes. Where any terms or requirements of this article may be inconsistent or conflicting, the more restrictive requirements or interpretation shall apply. Where a provision of this article is required by state statute, or by a standard in chapter NR 544, Wis. Adm. Code, and where the ordinance provision is unclear, the provision shall be interpreted in light of the state statutes and the chapter NR 544 standards in effect on the date of the adoption of the ordinance from which this section derives, or in effect on the date of the most recent text amendment of this article. **Should any portion of this**

ordinance be declared unconstitutional or invalid by a court of competent jurisdiction, the remainder of this ordinance shall not be affected.

§ 66-55 Applicability of article.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(F), 10-4-1994]

The requirements of this article shall apply to all persons and entities within the corporate limits of the Village.

§ 66-56 Definitions.

[Ord. No. 543, § 1 (1 — 20, 22 — 25), 10-4-1994]

(a) The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

BI-METAL CONTAINER

A container for carbonated or malt beverages that is made primarily of a combination of steel and aluminum.

CONTAINER BOARD

Corrugated paper board used in the manufacture of shipping containers and related products.

FOAM POLYSTYRENE PACKING

Packaging made primarily from foam polystyrene that satisfies one of the following criteria:

- (1) Is designed for serving food or beverages;
- (2) Consists of loose particles intended to fill space and cushion the packaged article in a shipping container; and
- (3) Consists of rigid materials shaped to hold and cushion the packaged article in a shipping container.

HDPE

High density polyethylene, labeled by the SPI code #2.

LDPE

Low density polyethylene, labeled by the SPI code #4.

MAGAZINES

Magazines and other materials printed on similar paper.

MAJOR APPLIANCE OR WHITE GOODS

A residential or commercial air conditioner, clothes washer, dishwasher, freezer, residential or commercial furnace, boiler, dehumidifier, water heater, oven, refrigerator, stove or microwave oven if the capacitor has not been removed.

MULTIPLE-FAMILY DWELLING

A property containing five or more residential units, including those which are occupied seasonally.

NEWSPAPER

A newspaper and other materials printed on newsprint.

NONRESIDENTIAL FACILITIES AND PROPERTIES

Commercial, retail, industrial, institutional and governmental facilities and properties. **Non-residential facilities and properties includes any location at which goods or services are provided or manufactured, including locations under construction, demolition, or remodeling, or used for special events such as fairs, festivals, sport venues, conferences, and exhibits.** This term does not include multiple-family dwellings.

OFFICE PAPER

High grade printing and writing papers from offices in nonresidential facilities and properties. Printed white ledger and computer printout are examples of office paper generally accepted as high grade. This term does not include industrial process waste.

OTHER RESINS or MULTIPLE RESINS

Plastic resins labeled by the SPI code #7.

PERSONS

Any individual, corporation, partnership, association, local governmental unit, as defined in W.S.A., § 66.0131299(1)(a), state agency or authority or federal agency.

PETE or PET

Polyethylene terephthalate, labeled by the SPI code #1.

PLASTIC CONTAINER

An individual, separate, rigid plastic bottle, can, jar or carton, except for a blister pack, that is originally used to contain a product that is the subject of a retail sale.

POSTCONSUMER WASTE

Solid waste other than solid waste generated in the production of goods, hazardous waste, as defined in W.S.A., § 291.07(7) ~~144.61(5)~~, waste from construction and demolition of structures, scrap automobiles, or high-volume industrial waste, as defined in W.S.A. § 289.01(17) ~~144.44(7)(a)(1)~~.

PP

Polypropylene, labeled by the SPI code #5.

PS

Polystyrene, labeled by the SPI code #6.

PVC

Polyvinyl chloride, labeled by the SPI code #3.

RECYCLABLE MATERIALS

Lead acid batteries; major appliances; waste oil; yard waste; aluminum containers; corrugated paper or other container board; foam polystyrene packaging; glass containers; magazines; newspaper; office paper; ridged plastic containers, including those made of PETE, HDPE, PVC, LDPE, PP, PS, and other resins or multiple resins; steel containers; waste tires; and bi-metal containers.

SOLID WASTE

Definition and meaning as specified in W.S.A., § 289.01(33),

SOLID WASTE FACILITY

As specified in W.S.A., § 289.01(35) ~~144.43(5)~~.

SOLID WASTE TREATMENT

Any method, technique or process which is designed to change the physical, chemical or biological character or composition of solid waste. The word "treatment" includes incineration.

WASTE TIRE

A tire that is no longer suitable for its original purpose because of wear, damage or defect.

YARD WASTE

Leaves, grass clippings, yard and garden debris and brush, including clean woody vegetative material no greater than six inches in diameter. This term does not include stumps, roots or shrubs with intact root balls or ornamental Christmas trees.

§ 66-57Administration.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(G), 10-4-1994]

The provisions of this article shall be administered by the Village Board or its designees.

§ 66-58Enforcement of article.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(5), 10-4-1994]

(a) For the purpose of ascertaining compliance with the provisions of this article, any authorized officer, employee, agent or representative of the Village may inspect recyclable materials separated for recycling, postconsumer waste intended for disposal, recycling collection sites and facilities, collection vehicles, collection areas of multiple-family dwellings and nonresidential facilities and properties, and any records relating to recycling activities, which shall be kept confidential when necessary to protect proprietary information. No person may refuse access to any authorized officer, employee, agent or authorized representative of the Village who requests access for purposes of inspection and who presents appropriate credentials. No person may obstruct, hamper, or interfere with such an inspection.

(b) The requirements specified in Subsection (a) of this section do not apply to the owners or designated agents of nonresidential facilities and properties or mobile home parks if the postconsumer waste generated within the facility or property is treated at a processing facility licensed by the department of natural resources that recovers for recycling the materials specified in § 66-73(a)(5) — (15) from solid waste in as pure a form as is technically feasible.

§ 66-59Penalty for violation of article.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(Y), 10-4-1994]

(a) Any person who violates a provision of this article may be issued a citation by the Village police department. The issuance of a citation shall not preclude proceeding under any other ordinance or law relating to the same or any other matter. Proceeding under any

other ordinance or law relating to the same or any other matter shall not preclude the issuance of a citation under this subsection.

(b) Penalties for violating this article may be assessed as follows:

(1) Any person who violates § 66-82 may be required to forfeit \$50 for a first violation, \$200 for a second violation, and not more than \$2,000 for a third or subsequent violation.

(2) Any person who violates a provision of this article, except § 66-82, may be required to forfeit not less than \$10 nor more than \$1,000 for each violation.

§ 66-60 through § 66-70. (Reserved)

Division 2 Source Separation of Garbage, Refuse and Recyclables

§ 66-71 Dumping.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(U), 10-4-1994]

It shall be a violation of this article for any person or entity to dump, leave or otherwise place any solid waste or recyclable materials on property not owned by such individual or entity except or as otherwise directed by the Village or its agents.

§ 66-72 Nondisposable materials.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(V), 10-4-1994]

It shall be unlawful for any person to place for disposal any of the following wastes: Hazardous and toxic wastes, chemicals, explosives, flammable liquids, paint, trees and stumps, construction debris, carcasses, medical wastes. ~~unless such wastes are personal needles which shall be contained in cardboard to eliminate injury to collection personnel.~~

§ 66-73 Garbage from outside of municipality.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(W), 10-4-1994]

It shall be unlawful to bring refuse for disposal (and recyclables) from outside the corporate limits into the Village unless authorized by agreement with the Village.

§ 66-74 Use of recycling facilities.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(X), 10-4-1994]

The recycling facilities of the Village shall be solely for the use of Village residents and businesses located within the corporate limits of the Village.

§ 66-75 Separation of recyclable materials.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(J), 10-4-1994]

(a) Occupants of single-family and two to four unit residences, multiple-family dwellings and nonresidential facilities and properties shall separate the following materials from postconsumer waste, except as expressly provided in this division:

- (1) Lead acid batteries;
- (2) Major appliances;
- (3) Waste oil;
- (4) Yard waste;
- (5) Aluminum containers;
- (6) Bi-metal containers;
- (7) Corrugated paper or other container board;
- (8) Foam polystyrene packaging;
- (9) Glass containers;
- (10) Magazines;
- (11) Newspaper;
- (12) Office paper;
- (13) Rigid plastic containers made of PETE, HDPE, PVC, LDPE, PP, PS and other resins or multiple resins;
- (14) Steel containers; and
- (15) Waste tires.

§ 66-76 Separation requirements exempted.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(K), 10-4-1994]

(a) The separation requirements of § 66-75 do not apply to the following:

- (1) Occupants of single-family and two to four unit residences, multiple-family dwellings and nonresidential facilities and properties that send their postconsumer waste to a processing facility licensed by the state department of natural resources that recovers the materials specified in § 66-75 from solid waste in as pure a form as is technically feasible.

(2) Solid waste which is burned as a supplemental fuel at a facility if less than 30% of the heat input to the facility is derived from the solid waste burned as supplemental fuel.

(3) A recyclable material specified in § 66-75(a)(5) — (15) for which a variance has been granted by the department of natural resources under W.S.A., § ~~287.11~~ 159.11(2m), or NR 544.14, Wis. Adm. Code.

(4) Rigid plastic containers made of PVC, LDPE, PP, PS and other resins or multiple resins shall not be required to be separated from postconsumer waste ~~as of~~ until January 1, 1996.

§ 66-77 Care of separated recyclable materials.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(L), 10-4-1994]

To the greatest extent practicable, the recyclable materials separated in accordance with § 66-75 shall be clean and kept free of contaminants such as food or product residue, oil or grease, or other nonrecyclable materials including, but not limited to, household hazardous waste, medical waste, and agricultural chemical containers. Recyclable materials shall be stored in a manner which protects them from wind, rain, and other inclement weather conditions.

§ 66-78 Management of lead acid batteries, major appliances, waste oil, yard waste and tires.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(M), 10-4-1994]

(a) Occupants of single-family and two to four unit residences, multiple-family dwellings and nonresidential facilities and properties shall manage lead acid batteries, major appliances, waste oil, yard waste and tires as follows:

(1) Lead acid batteries that are whole and unbroken may be placed curbside, adjacent to the recycling bin, at the time set forth in § 66-83.

(2) Major appliances may be disposed ~~of by scheduling a collection with the Village's licensed hauler~~ on a weekly basis. Arrangements shall be made through the ~~Village's license hauler's~~ Village Clerk's office. The owner may be billed for such pickups.

(3) Waste oil may be placed curbside in securely sealed gallon containers adjacent to the recycling bin at the time as set forth in § 66-83.

(4) Yard waste shall be managed by the citizen or nonresidential entity through a compost program. Yard waste may be collected ~~six two times per year at curbside and two times per year at scheduled drop-off locations by the~~ ~~by the~~ Village's licensed hauler. ~~Branches and tree cuttings may be collected two times per year at curbside by the Village's licensed~~

hauler. All branches and tree cuttings shall be cut in lengths of less than four feet in length and securely bundled to a diameter of less than four feet in length and securely bundled to a diameter of less than two feet. Leaves may be collected **as part of the yard waste collections** twice per year by the Village's licensed hauler. Leaves shall be in **compostable paper bags or reusable containers that can be emptied**, ~~clear plastic bags~~ and placed at curbside. Notice of yard waste pickup shall be accomplished by publication **on the Village's website** ~~in the Mukwonago Chief~~.

(5) A maximum of ~~two tires per month (eight max per year)~~ **one tire** Tires may be placed curbside **as part of the bulk collection program. Annual and event limits may apply based on the current contract.** ~~Collections shall be scheduled with the Village's licensed hauler on such dates and at such times as the Village shall establish.~~ The fee for the recycling of such materials shall be established by the Village Board from time to time, based upon the cost of disposal.

§ 66-79 Preparation and collection of recyclable materials.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(N), 10-4-1994]

(a) Except as otherwise directed by the Village Board or its designees, occupants of single-family and two to four unit residences shall do the following for the preparation and collection of the separated materials specified in § 66-75(a)(5) — (15):

(1) Aluminum containers, **and** bi-metal containers ~~and steel containers~~ shall be rinsed free of product residue and placed in the recycling bin and placed at the curb at the time set forth in § 66-83.

(2) Corrugated paper or other materials shall be free of debris, flattened, stacked and tied and placed in a clear plastic bag and put on the curb at the time set forth in § 66-83.

(3) Foam polystyrene packaging shall be prepared for collection as specified from time to time by the Village and/or the hauler.

(4) Glass containers shall be rinsed free of product residue, caps shall be removed and discarded, and the glass container shall then be placed in the recycling bin and placed at the curb at the time set forth in § 66-83.

(5) Newspapers, magazines, cardboard boxes, office paper, grey board (cereal boxes, etc.), paper board, books and any clean dry paper shall be free of debris and shall be flattened, stacked and tied or, in the alternative, placed inside of a paper bag and then placed at the curb at the time set forth in § 66-83.

(6) Rigid plastic containers shall be prepared and collected as follows:

a. Rigid plastic containers made of HDPE or PETE including milk jugs, detergent bottles, etc., shall be rinsed free of product residue and caps shall be removed and discarded. Such plastic materials shall be placed in the recycling bin.

b. Rigid plastic containers made of PVC, LDPE, PP, PS or other resins shall, beginning on January 1, 1996, be rinsed free of product residue and the caps shall be removed and discarded. The containers shall be placed in the recycling bin.

(7) Steel Containers shall be rinsed free of product residue and placed in the recycling bin and placed at the curb at the time set forth in § 66-83.

§ 66-80 Responsibilities of owners or designated agents of multiple-family dwellings.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(O), 10-4-1994]

~~(a) Owners or designated agents of multiple-family dwellings shall do all of the following to recycle the materials specified in § 66-75(a)(5) — (15):~~

~~(1) Provide adequate, separate containers for the recyclable materials.~~

~~(2) Notify tenants in writing at the time of renting or leasing the dwelling and at least semiannually thereafter about the established recycling program.~~

~~(3) Provide for the collection of the materials separated from the solid waste by the tenants and the delivery of a recycling facility.~~

~~(4) Notify tenants of reasons to reduce and recycle solid waste, which materials are collected, how to prepare the materials in order to meet the processing requirements, collection methods or sites, locations and hours of operation, and a contact person or company, including a name, address and telephone number.~~

~~(b) The requirements specified in Subsection (a) of this section do not apply to the owners or designated agents of multiple-family dwellings if the postconsumer waste generated within the dwelling is treated at a processing facility licensed by the department of natural resources that recovers for recycling the materials specified in § 66-75(a)(5) — (15) from solid waste in as pure a form as is technically feasible.~~

1) Owners or designated agents of multiple-family dwellings shall do all of the following to recycle the materials specified in § 66-75(a)(5) — (15):

a) Provide adequate, separate containers for the recycling program established in compliance with the ordinance. The number of recycling containers shall equal or be greater than the number of trash containers and at least one of the following shall be met:

- i. The minimum total volume of recycling container space is equal to 20 gallons per week per dwelling unit.
- ii. The ratio of trash container volume to recycling container volume is at most 2:1.
- iii. An alternative method that does not result in the overflow of a recycling container during the time period between collection of materials and delivery to a recycling facility.
- b) Notify tenants in writing at the time of renting or leasing the dwelling and at least semi-annually thereafter about the established recycling program.
- c) Provide for the collection of the materials separated from the solid waste by the tenants and the delivery of the materials to a recycling facility.
- d) Notify tenants which materials are collected, how to prepare the materials in order to meet the processing requirements, collection methods or sites, and locations of drop-off collection sites to recycle materials not collected on-site.
- 2) The requirements specified in 1) do not apply to the owners or designated agents of multiple-family dwellings if the postconsumer waste generated within the dwelling is treated at a processing facility licensed by the Department of Natural Resources that recovers for recycling the materials specified in § 66-75(a)(5) — (15): from solid waste in as pure a form as is technically feasible.

§ 66-81 Responsibilities of owners or designated agents of nonresidential facilities and properties including trailer parks.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(P)(1), 10-4-1994]

~~(a) Owners or designated agents of nonresidential facilities and properties shall do all of the following to recycle the materials specified in § 66-75(a)(5) — (15):~~

~~(1) Provide adequate, separate containers for the recyclable material.~~

~~(2) Notify, in writing, at least semiannually, all users, tenants and occupants of the properties about the established recycling program.~~

~~(3) Provide for the collection of the materials separated from the solid waste by the users, tenants and occupants and the delivery of the materials to a recycling facility.~~

~~(4) Notify users, tenants and occupants of reasons to reduce and recycle, which materials are collected, how to prepare materials in order to meet the processing requirements,~~

collection methods or sites, locations and hours of operation, and a contact person or company, including a name, address and telephone number.

~~(b) The requirements specified in 1) do not apply to the owners or designated agents of non-residential facilities and properties if the postconsumer waste generated within the facility or property is treated at a processing facility licensed by the Department of Natural Resources that recovers for recycling the materials specified in § 66-75(a) (5) through (15) from solid waste in as pure a form as is technically feasible.~~

(a) Owners or designated agents of non-residential facilities and properties shall do all of the following to recycle the materials specified in § 66-75(a)(5) — (15): s. Provide adequate, separate containers for the recycling program established under this section. The total volume of recycling containers shall be sufficient to avoid overflow during the time period between collection of materials and delivery to a recycling facility.

(b) Notify in writing, at least semi-annually, all users, tenants and occupants of the properties about the established recycling program.

(c) Provide for the collection of the materials separated from the solid waste by the users, tenants and occupants and the delivery of the materials to a recycling facility.

(d) Notify users, tenants and occupants which materials are collected, how to prepare materials in order to meet the processing requirements, collection methods or sites, and locations of drop-off collection sites to recycle materials not collected on-site.

1) The requirements specified in 1) do not apply to the owners or designated agents of non-residential facilities and properties if the postconsumer waste generated within the facility or property is treated at a processing facility licensed by the Department of Natural Resources that recovers for recycling the materials specified in § 66-75(a)(5) — (15): from solid waste in as pure a form as is technically feasible.

§ 66-82 Prohibitions on disposal of recyclable materials separated for recycling.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(Q), 10-4-1994]

No person may dispose of in a solid waste disposal facility or burn in a solid waste treatment facility any of the materials specified in § 66-75(a)(5) — (15) which have been

separated for recycling, except waste tires may be burned with energy recovery in a solid waste treatment facility.

§ 66-83Collection.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(R), 10-4-1994]

(a) All recyclable materials and all solid waste shall be placed at the curb or road edge for pickup not more than 12 hours before the collection date. All ~~containers~~ **cars** shall be removed within eight hours following the pickup. Date of collection shall be determined by the Clerk's office and the contractor, subject to emergency situations. Collection dates shall be uniform on a weekly basis. Collection of dumpsters shall be by agreement of the owner and contractor.

(b) The contractor may refuse to furnish collection service to any person not complying with or refusing to comply with this article.

(c) All solid waste shall be placed in **hauler provided cars with lids secured** ~~metal or heavy duty plastic containers, boxes or plastic bags secured by a lid or securely tied to prevent access to flies and other insects.~~ The total weight of the filled container shall not exceed **125** ~~50~~ pounds.

§ 66-84Unauthorized collection.

[Code 1966, § 6.08; Ord. No. 543, § 6.08(T), 10-4-1994]

All solid waste and recyclable materials placed at the curb by users of the Village's refuse collection service, as provided through its authorized hauling agent for collection, become the property of the Village or its authorized hauling agent from the time of placement at the curb. It shall be a violation of this section for any person unauthorized by the Village to collect or cause to be collected these items.



Village of Mukwonago

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

Office Use Only

| | |
|------------------|--|
| Paid | |
| Security Deposit | |
| Calendar | |
| Excel Calendar | |
| Special Event | |
| Approved | |
| Permits Issued | |

SPECIAL EVENT PERMIT APPLICATION

Today's Date: 4-15-26 Rental Date(s): 6/12-6/14 8/14-8/16 7/17-7/19 9/11-9/13 Event Date(s): 6/13,14 7/18,19 8/15,16 9/12,13 Amount Paid: _____
 (including set up and clean up) (open to the public)

Event Name: MAXWELL STREET DAYS Applicants Name: Timothy J. Flury

Please refer to the Special Event Manual for step-by-step instructions.

Please select all the fees that apply for your event:

General Event Fees

- Class I Event (Includes alcohol and/or amplified music) \$20 per day
- Class II Event \$10 per day
- Temporary Operator (Bartender) License \$20 per event
*This License is only good for event
- Operator (Bartender) License (1 year) \$45 per year
- Temporary Class B (Picnic) Beer and/or Wine License \$10 per event
- Park rental Permit To Be Determined by event
- Parade Permit \$25 per event
- Firework Display Permit \$25 State & Local Permits required
- Pyrotechnics for Events or Entertainment pyrotechnics \$25 per event
- Security Deposit \$200 per event (on top of park fees)

Inspections

- Pre-Event Safety Inspection \$75 per hour
- Electrical Inspection \$75 per hour
- Tent Inspection (<2,500 sq ft) \$35
- Tent Inspection (>2,500 sq ft) \$50

Total Fees: \$ _____.

DEPARTMENT CONTACTS

| | | | |
|---------------------|----------------|---------------------|----------------|
| Clerk/Treasurer | (262) 363-6420 | Police | (262) 363-6435 |
| Building Inspection | (262) 363-6419 | Public Works | (262) 363-6447 |
| Fire | (262) 363-6426 | Water/Sewer Utility | (262) 363-6416 |

GUIDELINES

This application must be completed in its entirety and submitted to the Village of Mukwonago Clerk's Office, located at 440 River Crest Court, Mukwonago, WI 53149, for approval. A signed copy authorizing use of the park facility will be returned to the applicant upon approval.

This application, fees, and any supporting documentation must be submitted no less than 90 days prior to the event date to allow for Village Board approval. Fees are non-refundable.

*If this Special Event is taking place at a Village rental facility, a separate Rental Application is also required. Reservations are confirmed only after the completed application and full payment, including the security deposit, have been received. **Please make sure rental location is available first.***

"Residents" are defined as individuals residing within the Village of Mukwonago limits. Park facilities are rented on a first-come, first-served basis and are reserved by the day. Applications are taken for the current year only and are accepted after the 1st of that year.

Payments may be made by cash or check. Credit card payments are accepted in person only and are subject to a processing fee.

Mail completed Application and payments to:

Village Clerk-Treasurer's Office
ATTN: Parks
440 River Crest Ct
Mukwonago WI 53149

Village Hall Office Hours
Monday-Thursday 8am-5pm
Friday 8am-Noon
Holidays may affect these hours
*Hours are subject to change

Email to: parcs@villageofmukwonago.gov

EVENT PERSON CONTACT INFORMATION

Name: Timothy J Flury
Address: [REDACTED]
Cell Phone No: [REDACTED] Second Phone No: [REDACTED]
E-mail: 2nd ViceCommander@Post375.org

ORGANIZATION INFORMATION (if applicable)

Name of Organization: American Legion Post #375
Mailing Address: PO Box 152 City: Mukwonago State/Zip: WI 53149
Phone Number: [REDACTED] Email: Contact@Post375.org
Website Address: Post375.org

EVENT INFORMATION

Date(s) Rental needed: _____
(Please include days needed for setup and cleanup)

Date(s) of Event: _____
(Dates Event is Open to attendees)

Estimated Number of Participants: 10,000

Estimated Number of Vendors (if any): 400

Event Open to Public Daily Time: 8am

End Time: 5pm

Type of Event and Purpose: Flea Market

Location of Event: Field Park

(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. Please provide list of addresses notified with this application.*)

You MUST attach a detailed map of your event indicating the specific location and layout of your event. If you are having a parade a detailed map of route is required.

Provide General Plan of Operation of your event: (you may attach a separate sheet if needed)

Open Air Market

OTHER INFORMATION

Will alcohol be sold/served? *If yes, temporary Class B beer and/or wine (picnic) and operator (bartender) licenses are necessary under separate application.*

YES NO

Please list the number of Village of Mukwonago licensed bartenders that will be on site:

2

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

Will your event need electricity? *If yes, the Fire Department and Building Inspection Department will need to inspect prior.*

YES NO

Will you be setting up any lighting? *If yes, the Fire Department and Building Inspection Department will need to inspect prior.*

YES NO

Will your event require any fencing? *If yes, please provide plans for the fencing location and the gates. You will need to contact Diggers Hotline to have area marked before fence can be placed.*

YES NO

Does your event involve fireworks or pyrotechnics? (This also includes any entertainment ie) bands) *If yes, you will be contacted after approval with further instructions.*

YES NO

Does your event involve amplified music?

YES NO

If yes, will the amplified music be a: Band DJ Other **Hours of amplified music:**

2

Please list the number of security staff you will be providing for the event (if necessary):

Will you need barricades provided by the Village for your event?

YES NO

If yes, how many? 2 At North Entrance on NN

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

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

Will you provide parking for your participants? **If yes, please provide a plan describing where parking will be available.** On Street And Adjacent Lots Near Field Park

YES NO

Will you provide dumpster/clean-up services? **If yes, please provide a clean-up and refuse collection plan.** Troop 363 Hired For Trash Pickup, Three Private Dumpsters

YES NO

What other assistance do you foresee needing from the Village (personnel, materials, equipment, etc.)? Also Hired

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 provide evidence 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.

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

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 cancel or shut down any event that is in progress if it is determined to pose a public safety risk (including severe weather) by the Police Department, Fire Department, or if there is a violation of Village Ordinances, State Statutes, or the terms of the approved permit/application. The Village Administrator or their designee may also revoke a park facility use permit before the event date if the applicant does not comply in good faith with the permit conditions.

CERTIFICATION

By signing this form, the applicant certifies that they are authorized to act on behalf of their organization and agree to hold the Village, its officers, agents, employees, and contractors harmless from any and all claims, liabilities, losses, damages, or expenses (including, but not limited to, attorney fees) arising from or related to any injury or damage to persons or property resulting directly or indirectly from activities conducted under this permit. Any changes to insurance coverage must be approved by the Village.

NOTICE FOR RENTAL

This rental agreement is based on a per-day rental of the venue. Please include setup and cleanup time within your requested rental period, as access to the facility is limited to the times specified in your reservation. Venues may be rented multiple times throughout the week or weekend. Do not leave valuables unattended. The Village is not responsible for lost, stolen, or damaged items. The security deposit will be refunded once all keys are returned to Village Hall and no damage to the facility has been reported. Deposits not claimed within two (2) weeks after the event date will be destroyed. In case of an emergency or park-related concern, please contact the **Mukwonago Police Department (non-emergency) at (262) 363-6435**.

Check before Submitting:

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.

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.

[Signature]
 Signature - Applicant
Timothy J. Flory Vice Commander
 Name & Title (PRINT)
4-15-26
 Date

[Signature]
 Signature - Applicant
WAYNE BLAWAT 1ST VP
 Name & Title (PRINT)
4-16-2026
 Date

| FOR OFFICE USE ONLY | | | |
|---------------------------------|---|-------------------|---------------|
| Date Fees Paid | Receipt # | Key # | Key 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 Administrator: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Clerk: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Building: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Utilities: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Village Board: | Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Comments: _____ | |
| Amount Deposit Paid | Date Deposit Paid | Deposit Returned? | Any Issues? |
| | | | |

February 26, 2026



MUKWONAGO ROTARY CLUB
MUKWONAGO WI 53149

| Date | Event | Amount | Total |
|--------------------|--|-------------|----------|
| 10/12-1015 & 10/18 | Jack-O-Lantern Jaunt Field Park Pav A Rental | \$115.00x 5 | \$575.00 |
| 10/16-10/17 | Jack-O-Lantern Jaunt Field Park Rental | \$350x2 | 700.00 |
| | Special Event Permit | \$20 | 20.00 |

| | |
|------------------|------------------|
| TOTAL DUE | \$1295.00 |
|------------------|------------------|

Please make Payment to: Village of Mukwonago
 Village Clerk-Treasurer
 Village of Mukwonago
 440 River Crest Ct.
 Mukwonago, WI 53149

Please include the below payment stub with your payment.

MUKWONAGO ROTARY CLUB
MUKWONAGO WI 53149

| Date | Event | Amount | Total |
|--------------------|--|-------------|----------|
| 10/12-1015 & 10/18 | Jack-O-Lantern Jaunt Field Park Pav A Rental | \$115.00x 5 | \$575.00 |
| 10/16-10/17 | Jack-O-Lantern Jaunt Field Park Rental | \$350x2 | 700.00 |
| | Special Event Permit | \$20 | 20.00 |

| | |
|------------------|------------------|
| TOTAL DUE | \$1295.00 |
|------------------|------------------|

Please make Payment to: Village of Mukwonago
 Village Clerk-Treasurer
 Village of Mukwonago
 440 River Crest Ct.
 Mukwonago, WI 53149

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: 11-17-2025

Total Fees Paid: _____

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

Please refer to Special Event Manual for step by step instructions.

ORGANIZATION INFORMATION

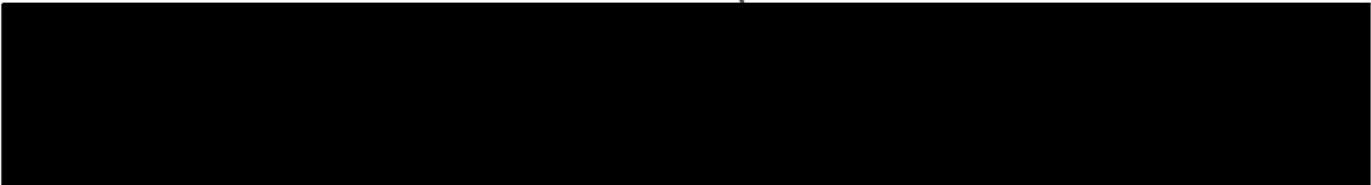
Name of Organization: Mukwonago Rotary Club

Mailing Address: 827 S Rochester St STE 112 City: Mukwonago State: WI Zip: 53149

Phone Number: 262 363 4141 Is the organization a 501(c)3 organization?: YES NO

Website Address: Mukwonagorotary.org

Event Contact Person: Einar P. J. Strand II



EVENT INFORMATION

Name of the Event: Jack-o-lantern Jamb Date(s) of the Event: October 16th & 17th 2026

Event Start Time: 6pm Event End Time: 9:30pm

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.

Jack-o-lantern Jamb - Halloween Haunt Family Friendly event
Highlighting & illuminated Jack-o-lanterns and a Haunted House for
younger children. Proceeds back to community for local projects

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

G. Estimated # of participants: 60-100 Spectators: 2000 Vendors: 3

- 1) girl Scouts
- 2) Scotts Dogs
- 3) Sugar Spin
(Cotton Candy)

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: N/A
- 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: 6 - 9:30 pm
- I. Please list the number of security staff you will be providing for the event: 12
- J. Will you need barricades provided by the Village for your event? YES NO
 If yes, how many? 8
- 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.)?
 None

- 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 provide evidence 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.

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: N/A
- 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: 6-9:30 pm
- I. Please list the number of security staff you will be providing for the event: 12
- J. Will you need barricades provided by the Village for your event? YES NO
 If yes, how many? 8
- 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.)?
 None

- 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 provide evidence 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.

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

Signature - Applicant

Einar Srang - Committee Chair

Name & Title (PRINT)

Name & Title (PRINT)

11-17-2025
Date

Date

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

SPECIAL EVENT PERMIT APPLICATION

CONTACT INFORMATION AND FEES SHEET

DEPARTMENT CONTACTS

| | |
|---|------------------------------------|
| Clerk/Treasurer (262) 363-6420 ext 2104 | Police (262) 363-6435 |
| Building Inspection (262) 363-6419 | Public Works (262) 363-6447 |
| Fire (262) 363-6426 | Water/Sewer Utility (262) 363-6416 |

VILLAGE PERMIT AND OTHER FEES:

| | | |
|--|--|-------|
| Class I Event (Includes alcohol and/or amplified music) | \$20 per day of event | 46 \$ |
| Class II Event | \$10 per day of event | |
| Electrical Inspection | \$75 per hour | |
| Fireworks Permit | No charge; State and local permit required | |
| Parade Permit | \$25 | |
| Park Rental Permit | To be determined at the Clerk/Treasurer's Office | |
| Pre-event Safety Inspection | \$75 per hour | |
| Security Deposit | \$200 per event; May encounter additional deposit if using a park facility | |
| Temporary Operator (Bartender) License <i>*good for date(s) of event only</i> | \$20 | |
| Temporary Class B (Picnic) Beer and/or Wine (<i>Wine is limited to 2 per year</i>) License | \$10 per event | |
| Tent Inspection (<2,500 sq. ft.) | \$35 | |
| Tent Inspection (>2,500 sq. ft.) | \$50 | |

Jack-o-Lantern COVID Plan

Since the Jack-o-lantern Jaunt is primarily an outdoor event, transmission is relatively low. The outdoor portion of the event will go on as planned unless otherwise discouraged by the CDC or another health governing body.

The Halloween Haunt will observe the distancing rule and will only allow family groups or smaller groups of associated individuals.

Areas of congregation, ie: food vendors, Library community project, face painting , outdoor theater, etc. will all be instructed to observe the 6 foot spacing rule.

Participants will be encouraged to wear face masks, it will be mandatory for all participating volunteers.

Volunteers that have had CoVID 19 can not participate unless:

- It has been at least 10 days from first symptoms
- Has been at least 24 hours since last fever w/o fever meds
- Symptom free for at least 72hours.

Volunteers will subject themselves to a temperature check prior to starting their respective shifts.

JACK-O-LANTERN JANIT HALLOWEEN HAUNT 2026

FIELD PARK

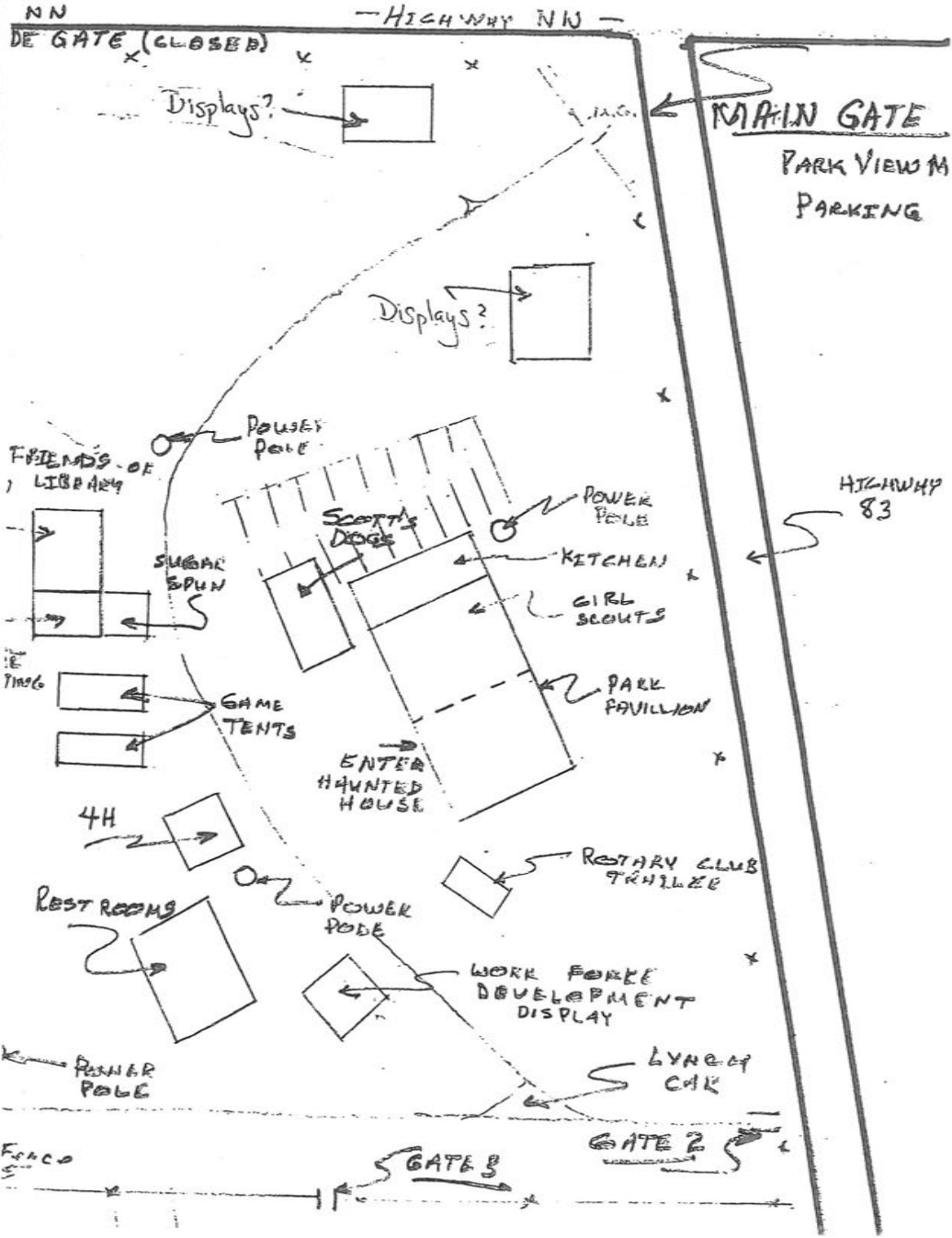
BASEBALL
INFIELD

FENCE

INFLATABLES

FEATURE
FILM

GATE 4





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|--|
| PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008 | CONTACT NAME: Toni Hanes |
| | PHONE (A/C, No, Ext): 1-833-3ROTARY FAX (A/C, No): 630-285-4062 E-MAIL ADDRESS: rotary@ajg.com |
| INSURED All Active US Rotary Clubs & Districts ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Westchester Surplus Lines Insurance Company |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

COVERAGES **CERTIFICATE NUMBER:** 899307648 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------------|----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | Y | G73578917 002 | 7/1/2023 | 7/1/2024 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | G73578917 002 | 7/1/2023 | 7/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | NOT APPLICABLE | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y / N N / A | NOT APPLICABLE | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

| | |
|---|---|
| CERTIFICATE HOLDER Village of Parks & Rec Field Park Event - Halloween Haunt 440 Rivercrest Dr Mukwonago, WI 53149 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

VILLAGE OF MUKWONAGO
Park Facilities Rental Application

Date Submitted: 11-17-2025

Event Date: Oct 16 & 17 2026

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. Parks are rented out on a first come first served basis.

Mail completed applications to:

Village Clerk-Treasurer's Office
ATTN: Park Usage
440 River Crest Ct
Mukwonago WI 53149
parks@villageofmukwonago.gov

Village Hall Office Hours
Monday-Thursday 8am-5pm
Friday 8am-Noon
Holidays may affect these hours

Email to:

RENTAL INFORMATION

Date(s) of Event: Oct 16 & 17 2026

Estimated Number of Participants: 2000

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

Event Start Time: 6pm Event End Time: 9:30 pm

Type of Event: Community Charity Event.

APPLICANT INFORMATION

Name: Einar Svang II - Mukwonago Rotary Club

E-mail: Einar@riverviewdentalwi.com

ORGANIZATION INFORMATION (if applicable)

Name of Organization: Mukwonago Rotary Club

Website Address: Mukwonagorotary.org

Revised 1/1/2025

FEES (check those that apply)

Indianhead Beach

| | | |
|------------------|----------------------------|----------|
| Open-air Shelter | \$60.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$75.00 per day | \$ _____ |

Miniwaukan

| | | |
|--------------------------------|----------------------------|----------|
| *Park Pavilion (with electric) | \$80.00 per day | \$ _____ |
| Park Pavilion | \$60.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$75.00 per day | \$ _____ |

Minor

| | | |
|------------------|----------------------------|----------|
| Open-air Shelter | \$60.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$75.00 per day | \$ _____ |

Phantom Glen

| | | |
|--------------------------------|----------------------------|----------|
| *Park Pavilion (with electric) | \$80.00 per day | \$ _____ |
| Park Pavilion | \$60.00 per day | \$ _____ |
| Non-Resident Fee | Additional \$75.00 per day | \$ _____ |

Total Park Rental Fees \$ _____
(Separate Payment)

****Requires a Key for electric access. Key NEEDS to be picked up week of rental***

DEPOSIT (all rentals, check those that apply)

Park Deposit \$150.00 per event \$ _____

Key Deposit \$50.00 \$ _____

Total Deposit Fees \$ _____

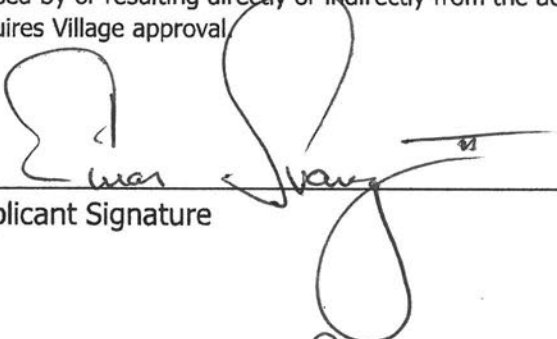
**Deposit should be a separate Payment/Check. Please Postdate check with date of event*

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

11-17-2025

Date

Einar C. Svang II

Print Name

Office Use Only

Fees Paid Receipt # Deposit Returned Key # Issued Key Returned

Department Approval

Administrator _____ Building Inspection _____ Fire _____ DPW _____

Police _____ Utilities _____

Revised 1/1/2025

March 23, 2026

Rotary Club of Mukwonago
P.O. Box 114
Mukwonago, WI 53149

Village of Mukwonago Board of Directors
440 River Crest Court
Mukwonago, WI 53149

Dear Members of the Village Board,

On behalf of the Rotary Club of Mukwonago, I am writing to respectfully request consideration regarding the Field Park usage fees associated with our annual *Jack O Lantern Jaunt/Halloween Haunt* fundraising event.

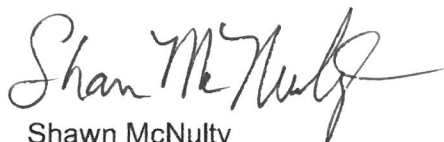
For many years, our club has proudly partnered with the Forster and Palatino families to host this popular community tradition, and we have consistently paid the established park and pavilion usage fee, which in recent years has been \$640. This year, we were informed of an additional \$655 in charges to cover facility setup and cleanup days for a total of \$1,295. This is a new requirement for our event, and the increase—more than doubling our previous cost—significantly reduces the funds we are able to donate to the designated event beneficiary and other charitable causes.

We fully understand that Village facilities may be reserved by other organizations, and have always made every effort to be good stewards of the space. Last year, for example, we completed cleanup early on Sunday to ensure the pavilion could be used later that day.

Given the long-standing community value of this event and the charitable purpose it serves, we respectfully request that the Village Board consider maintaining our park rental fee at the previous rate of \$640 for this year, rather than implementing the additional \$655 charge.

Thank you for your time, consideration, and continued partnership in supporting this popular community event.

Sincerely,



Shawn McNulty
Club President
Rotary Club of Mukwonago

Shay Zerfas

From: Shay Zerfas
Sent: Monday, February 23, 2026 3:14 PM
To: Einar@riverviewdentalwi.com
Cc: Lana Kropf
Subject: Jack-O-Lantern Jaunt

Hello Einar,

I spoke with Ron regarding the fees associated with the Jack-O-Lantern Jaunt.

Due to the increase in park rental rates, if Pavilion A is needed prior to the actual event date for setup, or the day after the event for cleanup, it will need to be rented separately.

The park rental fee will be \$350 per day for the two event days. Pavilion A will be \$115 per day for any additional days needed before the event for setup and the day after for cleanup.

Please let me know which dates you will need Pavilion A prior to the event for setup purposes.

This item has been placed on the agenda for the March Committee of the Whole meeting for the 2 days of the event.

Thank you



Shay Zerfas

Shay Zerfas
Deputy Clerk-Treasurer

Phone: 262.363.6420 ext 2104

Email : szerfas@villageofmukwonago.gov

440 River Crest C
Mukwonago, WI 53149

www.villageofmukwonago.gov



Shay Zervas

From: Shay Zervas
Sent: Tuesday, November 11, 2025 12:47 PM
To: 'Einar Svang'
Subject: RE: 2026 Village of Mukwonago Rentals

Thank you for the information,
Do you want to rent the park for the full week or just Pav A and entire Park for Friday-Sunday?



Shay Zervas

Shay Zervas
Deputy Clerk-Treasurer
Phone: 262.363.6420 ext 2104
Email : szervas@villageofmukwonago.gov
440 River Crest C
Mukwonago, WI 53149
www.villageofmukwonago.gov



From: Einar Svang <Einar@riverviewdentalwi.com>
Sent: Tuesday, November 11, 2025 12:43 PM
To: Shay Zervas <szervas@villageofmukwonago.gov>
Subject: Re: 2026 Village of Mukwonago Rentals

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi Shay

Thanks for the heads up!

Jack-o-lantern / Halloween Haunt would like to rent the entire park for Friday and Saturday October 16th and 17th.

set up beginning Monday October 12th : clean up on the 18th, so entire dates needed, Oct. 12th-18th.

Thank you for your consideration.

Einar Svang

On 11/11/2025 10:26 AM, Shay Zerfas wrote:

Hello Village of Mukwonago Community Member,

I hope your group, club, or organization has had a great year! We have seen an increase in park rentals over the last year and wanted to start on the 2026 year early.

I would like to begin blocking of event dates for Village spaces (parks, etc.) before the new year. I'd like to pencil in your preferred dates before park rentals open to the public.

I do have a couple of groups that have given me this information but wanted to include everyone here for informational purposes.

If you could please provide the following information, it would be greatly appreciated:

1. **Facility you wish to rent:** (example; Field Park)
2. **Date of the event (open to the public):** (example; Summerfest June 12-15 open to the public)
3. **Dates needed for setup and cleanup:** (example; June 9-11 set up, and June 16-17 clean up (June 9-17 needed for entire event))
4. **Any special requirements (e.g., parade, fireworks, etc.):** (example; Parade June 15, 11am Line up (road close 11:30) parade starts Noon - 1pm.)

You do **not** need to submit the full application yet—this is just to hold your dates. I will need the completed application in January so it can go before the Board for approval.

Please note that anyone wanting to rent Field Park (late spring into early fall), we will work with you and our local Baseball Teams to make sure that everyone schedules work together.

I am currently updating the applications and 2026 pricing, which will be available once the budget is finalized. I'm hoping to have everything ready by early December. These will be updated on the Village website before the new year. If you have any questions or need anything, please let me know.

Thank you,

VILLAGE OF MUKWONAGO

Agenda Item Report for the Committee of the Whole



| | | | |
|--|--|--------------------|--|
| Topic: | | | |
| Discussion/Recommendation regarding Resolution 2026-31 a resolution authorizing and directing the proper Village Official(s) to issue the Liquor License Renewals for the period of July 1, 2026 to June 30, 2027 | | | |
| Date: | | | |
| May 6, 2026 | | | |
| Presenter: | | Department: | |
| Lana Kropf, Clerk/Treasurer | | Clerk | |
| Conformance with Strategic Plan: | | | |
| Quality of Life | | | |
| Overview / Background Information | | | |
| This an annual renewal of the Village of Mukwonago alcohol licenses for July 1, 2026 to June 30, 2027 | | | |
| Key Issues | | | |
| | | | |
| Fiscal Note / Budget Impact | | | |
| No expense to the Village. | | | |
| Action Requested / Recommendation | | | |
| Recommend approval of the annual liquor licenses renewal for the July 1, 2026 to June 30, 2027 term, 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. | | | |

RESOLUTION 2026-31

A RESOLUTION AUTHORIZING AND DIRECTING THE PROPER VILLAGE OFFICIAL(S) TO ISSUE THE LIQUOR LICENSE RENEWALS FOR THE PERIOD OF JULY 1, 2026, TO JUNE 30, 2027

WHEREAS the Clerk/Treasurer's office has received applications for Liquor License renewals for the period of July 1, 2026, to June 30, 2027, for the following businesses:

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 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

Class "B" Fermented Malt Beverage and "Class C" Wine:

- House of Frank LLC d/b/a House of Frank, 211 N Rochester St, Amanda Frank, Agent
- Morning Crumbs LLC d/b/a Morning Crumbs, 1015 E Veterans Way, Ahmedi Donjet, 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, Kerri Grablewski, 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

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

- Crush LLC d/b/a Crush Wine Bar and Social, 110 Main St, Judy 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
- Perseverance Corp d/b/a Badger Burger, 200 S Rochester St, Mark Weiss, Agent
- Perseverance Corp d/b/a The Porch Bar, 204 S Rochester St, Mark Weiss, Agent

WHEREAS, the Committee of the Whole met on May 6, 2026, to consider the terms of the Liquor License renewal applications and, upon advisement from the Police Chief, recommends approval of all licenses; the Village Board will consider taking action of the liquor license renewals on May 20, 2026; 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 20th day of May, 2026.



Attest:

Fred Winchowky, Village President

Lana Kropf, WCMC, Village Clerk-Treasurer

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/26 - 6/30/27 |

Application Type (check one)

Initial (New) Renewal

| | |
|---|-----------------------------------|
| License(s) Requested: (up to two boxes may be checked) | Fees |
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>300</u> | License Fee(s) \$ <u>300</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | Background Check Fee \$ <u>25</u> |
| <input checked="" type="checkbox"/> "Class A" Liquor (cider only) \$ <u>—</u> | Publication Fee \$ <u>10</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | Total Fees \$ <u>335</u> |

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)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

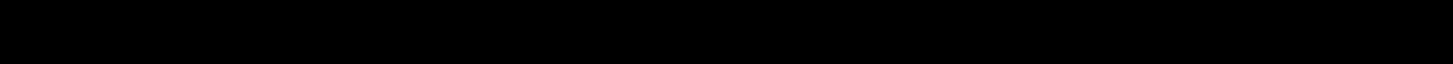
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization: WI 8. Date of Organization: 11/05/2019 9. Wisconsin DFI Registration Number: 0036563

10. Premises Address: 122 Arrowhead Dr

11. City: Mukwonago 12. State: WI 13. Zip Code: 53149

14. County: Waukesha 15. Governing Municipality: City Town Village of: Mukwonago 16. Aldermanic District: _____



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City 23. State 24. 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 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

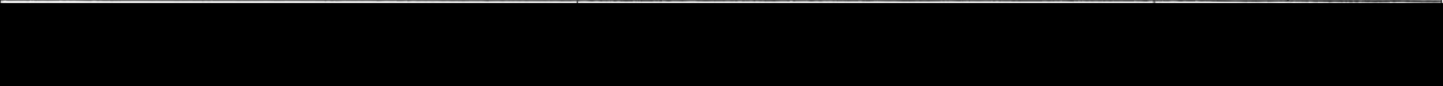
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 |



Signature: *David Schwartz* Date: 03/16/26

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| April 9, 2026 | | | |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |
| | | | |

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

| Application Type <i>(check one)</i> | |
|--|---|
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

| Instructions | *Status Definitions |
|---|--|
| <p>This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.</p> <p>The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:</p> <ul style="list-style-type: none"> Sole proprietor All partners of a partnership All officers, directors, and agent of a corporation or nonprofit organization All members or managers, and agent of a limited liability company <p>Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.</p> <p>Each person holding a title named above must submit the most accurate Form AB-100 with this application.</p> <p>Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.</p> | <p>New: All entries on a new application or any person added to a renewal application for the first time.</p> <p>Remove: This person no longer has a relationship to the applicant business.</p> <p>Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.</p> <p>No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.</p> |
| <p>1. Legal Business Name (individual name if sole proprietorship) 122 Arrowhead Enterprises Inc.</p> | |
| <p>2. Business Trade Name or DBA Arrowhead Bp</p> | <p>3. FEIN 84-3614081</p> |

| Listing of Persons Involved in Applicant Business | | | | | |
|---|-----------|--|--------------|-------|-----------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| David C | Schwartz | President | | | No Change |
| Kelly J | Schwartz | Vice President | | | No Change |
| Judith A | Schwartz | Agent | | | No Change |
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Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | V. Mukwonago |
| License Period | 11/1/26 - 10/30/26 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>300</u> | License Fee(s) \$ <u>300</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | Background Check Fee \$ <u>25</u> |
| <input checked="" type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | Publication Fee \$ <u>10</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | Total Fees \$ <u>335</u> |

Part A: Premises/Business Information

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)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

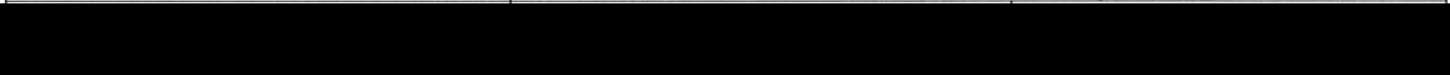
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization: WI 8. Date of Organization: 11/05/2019 9. Wisconsin DFI Registration Number: 0036562

10. Premises Address: 1060 N Rochester St

11. City: Mukwonago 12. State: WI 13. Zip Code: 53149

14. County: Waukesha 15. Governing Municipality: City Town Village of: Mukwonago 16. Aldermanic District: _____



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City: _____ 23. State: _____ 24. 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 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 wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 |
|-----------------------|---------------------|-----------|



Signature *David Schwartz* Date 03/16/26

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk April 9, 2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/26 - 6/30/27 |

Application Type (check one)

Initial (New) Renewal

| | |
|---|-----------------------------------|
| License(s) Requested: (up to two boxes may be checked) | Fees |
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>300</u> | License Fee(s) \$ <u>800</u> |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>500</u> | Background Check Fee \$ <u>25</u> |
| <input checked="" type="checkbox"/> "Class A" Liquor (cider only) \$ <u>N/A</u> | Publication Fee \$ <u>10</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | Total Fees \$ <u>835</u> |
| <input type="checkbox"/> Class "B" Beer \$ _____ | |
| <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | |
| <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
909 Greenwald Enterprises Inc.

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)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
WI

8. Date of Organization
11/05/2019

9. Wisconsin DFI Registration Number
N051363

10. Premises Address
909 Greenwald Ct

11. City
Mukwonago

12. State
WI

13. Zip Code
53149

14. County
Waukesha

15. Governing Municipality: City Town Village
of: Mukwonago

16. Aldermanic District

pd 4/9/26



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. 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 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 |
|-----------------------|---------------------|-----------|



Signature  Date 03/16/26

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/9/2026 | 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 | 7/1/2026 - 6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|--|--|---------------------------------|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>400</u> | <input type="checkbox"/> Class "B" Beer \$ _____ | License Fee(s) \$ 800 |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>400</u> | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees \$ <u>835</u> |

pd 4/9/26

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 4. Wisconsin Seller's Permit Number
36-3498392 456-0000089014-04

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization 8. Date of Organization 9. Wisconsin DFI Registration Number
WI 12/02/1986 A025780

10. Premises Address
111 E Wolf Road

11. City 12. State 13. Zip Code
Mukwonago WI 53149

14. County 15. Governing Municipality: City Town Village
Waukesha of: Mukwonago

16. Aldermanic District



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)
317 East Carson Street, Suite 333

22. City 23. State 24. Zip Code
Pittsburgh PA 15219

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 |
|----------------------|----------------------|-----------|



03/24/26

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/9/26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period 7/1/2026 - 6/30/2027 | |

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

1. Legal Business Name (individual name if sole proprietorship)
ALDI, Inc. (Wisconsin)

2. Business Trade Name or DBA
ALDI #46

3. FEIN
36-3498392

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

| Listing of Persons Involved in Applicant Business | | | | | |
|---|-----------|--|--------------|------------|---------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| David K. | Behm | CFO | [REDACTED] | [REDACTED] | Update |
| Philip J. | Beattie | Assistant Treasurer | | | Update |
| Matthew C. | Fait | Agent | | | Update |
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Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality V. Mukwonago |
| License Period 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|----------------------|---------------|
| <input checked="" type="checkbox"/> Class "A" Beer \$ 300 <input type="checkbox"/> Class "B" Beer \$ _____ | License Fee(s) | \$ 800 |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ 500 <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee | \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee | \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees | \$ 835 |

pd 4/8/26

Part A: Premises/Business Information

| | | |
|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) KHASRIA TWO INC | | |
| 2. Business Trade Name or DBA VILLAGE WINE & LIQUOR | | |
| 3. FEIN 26-3853201 | 4. Wisconsin Seller's Permit Number 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | |
| 7. State of Organization WI | 8. Date of Organization 12/04/2008 | 9. Wisconsin DFI Registration Number 4038564 |
| 10. Premises Address 712 MAIN ST | | |
| 11. City MUKWONAGO | 12. State WI | 13. Zip Code 53147 |
| 14. County WAUKESHA | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____ | |
| 16. Aldermanic District | | |



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City 23. State 24. 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 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 KHABRIA | First Name MARJINDER | M.I. S |
|-----------------------------|--------------------------------|------------------|

| | |
|---------------------------------|--|
| Title PRESIDENT/AGENT |  |
| Signature | |

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-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

| | |
|---|--|
| <p>Instructions</p> <p>This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.</p> <p>The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:</p> <ul style="list-style-type: none"> • Sole proprietor • All partners of a partnership • All officers, directors, and agent of a corporation or nonprofit organization • All members or managers, and agent of a limited liability company <p>Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.</p> <p>Each person holding a title named above must submit the most accurate Form AB-100 with this application.</p> <p>Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.</p> <p>1. Legal Business Name (individual name if sole proprietorship) <i>Khasnia Two Inc</i></p> <p>2. Business Trade Name or DBA <i>Village wine & liquor</i></p> <p>3. FEIN <i>26-3853201</i></p> | <p>*Status Definitions</p> <p>New: All entries on a new application or any person added to a renewal application for the first time.</p> <p>Remove: This person no longer has a relationship to the applicant business.</p> <p>Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.</p> <p>No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.</p> |
|---|--|

| Listing of Persons Involved in Applicant Business | | | | | |
|---|----------------|--|--------------|-------|------------------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| <i>Harjinder S</i> | <i>Khasnia</i> | <i>owner/agent</i> | | | <i>No change</i> |
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Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only |
|--|
| Municipality Mukwonago Village of |
| License Period 7/1/2026 to 6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | | | | | | | | |
|---|--|----------------|---------------------------|----------------------|--------------------------|-----------------|--------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>300⁻</u> <input type="checkbox"/> Class "B" Beer \$ _____ <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>500⁻</u> <input type="checkbox"/> Regular "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) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">License Fee(s)</td> <td style="padding: 2px;">\$ <u>800⁻</u></td> </tr> <tr> <td style="padding: 2px;">Background Check Fee</td> <td style="padding: 2px;">\$ <u>10⁻</u></td> </tr> <tr> <td style="padding: 2px;">Publication Fee</td> <td style="padding: 2px;">\$ <u>25⁻</u></td> </tr> <tr> <td style="padding: 2px;">Total Fees</td> <td style="padding: 2px;">\$ <u>835⁻</u></td> </tr> </table> | License Fee(s) | \$ <u>800⁻</u> | Background Check Fee | \$ <u>10⁻</u> | Publication Fee | \$ <u>25⁻</u> | Total Fees | \$ <u>835⁻</u> |
| License Fee(s) | \$ <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)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 282

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-0000287614-03

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. **-N/A-**

7. State of Organization
WI

8. Date of Organization
10/07/1964

9. Wisconsin DFI Registration Number
1K04801

10. Premises Address
1212 N Rochester St

11. City
Mukwonago

12. State
WI

13. Zip Code
53149

14. County
Waukesha

15. Governing Municipality: City Town Village
 of: **Mukwonago Village of**

16. Aldermanic District



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

One-story frame construction with storage in walk-in cooler, on sales floor, behind sales counter.

21. Mailing Address (if different from premises address)
Kwik Trip - Legal Dept., P.O. Box 2107

22. City
La Crosse

23. State
WI

24. 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 | Location | Trial Date |
|---|--|------------|
| **Please see enclosed listing of retail store violations** | | |
| 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 | |
|--------------------------|--|

| | |
|--------------------------------------|------------------------|
| Signature <i>Scott P. Zietlow</i> | Date 02 / 27 / 2026 |
|--------------------------------------|------------------------|

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk <i>April 13, 2026</i> | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)

Initial (New) Renewal

License Period

7/1/2026 - 6/30/2027

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

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

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|-------------------------------|------------|--|--------------|------------|-----------|
| Scott P | Zietlow | CEO & President | [REDACTED] | [REDACTED] | No Change |
| David P | Wagner | CFO & Treasurer | | | No Change |
| Susan Jean | Michealson | Agent | | | No Change |
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Alcohol Beverage License Application

| For Municipal Use Only |
|--|
| Municipality Village of Mukwonago |
| License Period 07/1/2026 - 06/30/2027 |

| | | | | | | | | | |
|---|--|----------------|--------|----------------------|-------|-----------------|-------|-------------------|---------------|
| Application Type (check one) | | | | | | | | | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal | | | | | | | | |
| License(s) Requested: (up to two boxes may be checked) | Fees | | | | | | | | |
| <input checked="" type="checkbox"/> Class "A" Beer \$ 300 | <input type="checkbox"/> Class "B" Beer \$ _____ | | | | | | | | |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ 500 | <input type="checkbox"/> Regular "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) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>License Fee(s)</td> <td style="text-align: right;">\$ 800</td> </tr> <tr> <td>Background Check Fee</td> <td style="text-align: right;">\$ 10</td> </tr> <tr> <td>Publication Fee</td> <td style="text-align: right;">\$ 25</td> </tr> <tr> <td>Total Fees</td> <td style="text-align: right;">\$ 835</td> </tr> </table> | License Fee(s) | \$ 800 | Background Check Fee | \$ 10 | Publication Fee | \$ 25 | Total Fees | \$ 835 |
| License Fee(s) | \$ 800 | | | | | | | | |
| Background Check Fee | \$ 10 | | | | | | | | |
| Publication Fee | \$ 25 | | | | | | | | |
| Total Fees | \$ 835 | | | | | | | | |

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H122a

| | | | |
|--|--|--|--|
| 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | | |
| 7. State of Organization WI | | 8. Date of Organization 9/16/2024 | 9. Wisconsin DFI Registration Number NO 62652 |
| 10. Premises Address 411 Main Street | | | |
| 11. City Mukwonago | | 12. State Wi | 13. Zip Code 53149 |
| 14. County Waushara | | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Mukwonago | 16. Aldermanic District |



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

| | | | |
|--|--|-----------|--------------|
| 21. Mailing Address (if different from premises address) | | | |
| 22. City | | 23. State | 24. 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Randhawa | First Name Sukhpreet | M.I. |
|------------------------------|--------------------------------|------|

| | |
|-----------------------|--|
| Title Owner | |
|-----------------------|--|

| | |
|-------------------------------------|------------|
| Signature <i>Sukhpreet Singh</i> | 04/14/2026 |
|-------------------------------------|------------|

Part E: For Clerk Use Only

| | | | |
|---|----------------|----------------------|---------------------|
| Date Application Was Filed With Clerk 4/15/2026 | License Number | Date License Granted | Date License Issued |
|---|----------------|----------------------|---------------------|

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

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

Initial (New) Renewal

License Period

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

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

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|-------------------------------|-----------|--|--------------|-------|-----------|
| Sukhpreet | Randhawa | Owner | [REDACTED] | | No Change |
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Form
AB-200

Alcohol Beverage License Application

| |
|---|
| For Municipal Use Only |
| Municipality <u>V. Mukwonago</u> |
| License Period <u>7/1/2022 - 6/30/2027</u> |

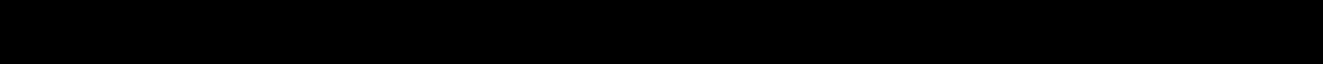
Application Type (check one)

Initial (New) Renewal

| | | | |
|--|--|----------------------|--------------------------|
| License(s) Requested: (up to two boxes may be checked) | | Fees | |
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>200</u> | <input type="checkbox"/> Class "B" Beer \$ _____ | License Fee(s) | \$ <u>800</u> |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>900</u> | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee | \$ <u>10</u> |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee | \$ <u>25</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees | \$ <u>835</u> pd 4/21/26 |

Part A: Premises/Business Information

| | | | |
|--|--|--|-----------------------------------|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Ultra Mart Foods, LLC</u> | | | |
| 2. Business Trade Name or DBA <u>Metro Market #384</u> | | | |
| 3. FEIN <u>39-6043054</u> | | 4. Wisconsin Seller's Permit Number <u>456-0002831081-06</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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | | |
| 7. State of Organization <u>WI</u> | | 8. Date of Organization <u>11/23/1951</u> | |
| 9. Wisconsin DFI Registration Number <u>1K02886</u> | | | |
| 10. Premises Address <u>1010 N Rocherster Street</u> | | | |
| 11. City <u>Mukwonago</u> | | 12. State <u>WI</u> | 13. Zip Code <u>53149-8737</u> |
| 14. County <u>Waukesha</u> | | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of <u>Mukwonago</u> | |
| 16. Aldermanic District | | | |



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

| | | | |
|--|--|------------------------|-----------------------------------|
| 21. Mailing Address (if different from premises address) <u>Kroger Business License PO Box 305103</u> | | | |
| 22. City <u>Nashville</u> | | 23. State <u>TN</u> | 24. Zip Code <u>37230-5103</u> |

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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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

Signature
Ann Fedder Launchy VP

Date
4/15/2016

Part E: For Clerk Use Only

| | | | |
|--|----------------|----------------------|---------------------|
| Date Application Was Filed With Clerk 4/21/16 | License Number | Date License Granted | Date License Issued |
|--|----------------|----------------------|---------------------|

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

Form
AB-200AA

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |
| 07/01/26-06/30/27 | |

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

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

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

| Listing of Persons Involved in Applicant Business | | | | | |
|--|-----------|--|--------------|-------|-----------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| GEORGE H. | VINCENT | VICE PRES & SECRETARY | | | New |
| CARIN L. | FIKE | VICE PRES & TREASURER | | | No Change |
| ANN M. | FEDDER | VICE PRESIDENT | | | No Change |
| SEAN M. | SHEPARD | VICE PRESIDENT | | | New |
| LISA A. | HELTON | ASST TREASURER | | | No Change |
| DOROTHY D. | ROBERTS | ASST SECRETARY | | | No Change |
| SAMANTHA M. | KUPCHIK | VICE PRESIDENT | | | New |
| RICK J. | KLOTH | AGENT | | | No Change |
| | | | | | |
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Form
AB-200

Alcohol Beverage License Application

| | |
|---|--|
| For Muncipalities Only | |
| Municipality <i>V. Mukwonago</i> | |
| License Period <i>7/1/2024 - 6/30/2027</i> | |

Application Type (check one)

Initial (New) **Renewal**

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

| | |
|---|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>800</u> <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>7</u> <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Class "B" Beer \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ |
|---|--|

| Fees | |
|----------------------|---|
| License Fee(s) | \$ <u>800</u> |
| Background Check Fee | \$ <u>10</u> |
| Publication Fee | \$ <u>25</u> |
| Total Fees | \$ <u>(835)</u> <i>pd 4/2/24</i> |

Part A: Premises/Business Information

| | |
|--|--|
| 1. Legal Business Name (individual name if sole proprietorship) <p style="text-align: center; font-size: 1.2em;">WALGREEN CO</p> | |
| 2. Business Trade Name or DBA <p style="text-align: center; font-size: 1.2em;">WALGREENS #07039</p> | |
| 3. FEIN <p style="text-align: center;">36-1924025</p> | 4. Wisconsin Seller's Permit Number <p style="text-align: center;">456-0000455-404-05</p> |
| 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.</small> | |
| 7. State of Organization <p style="text-align: center;">Illinois</p> | 8. Date of Organization <p style="text-align: center;">02/15/1909</p> |
| 9. Wisconsin DFI Registration Number <p style="text-align: center;">W066585</p> | |
| 10. Premises Address <p style="text-align: center;">212 N ROCHESTER ST</p> | |
| 11. City <p style="text-align: center;">Mukwonago</p> | 12. State <p style="text-align: center;">WI</p> |
| 13. Zip Code <p style="text-align: center;">53149-1313</p> | |
| 14. County <p style="text-align: center;">Waukesha</p> | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <small>of:</small> <u>Mukwonago</u> |
| 16. Aldermanic District | |

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address) PO Box 901

| | | |
|--|--|--|
| 22. City <p style="text-align: center;">Deerfield</p> | 23. State <p style="text-align: center;">IL</p> | 24. Zip Code <p style="text-align: center;">60015</p> |
|--|--|--|

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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Handal | First Name Michael | M.I. G |
|----------------------------|------------------------------|------------------|

| | |
|---|--|
| Title Licensing and Provider Enrollment Officer | |
|---|--|

| | |
|--|------------------------|
| Signature  | Date 4/12/26 |
|--|------------------------|

Part E: For Clerk Use Only

| | | | |
|---|----------------|----------------------|---------------------|
| Date Application Was Filed With Clerk 4/21/26 | License Number | Date License Granted | Date License Issued |
|---|----------------|----------------------|---------------------|

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

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)

Initial (New) Renewal

License Period
07/01/2026 - 6/30/2027

| | |
|--|--|
| <p>Instructions</p> <p>This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.</p> <p>The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:</p> <ul style="list-style-type: none"> • Sole proprietor • All partners of a partnership • All officers, directors, and agent of a corporation or nonprofit organization • All members or managers, and agent of a limited liability company <p>Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.</p> <p>Each person holding a title named above must submit the most accurate Form AB-100 with this application.</p> <p>Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.</p> | <p>*Status Definitions</p> <p>New: All entries on a new application or any person added to a renewal application for the first time.</p> <p>Remove: This person no longer has a relationship to the applicant business.</p> <p>Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.</p> <p>No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.</p> |
| <p>1. Legal Business Name (individual name if sole proprietorship) WALGREEN CO</p> | |
| <p>2. Business Trade Name or DBA WALGREENS #07039</p> | <p>3. FEIN 36-1924025</p> |

| Listing of Persons Involved in Applicant Business | | | | |
|---|--------------|---|--|-----------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | | Status* |
| Richard "Rick" P. | Gates | Senior Vice President and Chief Pharmacy Officer and Director | | No Charge |
| Michael G. | Handal | Licensing and Provider Enrollment Officer | | New |
| Michael J. | Motz | Chief Executive Officer | | New |
| Paul S. | Lim | Secretary | | New |
| Tracey D. | Brown | Executive Vice President, President of Walgreens Retail & U.S. Chief Customer Officer | | Remove |
| Brian R. | Brown | Vice President and Treasurer | | Remove |
| Joseph B. | Amsbary, Jr. | Secretary | | Remove |
| Brian M | Marinello | Agent | | Active |
| | | | | |
| | | | | |

Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/26 - 6/30/27 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | | | | | | | | |
|---|--|----------------|--------|----------------------|-------|-----------------|-------|-------------------|-------------------------|
| <input checked="" type="checkbox"/> Class "A" Beer \$ _____ <input type="checkbox"/> Class "B" Beer \$ _____ <input checked="" type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "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) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">License Fee(s)</td> <td style="padding: 2px; text-align: right;">\$ 800</td> </tr> <tr> <td style="padding: 2px;">Background Check Fee</td> <td style="padding: 2px; text-align: right;">\$ 10</td> </tr> <tr> <td style="padding: 2px;">Publication Fee</td> <td style="padding: 2px; text-align: right;">\$ 25</td> </tr> <tr> <td style="padding: 2px;">Total Fees</td> <td style="padding: 2px; text-align: right;">\$ 835 pd 3/3/26</td> </tr> </table> | License Fee(s) | \$ 800 | Background Check Fee | \$ 10 | Publication Fee | \$ 25 | Total Fees | \$ 835 pd 3/3/26 |
| License Fee(s) | \$ 800 | | | | | | | | |
| Background Check Fee | \$ 10 | | | | | | | | |
| Publication Fee | \$ 25 | | | | | | | | |
| Total Fees | \$ 835 pd 3/3/26 | | | | | | | | |

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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. N/A | | |
| 7. State of Organization DE | 8. Date of Organization 11/09/2001 | 9. Wisconsin DFI Registration Number W042856 |
| 10. Premises Address 250 Wolf Run | | |
| 11. City Mukwonago | 12. State WI | 13. Zip Code 53149 |
| 14. County Waukesha | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Mukwanago | |
| 16. Aldermanic District | | |



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

| | | |
|--|-----------------|----------------------------|
| 21. Mailing Address (if different from premises address) 1 Customer Drive, MS: 0500 | | |
| 22. City Bentonville | 23. State AR | 24. Zip Code 72716-0500 |

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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>Little</i> | Date 3/16/2026 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 3/31/2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)

Initial (New) Renewal

License Period
7/1/26-6/30/27

| | |
|---|--|
| <p>Instructions</p> <p>This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:</p> <ul style="list-style-type: none"> • Sole proprietor • All partners of a partnership • All officers, directors, and agent of a corporation or nonprofit organization • All members or managers, and agent of a limited liability company <p>Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.</p> <p>Each person holding a title named above must submit the most accurate Form AB-100 with this application.</p> <p>Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.</p> <p>1. Legal Business Name (individual name if sole proprietorship) Wal-Mart Stores East, LP</p> <p>2. Business Trade Name or DBA Walmart # 1571</p> | <p>*Status Definitions</p> <p>New: All entries on a new application or any person added to a renewal application for the first time.</p> <p>Remove: This person no longer has a relationship to the applicant business.</p> <p>Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.</p> <p>No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.</p> |
| <p>3. FEIN 71-0862119</p> | |

| Listing of Persons Involved in Applicant Business | | | | | |
|---|-----------|--|--------------|-------|-----------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| Timothy S. | Skinner | President & CEO | | | No Change |
| Carey A. | Fenton | Senior Vice President | | | New |
| Sarah C. | Little | Assistant Secretary | | | No Change |
| Brandon J. | Vick | Assistant Secretary | | | New |
| Matthew W. | Allen | Assistant Treasurer | | | No Change |
| Charles | Burns | Agent | | | No Change |
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Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|--|----------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ 100 | License Fee(s) \$ 200 |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee \$ 25 |
| <input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ 100 | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees \$ 235 |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
House of Frank LLC

2. Business Trade Name or DBA
HOUSE OF FRANK

3. FEIN 39-4848042 4. Wisconsin Seller's Permit Number 450-1032200338-04

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization 10/13/2025 9. Wisconsin DFI Registration Number H082701

10. Premises Address
211 N. Rochester ST.

11. City Mukwonago 12. State WI 13. Zip Code 53149

14. County Waukesha 15. Governing Municipality: City Town Village of: Mukwonago 16. Aldermanic District Mukwonago

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

The alcohol beverages will be sold at the bar area located in the back part of the building & consumed at the bar and in the store retail area downstairs. They will be stored in the fridge/shelf behind the bar area as well as in the upstairs storage area/closet

21. Mailing Address (if different from premises address)
Same as above

22. City _____ 23. State _____ 24. 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 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

- Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Frank | First Name Amanda | M.I. k |
| Title owner | [Redacted] | |
| Signature <i>[Handwritten Signature]</i> | Date 4/13/20 | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/14/20 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)
 Initial (New) Renewal

License Period
 07/01/24 - 06/30/27

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

1. Legal Business Name (individual name if sole proprietorship)
 House of Frank, LLC

2. Business Trade Name or DBA
 House of Frank

3. FEIN
 39-4848042

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

| Listing of Persons Involved in Applicant Business | | | | | |
|---|-----------|--|--------------|-------|-----------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| Amanda K. | Frank | member | | | no change |
| Evin K. | Frank | member | | | no change |
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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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.


(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Ilcz | First Name Eliz | M.I. |
| Title owner | [REDACTED] | |
| Signature  | Date 4-6-26 | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk April 13, 2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

| | |
|---|--|
| Instructions | *Status Definitions |
| <p>This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.</p> <p>The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:</p> <ul style="list-style-type: none"> • Sole proprietor • All partners of a partnership • All officers, directors, and agent of a corporation or nonprofit organization • All members or managers, and agent of a limited liability company <p>Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.</p> <p>Each person holding a title named above must submit the most accurate Form AB-100 with this application.</p> <p>Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.</p> | <p>New: All entries on a new application or any person added to a renewal application for the first time.</p> <p>Remove: This person no longer has a relationship to the applicant business.</p> <p>Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.</p> <p>No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.</p> |
| 1. Legal Business Name (individual name if sole proprietorship) | |
| MORNING CRUMBS LLC | |
| 2. Business Trade Name or DBA | 3. FEIN |
| MORNING CRUMBS | |

| Listing of Persons Involved in Applicant Business | | | | | |
|---|-----------|--|--------------|-------|---------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| Elez | Irazi | OWNER | | | Renew |
| Aibuleng | Irazi | manager | | | Renew |
| Donjet | Ahmedi | Agent | | | Renew |
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Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|--|---------------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ 100 | License Fee(s) \$ 600 |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 500 | Background Check Fee \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees \$ 635 |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
AMERICAN Legion Community Post #375

2. Business Trade Name or DBA

3. FEIN *396052691*

4. Wisconsin Seller's Permit Number *456-1020016060-03*

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization *WISCONSIN*

8. Date of Organization *7-13-1935*

9. Wisconsin DFI Registration Number *6004273*

10. Premises Address
627 EAST VETERANS WAY

11. City *MUKWONAGO*

12. State *WI*

13. Zip Code *53149*

14. County *WAUKESHA*

15. Governing Municipality: City Town Village
 of: *MUKWONAGO*

16. Aldermanic District

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)
PO Box 152

22. City *MUKWONAGO*

23. State *WI*

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

Part C: Individual Information

- Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 CASPER | First Name Harold | M.I. A |
| Title Finance officer | | |
| Signature Harold A. Casper | | Date 4-13-26 |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk April 15, 2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application
Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
American Legion Community Post 375

2. Business Trade Name or DBA

3. FEIN
396052691

Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|-------------------------------|----------------|--|--------------|-------|------------------|
| <i>George</i> | <i>Mielke</i> | <i>1st Vice Comm</i> | | | <i>No Change</i> |
| <i>Phochocki</i> | <i>STEVEN</i> | <i>Judge Advocate</i> | | | <i>No Change</i> |
| <i>KEPPI</i> | | | | | <i>New</i> |
| <i>Grablewski</i> | <i>KEPPI A</i> | <i>Bar Manager</i> | | | |
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Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | | Fees | |
|--|----------|--|---------------|
| <input type="checkbox"/> Class "A" Beer | \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer | \$ 100 |
| <input type="checkbox"/> "Class A" Liquor | \$ _____ | <input checked="" type="checkbox"/> Regular "Class B" Liquor | \$ 500 |
| <input type="checkbox"/> "Class A" Liquor (cider only) | \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor | \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) | \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor | \$ _____ |
| | | License Fee(s) | \$ 600 |
| | | Background Check Fee | \$ 10 |
| | | Publication Fee | \$ 25 |
| | | Total Fees | \$ <u>635</u> |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
FJ Partner LLC

2. Business Trade Name or DBA
SOL de Mexico

3. FEIN
46-3748245

4. Wisconsin Seller's Permit Number
456-1028207844-02

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
Wisconsin

8. Date of Organization
10-10-2013

9. Wisconsin DFI Registration Number

10. Premises Address
507 Main St

11. City
Mukwonago

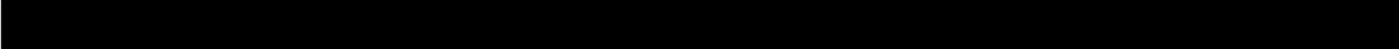
12. State
WI

13. Zip Code
53149

14. County
Waukesha

15. Governing Municipality: City Town Village
of: _____

16. Aldermanic District



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)
507 Main St

22. City
Waukesha

23. State
WI

24. 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information


Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 James | First Name Jose | M.I. |
| Title Owner | | |
| Signature  | | |
| 3-31-26 | | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|----------------------|---|
| Date Application Was Filed With Clerk 4/7/2026 | 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 | 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | | Fees | |
|---|--|----------------------|---------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ 100 | License Fee(s) | \$ 600 |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 500 | Background Check Fee | \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee | \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees | \$ <u>635</u> |

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 391045082 4. Wisconsin Seller's Permit Number 103884

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

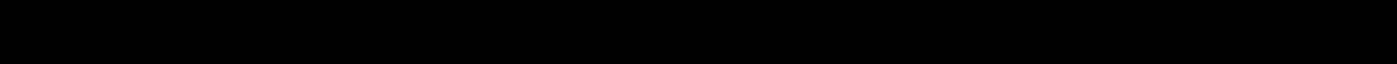
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization CORPORATION 8. Date of Organization 1976 9. Wisconsin DFI Registration Number _____

10. Premises Address
326 ATKINSON STREET

11. City MUKWONAGO 12. State WI 13. Zip Code 53149

14. County WAUKESHA 15. Governing Municipality: City Town Village
of: MUKWONAGO 16. Aldermanic District _____



20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

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

22. City _____ 23. State _____ 24. 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 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 OWNER/PRESIDENT | | |
| Signature Jeffrey R. Jay | | |
| Date 4-02-26 | | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk April 2, 2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type (check one) | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

| Instructions | *Status Definitions |
|---|--|
| <p>This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.</p> <p>The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:</p> <ul style="list-style-type: none"> • Sole proprietor • All partners of a partnership • All officers, directors, and agent of a corporation or nonprofit organization • All members or managers, and agent of a limited liability company <p>Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.</p> <p>Each person holding a title named above must submit the most accurate Form AB-100 with this application.</p> <p>Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.</p> | <p>New: All entries on a new application or any person added to a renewal application for the first time.</p> <p>Remove: This person no longer has a relationship to the applicant business.</p> <p>Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.</p> <p>No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.</p> |
| 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 |

| Listing of Persons Involved in Applicant Business | | | | | |
|---|------------|--|--------------|------------|---------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| JEFFREY R. | JAY | PRESIDENT | (762) | [REDACTED] | |
| JEAN A. | JAY | PRESIDENT | [REDACTED] | [REDACTED] | |
| | | SECRETARY | | | |
| | | TREASURER | | | |
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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 wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A. Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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>4/14/20</i> |
|------------------------------------|------------------------|

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk <i>April 15, 2020</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 V. Mukwonago |
| License Period 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|--|---------------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ 100 | License Fee(s) \$ 600 |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 500 | Background Check Fee \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | Publication Fee \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees \$ <u>635</u> |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
TAKE A BIG BITE, INC

2. Business Trade Name or DBA
FORK IN THE ROAD RESTAURANT

3. FEIN 82-1988802 4. Wisconsin Seller's Permit Number 456102944586602

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WISCONSIN 8. Date of Organization _____ 9. Wisconsin DFI Registration Number T073461

10. Premises Address
215 N. ROCHESTER ST.

11. City MUKWONAGO 12. State WI 13. Zip Code 53149

14. County WAUKESHA 15. Governing Municipality: City Town Village
of: MUKWONAGO 16. Aldermanic District _____



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City _____ 23. State _____ 24. 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 <u>DUI</u> | Location <u>JUNE, 2012</u> | Trial Date <u>MUKWONAGO</u> |
| Penalty Imposed | | Was sentence completed? <input checked="" 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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>Hennessey</i> | First Name <i>Therese</i> | M.I. <i>M</i> |
|-------------------------------|------------------------------|------------------|

| | | |
|-----------------------|---------------------|-----------------------------|
| Title <i>owner</i> | Email [REDACTED] | Phone <i>414-760-...</i> |
|-----------------------|---------------------|-----------------------------|

| | |
|--|------------------------|
| Signature <i>Therese M. Hennessey</i> | Date <i>3-27-26</i> |
|--|------------------------|

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk <i>April 7, 2026</i> | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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>Jones</i> | First Name <i>James</i> | M.I. <i>F</i> |
| Title <i>Member</i> | | |
| Signature <i>[Handwritten Signature]</i> | | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk <i>April 15, 2020</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 V. Mukwonago |
| License Period 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|----------------------|---------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ 100 <input type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ 500 <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | License Fee(s) | \$ 600 |
| | Background Check Fee | \$ 10 |
| | Publication Fee | \$ 25 |
| | Total Fees | \$ 635 |

pd 4/5/26

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
crush, LLC

2. Business Trade Name or DBA
crush Wine & Social

3. FEIN
47-1749375

4. Wisconsin Seller's Permit Number
456-1028736202-02

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
WI

8. Date of Organization
09/09/2014

9. Wisconsin DFI Registration Number
036-1021880079-03

10. Premises Address
110 Main St

11. City
Mukwonago

12. State
WI

13. Zip Code
53149

14. County
Waukesha

15. Governing Municipality: City Town Village
of: Waukesha

16. Aldermanic District



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. 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 checked="" type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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 wholesaler? . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Kwecien | First Name Paul | M.I. L |
| Title Vice President | | |
| Signature 4/15/2026 | | |

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/15/2026 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage License Application

| For Municipal Use Only |
|--------------------------------------|
| Municipality V. Mukwonago |
| License Period 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

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

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ <u>500</u> |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ |

| Fees | |
|----------------------|---------------|
| License Fee(s) | \$ 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) 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. | | | |
| 7. State of Organization Wi | | 8. Date of Organization 10/27/2015 | |
| 9. Wisconsin DFI Registration Number D056018 | | | |
| 10. Premises Address 325 Bay View Rd, Suite D/E | | | |
| 11. City Mukwonago | | 12. State WI | 13. Zip Code 53149 |
| 14. County Waukesha | 15. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Mukwonago | | 16. Aldermanic District |
| 17. Premises Phone | 18. Premises Email | 19. Website | |

pd 4/27/20

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

| | | | |
|----------|--|-----------|--------------|
| 22. City | | 23. State | 24. 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 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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 O'Bryan | First Name Tina | M.I. M |
|----------------------|--------------------|-----------|

| | | |
|----------------|---------------------|---------------------|
| Title Owner | Email [REDACTED] | Phone [REDACTED] |
|----------------|---------------------|---------------------|

| | |
|--|------------------|
| Signature  | Date 04/24/26 |
|--|------------------|

Part E: For Clerk Use Only

| | | | |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/21/2026 | 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 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|--|---------------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ 100 | License Fee(s) \$ 600 |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ 500 | Publication Fee \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees \$ <u>635</u> |

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)
El Pueblo, 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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization *WISCONSIN* 8. Date of Organization _____ 9. Wisconsin DFJ Registration Number *E-026339*

10. Premises Address *355 Bay View Rd*

11. City *MUKWONAGO* 12. State *WI* 13. Zip Code *53149*

14. County *WAUKESHA* 15. Governing Municipality: City Town Village of *Mukwonago* 16. Aldermanic District *N/A*

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

Dining Areas, Bar, Storage Areas, Patio, Assigned parking Lot.

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 |
| <i>N/A</i> | | |
| Law/Ordinance Violated | | 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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>ALARON CASTILLO</i> | First Name <i>MARCO</i> | M.I. <i>V</i> |
| Title <i>PRESIDENT</i> | | |
| Signature <i>[Signature]</i> | | Date <i>3-29-26</i> |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk <i>3/31/2026</i> | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

| | |
|--|---|
| Application Type <i>(check one)</i> | |
| <input type="checkbox"/> Initial (New) | <input checked="" type="checkbox"/> Renewal |
| License Period | |

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

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

2. Business Trade Name or DBA

3. FEIN

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

| Listing of Persons Involved in Applicant Business | | | | | |
|---|-----------------|--|--------------|------------|-----------|
| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
| SONIA A. | AJARON | SECRETARY | [REDACTED] | [REDACTED] | NO CHANGE |
| ANA E. | AJARON | VICE PRESIDENT | [REDACTED] | [REDACTED] | NO CHANGE |
| MARCO V | AJARON CASTILLO | PRESIDENT | [REDACTED] | [REDACTED] | NO CHANGE |
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Form
AB-200

Alcohol Beverage License Application

| For Municipal Use Only | |
|------------------------|--------------------|
| Municipality | V. Mukwonago |
| License Period | 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

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

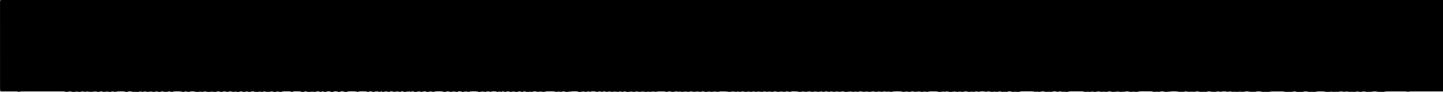
Class "A" Beer \$ _____ Class "B" Beer \$ 100
 "Class A" Liquor \$ _____ Regular "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

| Fees | |
|----------------------|----------------------|
| License Fee(s) | \$ 600 |
| Background Check Fee | \$ <u>10</u> |
| Publication Fee | \$ <u>25</u> |
| Total Fees | \$ <u>635</u> |

pd
4/20/26

Part A: Premises/Business Information

| | | |
|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship) <u>Persevelate Corporation</u> | | |
| 2. Business Trade Name or DBA <u>Badger Burger</u> | | |
| 3. FEIN <u>46-4045772</u> | 4. Wisconsin Seller's Permit Number <u>456-1028739067-02</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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.</small> | | |
| 7. State of Organization <u>WI</u> | 8. Date of Organization | 9. Wisconsin DFI Registration Number <u>8062417</u> |
| 10. Premises Address <u>200 S. Rockwell St</u> | | |
| 11. City <u>Mukwonago</u> | 12. State <u>WI</u> | 13. Zip Code <u>53149</u> |
| 14. County <u>Waukesha</u> | 15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Mukwonago</u> | |
| 16. Aldermanic District | | |



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

| | | |
|----------|-----------|--------------|
| 22. City | 23. State | 24. 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 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 WEIG | First Name MARY | M.I. A |
| Title owner/operator | | |
| Signature | | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/20/22 | 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 7/1/2026-6/30/2027 |

Application Type (check one)

Initial (New) Renewal

| License(s) Requested: (up to two boxes may be checked) | Fees | |
|---|--|----------------------------|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ 100 | License Fee(s) \$ 600 |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> Regular "Class B" Liquor \$ _____ | Background Check Fee \$ 10 |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ 500 | Publication Fee \$ 25 |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | Total Fees \$ 635 |

pd
4/20/20

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Perseverance Corporation

2. Business Trade Name or DBA
The Polish Bar

3. FEIN *46-4045722* 4. Wisconsin Seller's Permit Number *456-1020339067-02*

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization *WI* 8. Date of Organization *NOV 2013* 9. Wisconsin DFI Registration Number *2062417*

10. Premises Address
204 S. Rochester St

11. City *Mukwonago* 12. State *WI* 13. Zip Code *53149*

14. County *Waukesha* 15. Governing Municipality: City Town Village 16. Aldermanic District



Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City 23. State 24. 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 <i>Disorderly conduct</i> | Location <i>Mukwonago, WI</i> | Trial Date <i>2019</i> |
| Penalty Imposed <i>* 250.00</i> | Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated <i>Disorderly conduct</i> | Location <i>Eagle, WI</i> | Trial Date <i>2000</i> |
| Penalty Imposed <i>* 125.00</i> | Was sentence completed? <input checked="" 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 wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

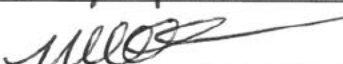
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 W2199 | First Name M/134 | M.I. |
| Title owner/operator | | |
| Signature  | | |

Part E: For Clerk Use Only

| | | | |
|---|----------------|---|---------------------|
| Date Application Was Filed With Clerk 4/20/26 | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

| License(s) Requested | Fees | |
|--|--|----------------------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <i>not needed</i> <i>TSF</i> | License Fees |
| <input checked="" type="checkbox"/> Temporary Class "B" Beer | Background Check | \$ 10. ⁰⁰ |
| | Total Fees | \$ 20.⁰⁰ |

Part A: Organization Information

1. Organization Name
AMERICAN LEGION Community Post # 375

2. Organization Permanent Address
627 EAST VETERANS WAY PO. Box 152

3. City
MUKWONAGO

4. State
WI

5. Zip Code
53149

6. Mailing Address (if different from permanent address)
P.O. Box 152

7. FEIN

8. Date of Organization/Incorporation

9. State of Organization/Incorporation
WISCONSIN

10. Phone

11. Email
CONTACT@Post375.org

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

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

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

Part B: Individual Information

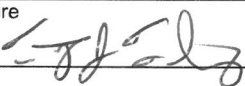
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

| Last Name | First Name | Title | Phone |
|-----------|------------|-----------|--------------|
| Hebst | Mack | Commander | 262-363-3580 |
| | | | |
| | | | |
| | | | |

Continued →

| Part C: Event Information | | | |
|--|--|--|-------------------------|
| 1. Name of Event (if applicable) Maxwell Street Days | | | |
| 2. Dates of Operation 6-13,14 7-18,19 8-15,16 9-12,13 | | 3. Hours of Operation 8AM - 5pm | |
| 4. Premises Address Field Park Hwy S NN And 83 | | | |
| 5. City Mukwonago | | 6. State WI | 7. Zip Code 53149 |
| 8. County WAUKESHA | 9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Mukwonago | | 10. Aldermanic District |
| 11. Organizer of Event (if not the named applicant) | | 12. Email and/or Phone Number for Organizer of Event 2ndVicecommander@Post375.org | |
| 13. Organizer Website Post375.org | | 14. Event Website MaxwellStreetDays.NET | |
| 15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Beer Sales in Park Pavilion | | | |

| Part D: Attestation | | | |
|---|---------------------------------------|-----------------------|-----------------------|
| Who must sign this application? • one officer or director of the nonprofit organization | | | |
| <p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p> | | | |
| Last Name Flory | | First Name Timothy | M.I. J |
| Title Vice Commander | Email 2ndVicecommander@Post375.org | | Phone 262-894-6492 |
| Signature  | | Date 4-15-26 | |

| Part E: For Clerk Use Only | |
|---|---------------------|
| Date Application Was Filed With Clerk April 16, 2024 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

THE DIRECTOR'S REPORT

APRIL 2026

MUKWONAGO COMMUNITY LIBRARY

reflections on March

*from the desk of
Abby Armour*

NEWS YOU CAN USE

Internet Outage - On March 11, a scheduled hardware upgrade at Bridges was expected to cause a 5–10 minute internet outage but lasted over 24 hours and involved BadgerNet and AT&T for resolution. I threw together checkout functions at the front desk using a staff hotspot for the most critical operations. I'm proud of the professionalism of all of my staff who either calmly communicated to users the issue or self-sufficiently found productive non-internet tasks. Without internet, Polaris ILS is unreachable—no cataloging, no self-checkouts—a stark reminder of how deeply our daily operations depend on reliable connectivity.

Power Outage - In the early morning hours of March 13, we briefly lost power around 3:30am, triggering an internet outage through WiscNet. I received two calls in the night—one from our security company and one from USA Fire—reporting trouble warnings. Everything was resolved before opening, but these overnight incidents are a reminder of the infrastructure vigilance required to keep the building running smoothly.

New Cleaning Company - The transition to our new cleaning vendor has gone smoothly, and the results speak for themselves. Even Judy, our longtime custodian, has noticed and approved of the difference. That's the highest endorsement we could ask for!

STAFFING & OPERATIONS

Staffing Challenges - We have been operating without an Associate Director of Circulation and Customer Experience since early January, creating uncovered Info Desk shifts every week before accounting for anything else. When sick-season callouts compound an already lean schedule, the math gets very difficult. On top of covering the daily operations of the Associate Director position, on April 2 I covered a Public Service Associate shift myself because there was simply no other option.

Spring break adds a wrinkle unique to public libraries. When schools let out, families flock to the library—exactly when our staff want to be home with their own families or on vacation. Hiring locally means deep community connection, but it also means our busy seasons and staff's personal demands align almost perfectly. Hiring from a wider area helps with availability but creates retention risk. There is no clean solution. It is a structural tension public libraries navigate every year.

Our staff work hard and show up. But there is a meaningful difference between running a library and leading one. When leadership is consumed by day-to-day coverage, the bigger-picture work—strategic planning, training, staff development—doesn't get done. Katelyn, our incoming Associate Director, starts April 20, and her arrival will make an immediate difference.

CIRCULATION & CUSTOMER EXPERIENCE TEAM

MessageBee Transition - Bridges recently switched text message notifications to MessageBee, eliminating the need to collect cellphone carrier information from patrons and simplifying data entry across the board. Circulation Specialist Macy Walkowski and I have been updating training materials, cleaning up patron records, and revising the card registration form. Progress has been slow given recent staffing challenges, but the long-term payoff in accuracy and efficiency will be worth it.

WisCat Training - Macy attended a WisCat portal training seminar this month. WisCat is Wisconsin's statewide interlibrary loan system — last year we loaned 487 items to other libraries and our patrons received 182, a meaningful extension of what our collection can offer.

Thingery Updates - Work continues on the Thingery overhaul that began with February's customer experience audit. I have been going item by item through the collection to align packaging and presentation with our new website and future marketing. Our strategic plan emphasizes designing for first-time users, so we are eliminating library jargon, using AI to write consistent item descriptions, and including practical details patrons need before checkout—like how heavy the bocce ball set is or how large the Supersized Connect 4 game is. The Roku streaming devices (see back page) were the first full rollout of the new format!

COLLECTIONS & PROGRAMS TEAM

C&P Team Updates - We were thrilled to welcome MetaSpace Lead Innovator Nancy back after her extended FMLA leave covering the end of January, all of February, and part of March. Her return brought immediate relief to a team that had been stretched thin covering MetaSpace programming.

We also recently said farewell to Library Associate Emma B., who accepted a position at Whitefish Bay Public Library. The opportunity was a wonderful fit—cutting her 45-minute commute to a short bike ride—and we wish her all the best. Director Armour will go back to being the only person covering the perennially popular Bubble Boogie program.

The Collections & Programs team remains understaffed, and staff illness continues to cause significant disruption when we are already filling open desk shifts and programs. We are actively working to hire a new Library Associate and hope to have someone fully trained before summer.

Book Festival - Planning for the Mukwonago Book Festival on May 17 is in the home stretch. The Friends of the Library are actively recruiting volunteers, and Associate Director Emily Ceithamer will lead a volunteer training session covering the day's schedule, individual roles, and expectations. Rentals have been finalized, generously covered by the Friends, and we are putting the finishing touches on the day's schedule. We can't wait to bring this event to our community!

BY THE NUMBERS: MARCH 2026

71,399

Total 2026
physical + digital circulation
-8% compared to 2025



21,028

physical item circulation
in March
+0% compared to 2025

4,220

digital item circulation
in March
+5.4% compared to 2025



1,916

items circulated through the
smartlockers in March
+9.6% compared to 2025

531

community members
used our rooms
in March
+59% compared to 2025



1,076

new items ordered
in March

The Acquisitions module now counts on-order items, so numbers differ from previous years.

26,965

Total 2026
visits to the Library
-5% compared to 2025

103

new library cards
in March
-6% compared to 2025



1,165

people attended
programs in March
-15% compared to 2025

THINGERY UPDATES

Over the past several months, we undertook a library-wide effort to expand and enhance our Roku streaming device program. Previously, the library maintained five Roku devices loaded with multiple streaming services, a setup that had limitations as most platforms restrict simultaneous use to fewer than five devices. We also recognized that many titles patrons request simply aren't available in physical formats, making streaming an essential part of our collection strategy.

Associate Director Emily Ceithamer spent months researching the best path forward. The solution: a one-device-per-service model that allowed us to expand to 14 devices and add three new streaming services. Materials Specialist Haley Gilbert processed the devices. Marketing Specialist Emma Plitzner and I worked closely on the language and presentation of all marketing materials, and I personally packaged every device to the new standard. Staff and patron response has been great. A collection that reflects how our community actually consumes media today is a collection that stays relevant.



Clear displays that match the item package and the website. Scan here to see the Rokus on our website:



THE DIRECTOR'S REPORT

Mukwonago Community Library
Apr. 2026 - Reflections on Mar.



ABBY ARMOUR
LIBRARY DIRECTOR

aarmour@mukwonagolibrary.org
(262) 363-6411 ext. 4100

**AGENCY REQUEST FOR
STATE BUILDING COMMISSION ACTION
MAY 2026
REQUEST #25**

AGENCY: Department of Administration on behalf of Statewide Non-State Grantees

DOA CONTACT: Joshua Bernardini, (608) 266-8874, joshua.bernardini@wisconsin.gov

LOCATION: Statewide

PROJECT REQUEST: Request the release of \$50,000,000 SEG REV to the Department of Administration on behalf of 71 Non-State Grantees to provide grants for local construction projects with a statewide public purpose pursuant to 2025 Wisconsin Act 15.

PROJECT DESCRIPTION:

2023 Wisconsin Act 19 created an initiative that aimed to support non-state organizations that are not-for-profit entities in their pursuit of construction projects with a statewide public purpose, and this initiative was continued in 2025 Wisconsin Act 15. The program provides funding to eligible organizations for construction projects that benefit the greater public. To be eligible for a grant, the non-state organization must satisfy the following requirements: secured funding from non-state revenue sources to cover at least half of the total project cost; demonstrated that they are not a for-profit entity; proposed a design of a construction project that was shovel ready and served a public purpose; and created or improved a capitalized asset.

On September 10, 2025, Governor Evers reannounced the application process for the \$50 Million Non-State Grant Program with applications due by November 21, 2025. The Department of Administration (DOA) once again received overwhelming interest in the program with over 250 applications. Over the next several months, DOA conducted a comprehensive two-step review process. Applications were first evaluated against minimum eligibility requirements, including nonprofit status, confirmation the project serves a public purpose, matching funds, and completeness of submission materials. Projects that met these requirements then advanced to a technical review of architectural and engineering documentation to confirm “shovel-ready” status, ensuring they were sufficiently developed to proceed to construction upon award. Once the projects passed this initial review, the remaining projects underwent an in-depth review and were ranked by the following criteria: public purpose, project need, project impact, project viability, organizational capacity, and local support. These criteria were developed based on information provided to the applicants and in line with the long-standing Non-State Grant program and continued 2023 Wisconsin Act 19 requirements.

As a result of this review, the Department recommends the approval of the 71 applications. The recommendation will provide a total of \$50,000,000 in Segregated Revenue (SEG REV) to these Non-State entities. Grantee Funds have been adjusted to reflect partial awards if applicable. See table below:

| Funding Breakdown for the Non-State Grantees | | | | | |
|--|---|--------------------|---------------|-----------------------|-------------------------|
| Grantee | Project Title | Total Project Cost | Grantee Funds | State Grant Requested | State Grant Recommended |
| Olbrich Botanical Gardens | The Bolz Conservatory: Growing the Future of Our Community's Garden Under Glass | \$4,000,000 | \$3,500,000 | \$2,000,000 | \$500,000 |
| GiGi's Playhouse-Madison | GiGi's Playhouse Capital Project | \$3,500,000 | \$2,600,000 | \$1,003,088 | \$900,000 |
| City of Middleton Parks & Recreation | Parisi Park Shelter | \$800,000 | \$600,000 | \$400,000 | \$200,000 |
| City of Madison (Madison Public Library) | Imagination Center at Reindahl Park | \$18,625,000 | \$17,425,000 | \$2,000,000 | \$1,200,000 |
| Village of Oregon | Oregon Area Senior Center and Community Gymnasium Building Project | \$21,400,000 | \$21,200,000 | \$2,000,000 | \$200,000 |
| The Salvation Army of Dane County | The Salvation Army of Dane County Purpose-Built Shelter for Women and Families | \$31,991,308 | \$29,991,308 | \$2,000,000 | \$2,000,000 |
| Historic Haymarket Milwaukee | Transformation of Milwaukee Public Museum into the Nature & Culture Museum of Wisconsin | \$255,000,000 | \$254,900,000 | \$2,000,000 | \$100,000 |
| Milwaukee Domes Alliance | The Domes Reimagined | \$51,600,000 | \$49,600,000 | \$2,000,000 | \$2,000,000 |
| Neu-Life Community Development | NeuVue Project | \$12,000,000 | \$10,200,000 | \$2,000,000 | \$1,800,000 |
| Mount Mary University, Inc. | The Next Generation of Care: Empowering Nurses Through Innovation and Integration | \$3,150,000 | \$2,150,000 | \$1,575,000 | \$1,000,000 |

| | | | | | |
|---|--|--------------|--------------|-------------|-------------|
| Kinship MKE, Inc. dba Kinship Community Food Center | Building a Place for Kinship | \$19,700,000 | \$18,800,000 | \$2,000,000 | \$900,000 |
| United Community Center | UCC Burnham Early Learning Academy | \$24,118,926 | \$22,118,926 | \$2,000,000 | \$2,000,000 |
| Waupaca Community Arts Board | Waupaca Community Arts Hub | \$1,062,600 | \$771,399 | \$531,300 | \$291,201 |
| Building for Kids Children's Museum | Building for Kids Children's Museum Strategic Expansion Project | \$1,030,000 | \$892,977 | \$250,000 | \$137,023 |
| Performing Arts Foundation, Inc. | The Grand Theater - Second Century Project | \$18,000,000 | \$16,903,817 | \$2,000,000 | \$1,096,183 |
| Wisconsin Maritime Museum | Maritime Heritage Center Revitalization Project | \$2,225,198 | \$1,249,605 | \$975,593 | \$975,593 |
| Veterans 1st of NEW, Inc. | Veterans 1st of NEW Village | \$4,430,585 | \$4,354,685 | \$900,000 | \$75,900 |
| ADVOCAP, Inc. | ADVOCAP Childcare Incubator | \$2,910,512 | \$2,824,012 | \$1,025,512 | \$86,500 |
| On Broadway, Inc. | Green Bay Public Market | \$21,885,934 | \$21,717,234 | \$2,000,000 | \$168,700 |
| Fox Cities Sports Development, Inc. | Court Expansion of the Community First Champion Center | \$17,000,000 | \$16,200,000 | \$2,000,000 | \$800,000 |
| Wello, Inc. | Cultivating Community: Advancing Economic Development and Sustainability Moving Wisconsin's Food System Forward for the Future | \$1,563,000 | \$1,094,100 | \$781,500 | \$468,900 |
| Wisconsin Rural Water Association | National Water College Field Training Center | \$12,500,000 | \$10,500,000 | \$2,000,000 | \$2,000,000 |

| | | | | | |
|--|---|--------------|--------------|-------------|-------------|
| Aspirus Health | Aspirus Merrill Hospital Inpatient Bed Addition | \$39,000,000 | \$38,800,000 | \$2,000,000 | \$200,000 |
| Mooring Programs Inc. DBA Apricity | Capital Project to Expand Access to Residential Treatment for Individuals with Substance Use Disorder in Northeast Wisconsin | \$13,000,000 | \$11,000,000 | \$2,000,000 | \$2,000,000 |
| Chilton Public Library | Chilton Broadband- Enabled Library & Community Facility | \$7,839,363 | \$7,039,363 | \$2,000,000 | \$800,000 |
| City of Green Bay | Green Bay Fire Station Flats Apartments | \$19,450,000 | \$18,250,000 | \$2,000,000 | \$1,200,000 |
| City of Marshfield | City of Marshfield - Police Station | \$12,800,000 | \$12,000,000 | \$2,000,000 | \$800,000 |
| Town of Newton | Town of Newton Fire & EMS Station | \$6,132,000 | \$5,908,000 | \$2,000,000 | \$224,000 |
| Brown County Library | New Branch Library in Ashwaubenon | \$9,024,700 | \$8,648,700 | \$940,000 | \$376,000 |
| First 5 Fox Valley, Inc | Together for Families: Family Resource Center | \$5,900,000 | \$3,900,000 | \$2,000,000 | \$2,000,000 |
| Colfax Railroad Museum, Inc. | Colfax Railroad Museum | \$3,047,771 | \$2,447,771 | \$1,357,400 | \$600,000 |
| Boys & Girls Clubs of Greater La Crosse | Boys & Girls Clubs of Greater La Crosse Workforce Readiness Project | \$15,000,000 | \$13,500,000 | \$2,000,000 | \$1,500,000 |
| Aspirus Health | Aspirus Chippewa Falls Emergency Department | \$36,000,000 | \$35,100,000 | \$2,000,000 | \$900,000 |
| Bayfield County | Bayfield County Facilities Preservation | \$2,162,969 | \$2,020,969 | \$762,969 | \$142,000 |
| Northwest Passage LTD | Community Commons at Northwest Passage Gallery | \$528,000 | \$422,000 | \$264,000 | \$106,000 |
| City of New Richmond | New Richmond Community Library | \$15,000,000 | \$14,200,000 | \$2,000,000 | \$800,000 |
| Western Dairyland Economic Opportunity Council, Inc. | WDEOC Housing & Family Services and Day Resource Center | \$6,400,000 | \$5,800,000 | \$1,000,000 | \$600,000 |

| | | | | | |
|--|--|--------------|--------------|-------------|-------------|
| Town of Shelby | Shelby Fire Station Relocation and Upgrade | \$2,700,000 | \$2,448,000 | \$1,350,000 | \$252,000 |
| Boys & Girls Clubs of Barron County | Boys & Girls Clubs of Barron County New Clubhouse for Kids | \$10,000,000 | \$9,600,000 | \$1,000,000 | \$400,000 |
| St. Croix Valley Food Bank | Permanent Food Bank Facility | \$16,100,000 | \$14,100,000 | \$2,000,000 | \$2,000,000 |
| Mineral Point Opera House Inc | Mineral Point Opera House Exterior Preservation - Masonry & Roof Work | \$485,000 | \$435,000 | \$125,000 | \$50,000 |
| American Players Theatre | American Players Theatre "Seats and Storage" Infrastructure Project | \$1,425,570 | \$1,140,570 | \$712,785 | \$285,000 |
| Yerkes Future Foundation | Play/Space & Cosmic Family Pavilion | \$2,680,176 | \$1,980,176 | \$1,167,227 | \$700,000 |
| Walworth County | Webster House Restoration | \$280,000 | \$254,000 | \$65,000 | \$26,000 |
| Swiss Center of North America | New Glarus Glarner Community Complex | \$553,920 | \$445,920 | \$270,000 | \$108,000 |
| Jamison Museum Association dba Friends of The Mining & Rollo Jamison Museums | Improvements to the Entrance and Museum Store at The Mining & Rollo Jamison Museum | \$708,500 | \$566,500 | \$354,250 | \$142,000 |
| Sauk Prairie School District | River Arts Center Modernization | \$580,021 | \$464,021 | \$290,011 | \$116,000 |
| Beloit Historical Society | Beloit Historical Society Parking Lot Reconstruction Project | \$282,070 | \$226,070 | \$141,000 | \$56,000 |
| Oconomowoc Historical Society, Inc. | Rooted in History, Reaching for the Future | \$875,500 | \$686,500 | \$472,350 | \$189,000 |

| | | | | | |
|---|--|--------------|-------------|-------------|-------------|
| Richland County Performing Arts Council Inc | City Auditorium Renovation Project | \$467,758 | \$383,758 | \$235,000 | \$84,000 |
| Sharon Lynne Wilson Center for the Arts | ACCESS Initiative: Advancing Capacity, Community, Efficiency, Safety, and Sustainability | \$1,218,777 | \$974,777 | \$609,388 | \$244,000 |
| City of Shullsburg | Badger Mine & Museum Revitalization | \$2,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Sauk County Land Resources and Environment | Sauk County Farm Facilities | \$400,000 | \$242,500 | \$200,000 | \$157,500 |
| Brodhead Jaycees | Brodhead Community Splash Pad & Park Revitalization | \$496,000 | \$303,500 | \$248,000 | \$192,500 |
| City of Beloit, Beloit Public Library | Discovery PLAYce at the Beloit Public Library | \$2,500,000 | \$1,750,000 | \$750,000 | \$750,000 |
| Mile Bluff Medical Center | Mile Bluff Medical Center - MRI and Imaging Suite Upgrade | \$871,329 | \$726,329 | \$435,664 | \$145,000 |
| Rock River Community Clinic Inc | Moving Upstream: 2025-2026 Capital Campaign for Rock River Community Clinic | \$2,143,749 | \$1,813,749 | \$550,000 | \$330,000 |
| Carroll University, Inc. | Increasing Southern Wisconsin's Access to Care and Growing Quality Healthcare Workforce through Renovation at Carroll University | \$10,448,280 | \$8,448,280 | \$2,000,000 | \$2,000,000 |

| | | | | | |
|---|--|--------------|--------------|-------------|-------------|
| Scenic Bluffs Community Health Centers | REACH Center Expansion and Integration Project: A Blueprint for Integrated Health and Social Services in Wisconsin | \$2,105,000 | \$1,180,000 | \$925,000 | \$925,000 |
| City of West Bend | City of West Bend Fire Station #1 New Construction and Site Improvements | \$24,700,000 | \$23,500,000 | \$2,000,000 | \$1,200,000 |
| Mayville EMS | Mayville EMS and Mayville Training Center New Building | \$4,000,000 | \$3,200,000 | \$2,000,000 | \$800,000 |
| City of Prairie du Chien | Prairie du Chien Public Safety Center | \$10,291,738 | \$9,491,738 | \$2,000,000 | \$800,000 |
| Town of Milton, Rock County | New Joint Town Hall - Police Department - Municipal Court Building | \$7,700,000 | \$7,435,000 | \$2,000,000 | \$265,000 |
| Salem School District | Salem School District Capital Repair and Water Quality Project | \$624,150 | \$437,150 | \$312,075 | \$187,000 |
| City of Hartford | Hartford Fire Station 2 | \$4,900,000 | \$4,100,000 | \$2,000,000 | \$800,000 |
| Burlington Library Foundation, Inc. | Our Community Library - Thinking Outside the Books | \$6,462,518 | \$5,902,518 | \$1,400,000 | \$560,000 |
| Badgerland After School Enrichment Program Inc. | BASE Future Home Community Center | \$10,500,000 | \$9,700,000 | \$2,000,000 | \$800,000 |
| Mukwonago Community Library | Building Belonging: Mukwonago Community Library's Investment in Where Our Community Gathers and Connects | \$3,600,000 | \$3,362,000 | \$1,800,000 | \$238,000 |

| | | | | | |
|---|---|----------------------|----------------------|---------------------|---------------------|
| City of Delavan | Rooted in Our Community, Growing for the Future: Aram Public Library Expansion & Renovation | \$11,197,069 | \$10,397,069 | \$2,000,000 | \$800,000 |
| City of Racine | Dr. Martin Luther King Jr. Community Center | \$68,000,000 | \$66,000,000 | \$2,000,000 | \$2,000,000 |
| Kenosha County Planning and Development | Pike River South Branch Restoration Project | \$17,000,000 | \$16,750,000 | \$250,000 | \$250,000 |
| Total | | \$948,074,991 | \$898,074,991 | \$92,429,112 | \$50,000,000 |

PROJECT JUSTIFICATION/FUNDING:

The new Non-State Grant Program will support local infrastructure improvement and community development projects in communities across the state. This program was re-established as part of the 2025-27 biennial budget, [2025 Wisconsin Act 15](#), with a \$50 million allocation of state funding to support economic and community development, bolster Wisconsin’s infrastructure, and improve the overall quality of life in the state. The Non-State Grant Program will serve as a catalyst for community development, empowering local organizations to undertake construction projects that have a profound public purpose.

Non-state organizations were encouraged to submit proposals that not only align with the program’s mission but also demonstrate innovative solutions to pressing community challenges. To be eligible for a grant, non-state organizations must secure funding from non-state revenue sources covering at least half of the total project cost and be ready for construction. Should a grant-funded project deviate from its public purpose, the state will retain ownership interest in the space equivalent to the grant amount.

This program represents a unique opportunity for organizations to contribute to the state’s progress by proposing projects that stand to make a lasting impact on Wisconsin’s social and economic landscape.

If this item is approved, individual grant and use-restriction agreements between the non-state entities and DOA will be executed to allow the release of funding.

The DOA has reviewed and approved construction project plans prior to determining a grant’s eligibility. Upon award and a fully executed grant agreement, the DOA will disperse the grant funds as a proportional share of actual costs (i.e., reimbursements) for actual design and construction costs.

PREVIOUS ACTION: This program was enumerated in 2025 Wisconsin Act 15 for \$50,000,000 SEG REV.

VILLAGE OF MUKWONAGO

Agenda Item Report for the Committee of the Whole



| | | | |
|--|--|--------------------|--|
| Topic: | | | |
| Discussion/Recommendation to Award the contract for the Fire Station #1 Roof Replacement Project | | | |
| Date: | | | |
| May 6, 2026 | | | |
| Presenter: | | Department: | |
| Ron Bittner, DPW Director | | Public Works | |
| Conformance with Strategic Plan: | | | |
| Responsible Finances | | | |
| Overview / Background Information | | | |
| <p>The project was publicly bid, and three proposals were received from reputable firms. Based on the review of the bids, Village staff and the roofing consultant recommend awarding the project to Pioneer Roofing for Alternate #1, in the amount of \$506,206.00.</p> <p>Selecting Alternate #1 will allow the village to replace the entire roof of the facility, which has reached the end of its useful life. The Modified Bituminous 30-year roofing system was chosen for its durability and its ability to extend service life through future maintenance treatments. Alternate #1 includes a 30-year warranty and has an expected life cycle of approximately 30 to 40 years.</p> | | | |
| Key Issues | | | |
| The current roof has reached its end of life and requires frequent repairs. | | | |
| Fiscal Note / Budget Impact | | | |
| The project was accelerated and included in the 2026 capital plan due to its continued failures. The project was estimated at \$520,000 with the low bid received at \$506,206. The 2025 roof inspection revealed wet areas in the insulation and these will be replaced based on square foot unit pricing. | | | |
| Action Requested / Recommendation | | | |
| Recommendation to award the Village of Mukwonago Fire Department 2026 Building Envelope Project to Pioneer Roofing. | | | |



since 1895

THE GARLAND COMPANY, INC.

HIGH PERFORMANCE BUILDING ENVELOPE SOLUTIONS

3800 EAST 91ST. STREET • CLEVELAND, OHIO 44105-2197

PHONE: (216) 641-7500 • FAX: (216) 641-0633

NATIONWIDE: 1-800-321-9336

April 13th, 2026

Village of Mukwonago

Fire Department

1111 Fox Street, Mukwonago, WI 53149

Letter of Recommendation

RE: Village of Mukwonago Fire Department – 2026 Building Envelope Project

This letter will serve as an accounting of the bid process for this project and a formal recommendation on how to proceed.

On Thursday, March 5th, 2026, the Project Advertisement for the Village of Mukwonago Fire Department Building Envelope Project was posted on the city's website, as well as posted in the local paper. This advertisement was available to contractors for 2 weeks.

After two weeks of advertising, a mandatory Pre-Bid Meeting was held at the Village of Mukwonago Fire Department to review the project specifications and project site. This meeting took place on Friday, March 27th, 2026, at 10:00 a.m. Five (5) contractors attended and signed in to the Pre-Bid meeting. All attendees were given the opportunity to review the project site and ask questions regarding all aspects of the project.

Bids were due 11 days later, on Tuesday, April 7th, 2026, at 10:00 a.m. On that date, three (3) contractors submitted bids directly to the Village of Mukwonago Fire Department, either by mail or hand delivery, prior to the 10:00 am deadline. At 10:00 a.m. on Thursday, April 9th, 2026, the bids were publicly opened and read aloud, and notated on the attached Bid Tabulation. A copy is attached for reference.

As all bidders are qualified contractors and submitted bids under the same scope of work, specifications, and performance standards. Based on this, the recommended path forward is to award the project to the lowest responsible bidder. Pioneer Roofing is the low bidder for the project, with a Base Bid of \$305,947.00 and an Alternate #1 of \$506,200.00.

My recommendation is to proceed with Pioneer Roofing's bid of the Alternate #1, for a total of \$506,200.00. By selecting the Alternate #1, the Fire Department will address all roof sections on the facility, which have come to the end of their useful life, and will install a solid long-term roofing system for this facility. This roof system comes with a 30-year warranty and has an average life cycle of 30-40 years.

Once the project is awarded, the Village of Mukwonago will work with Pioneer Roofing to finalize all required agreements and contracts. Following contract execution, the contractor plans to begin the project as soon as practical, most likely Fall of 2026. Prior to construction, Pioneer Roofing will develop staging plans, submit all required submittals for review and approval, and provide a detailed construction schedule. These items will be reviewed at a pre-construction meeting in advance of the project start.

If you have any questions or require additional information, please feel free to contact me at (920) 309-2179 or rsurman@garlandco.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Rhett Surman", with a long horizontal flourish extending to the right.

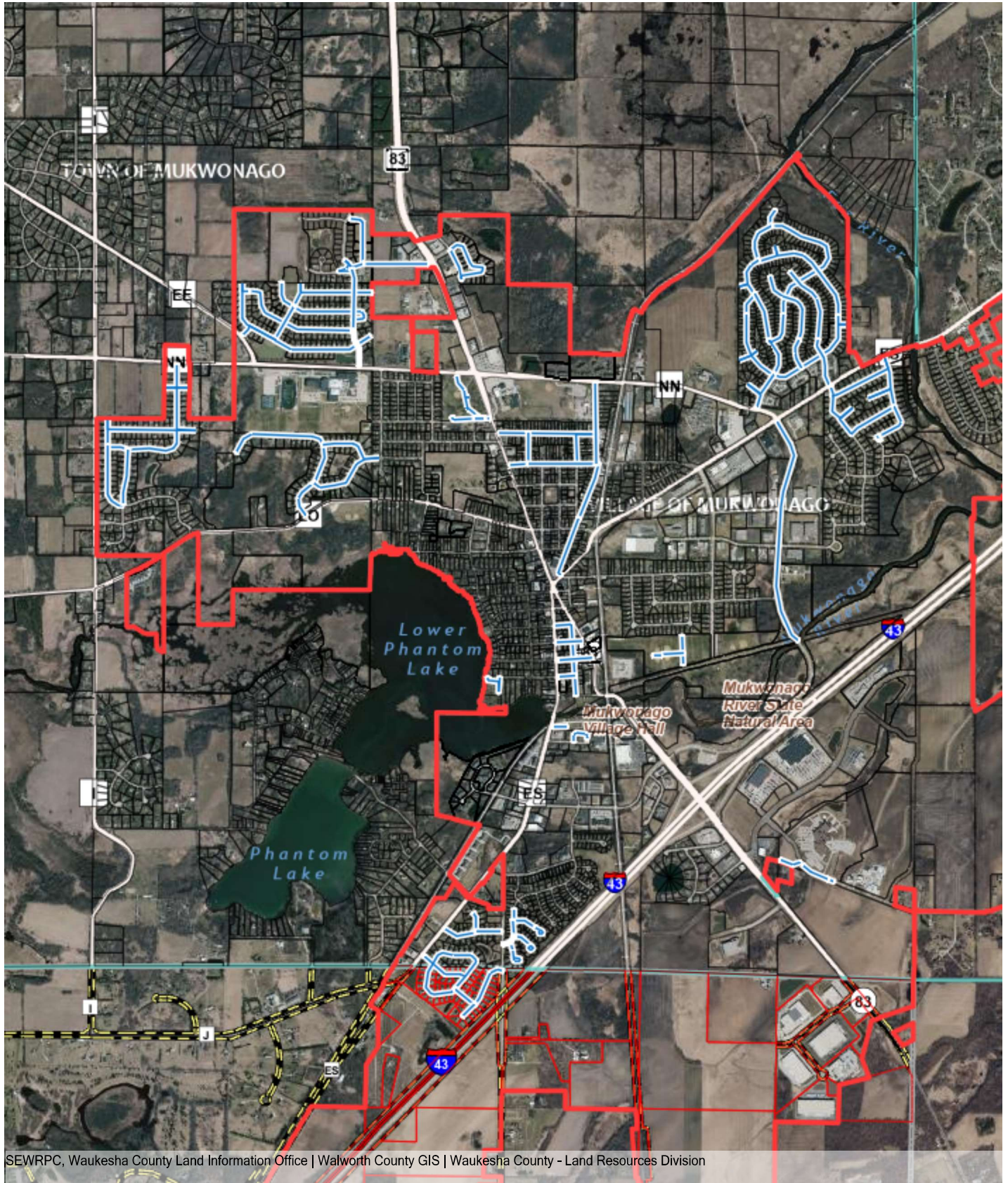
Rhett Surman
The Garland Company
Territory Manager
(920) 309-2179
rsurman@garlandco.com

VILLAGE OF MUKWONAGO

Agenda Item Report for the Committee of the Whole



| | | | | | | | |
|---|--|---------------------------|--|---|--|--------------|--|
| Topic: | | | | Discussion/Recomendation to award the 2026 Street Crack Sealing Project | | | |
| Date: | | | | May 6, 2026 | | | |
| Presenter: | | Ron Bittner, DPW Director | | Department: | | Public Works | |
| Conformance with Strategic Plan: | | | | | | | |
| Responsible Finances Quality of Life | | | | | | | |
| Overview / Background Information | | | | | | | |
| The bid opening for the 2026 Crack Sealing Project was held on April 23, 2026. Two bids were received from reputable Wisconsin companies, both of which have successfully completed projects for the Village in the past. Thunder Road submitted the lowest bid and is recommended for this year's project. The project will address several locations throughout the Village, including roadways, parking lots, and paths. Work will include routing new cracks, cleaning, and filling both new and existing cracks to maintain and extend the life of Village infrastructure. | | | | | | | |
| Key Issues | | | | | | | |
| * Both bidders have a proven track record with the Village, ensuring quality and reliability. * Selection of the lowest responsible bidder demonstrates fiscal responsibility and adherence to procurement best practices. | | | | | | | |
| Fiscal Note / Budget Impact | | | | | | | |
| Thunder Road's low bid of \$82,785.00 is within the allotted budget for the program. | | | | | | | |
| Action Requested / Recommendation | | | | | | | |
| Recommendation to award the 2026 Street Crack Seal Program to Thunder Road LLC in the amount of \$82,785.00. | | | | | | | |



SEWRPC, Waukesha County Land Information Office | Walworth County GIS | Waukesha County - Land Resources Division

0 1000 2000
ft



Scale: 1 in. = 3560 ft.
1 : 42722

Village of Mukwonago
440 River Crest Court
PO Box 206
Mukwonago, WI 53149
262-363-6420

Notes

DISCLAIMER: The Village of Mukwonago does not guarantee the accuracy of the material contained here in and is not responsible for any misuse or misrepresentation of this information or its derivatives.

Village of Mukwonago

2026 Street Crack Seal Bid Sheet

| Street | Notes | Section Start | Section End | Section Cost |
|---------------------|----------------|---------------------------|---------------------------|--------------|
| Black Bear Dr. | | | | \$825.00 |
| Marsh View Dr. | | Black Bear Blvd. | Termini | \$1,455.00 |
| Chapman Farm Blvd. | No Flange Line | STH 83 | 120' W of Fairwinds Blvd. | \$812.00 |
| Sandhill Ln. | No Flange Line | | | \$232.00 |
| Fairwinds Blvd. | No Flange Line | 120' N of Fairwinds Blvd. | 250' S of Fairwinds Blvd. | \$100.00 |
| Fairwinds Blvd. | | 250' S of Fairwinds Blvd. | CTH NN | \$10,340.00 |
| Rosewood Dr. | | Stoecker Farm Ave. | 160' N of Westlawn Ave. | \$4,395.00 |
| Westlawn Ave. | | | | \$3,371.00 |
| Fairwinds Ct. | | | | \$1,432.00 |
| Oldfield Ave. | | Fairwinds Blvd. | Rosewood Dr | \$3,381.00 |
| Oldfield Ave. | No Flange Line | Rosewood Dr. | 550' West | \$500.00 |
| Prairie Hill Ave. | | Fairwinds Blvd. | Rosewood Dr. | \$3,407.00 |
| Prairie Hill Ave. | No Flange Line | Rosewood Dr. | Stoecker Farm Ave. | \$1,620.00 |
| Stoecker Farm Ave. | | Termini East | Stoecker Farm Blvd. | \$5,318.00 |
| Stoecker Farm Ave | No Flange Line | Stoecker Farm Blvd. | Termini West | \$707.00 |
| Stoecker Farm Blvd. | | | | \$617.00 |
| Pinehurst Dr. | | | | \$6,044.00 |
| Winged Foot St. | | | | \$944.00 |
| Medina Dr. | | Termini | 300' W of Pinehurst Dr. | \$1,318.00 |
| Medina Dr. | No Flange Line | 300' W of Pinehurst Dr. | Brockway Dr. | \$100.00 |
| Augusta Dr. | | Pinehurst Dr. | Brockway Dr. | \$2,090.00 |
| Brockway Dr. | No Flange Line | Augusta Dr. | Termini | \$100.00 |
| Minors Dr. | | | | \$4,135.00 |
| Fritz Way | | | | \$1,315.00 |
| Ahrens Dr. | | Minors Dr. | Meadow View Ln. | \$1,808.00 |
| Lincoln Ave. | No Flange Line | | | \$150.00 |
| Oakland Ave. | No Flange Line | STH 83 | Clarendon Ave. | \$100.00 |
| Bryant St. | No Flange Line | | | \$100.00 |
| Division St. | No Flange Line | Lincoln Ave | Oakland Ave. | \$100.00 |
| Clarendon Ave. | No Flange Line | | | \$223.00 |
| Grand Ave. | No Flange Line | | | \$555.00 |
| River Park Cir. W. | No Flange Line | | | \$3,270.00 |
| River Park Cir. E. | No Flange Line | | | \$399.00 |
| Sundown Ct. | No Flange Line | | | \$100.00 |
| Western Trl. | No Flange Line | | | \$100.00 |
| Churchway Ct. | No Flange Line | | | \$100.00 |
| St. James St. | No Flange Line | | | \$100.00 |
| Riverton Dr. | No Flange Line | | | \$322.00 |

| | | | | |
|------------------|----------------|---------------------|--------------------------|-------------|
| Summit Ct. | No Flange Line | | | \$50.00 |
| Crown Ct. | No Flange Line | | | \$125.00 |
| Dahms Dr. | No Flange Line | | | \$50.00 |
| Rainbow Ct. | No Flange Line | | | \$1,030.00 |
| Eastern Trl. | No Flange Line | Termini | CTH ES | \$1,054.00 |
| Eastern Trl. | No Flange Line | CTH ES | Wegner Dr. | \$100.00 |
| Two Rivers Dr. | No Flange Line | CTH ES | 300' N of Two Rivers Ct. | \$232.00 |
| Williams Dr. | No Flange Line | | | \$50.00 |
| Trail Ct. | No Flange Line | | | \$50.00 |
| Fox River Ct. | No Flange Line | | | \$50.00 |
| Wegner Dr. | No Flange Line | | | \$50.00 |
| Jefferson St. | No Flange Line | STH 83 | Front St. | \$347.00 |
| Meacham St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Field St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Blood St. | No Flange Line | CTH ES | STH 83 | \$132.00 |
| Andrews St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Mukwonago Dr. | No Flange Line | Honeywell Rd. | 200' N of Armstrong Ct. | \$50.00 |
| Lovell Ct. | No Flange Line | | | \$200.00 |
| Gordon Ct. | No Flange Line | | | \$265.00 |
| Armstrong Ct. | No Flange Line | | | \$132.00 |
| Regees Rd. | No Flange Line | | | \$167.00 |
| Jonathan Ct. | No Flange Line | | | \$100.00 |
| Macintosh Way | | | | \$238.00 |
| Cider Cir. | | | | \$365.00 |
| Applewood Cir. | | | | \$260.00 |
| Berry Patch Ln. | | | | \$128.00 |
| Orchard View Ln. | | | | \$640.00 |
| Maple Ct. | | | | \$445.00 |
| Maple Ave. | | 50' SE of Maple Ct. | 665' SE Maple Ct. | \$600.00 |
| Holz Pkwy. | | CTH ES | Northside of Bridge deck | \$10,590.00 |

| | | | | |
|---|--------------------|----------------------|--|--------------------|
| Parking Lots | | | | |
| Village Hall Parking Lot | | 440 River Crest Ct. | | \$800.00 |
| Indian Head Park Parking Lot | | | | \$500.00 |
| Phantom Glen Park Lot | | 439 Andrews St. | | \$800.00 |
| Field Park Pavilion Lot | Newer asphalt only | 931 N. Rochester St. | | \$800.00 |
| Miniwaukan Park New Lot/Path to Baseball Fields | | 360 S. McKenzie Rd | | \$100.00 |
| | | Total Cost | | \$82,785.00 |

Village of Mukwonago

2026 Street Crack Seal Bid Sheet

| Street | Notes | Section Start | Section End | Section Cost |
|---------------------|----------------|---------------------------|---------------------------|--------------|
| Black Bear Dr. | | | | \$634.00 |
| Marsh View Dr. | | Black Bear Blvd. | Termini | \$372.00 |
| Chapman Farm Blvd. | No Flange Line | STH 83 | 120' W of Fairwinds Blvd. | \$345.00 |
| Sandhill Ln. | No Flange Line | | | \$336.00 |
| Fairwinds Blvd. | No Flange Line | 120' N of Fairwinds Blvd. | 250' S of Fairwinds Blvd. | \$156.00 |
| Fairwinds Blvd. | | 250' S of Fairwinds Blvd. | CTH NN | \$5,810.00 |
| Rosewood Dr. | | Stoecker Farm Ave. | 160' N of Westlawn Ave. | \$5,348.00 |
| Westlawn Ave. | | | | \$3,442.00 |
| Fairwinds Ct. | | | | \$997.00 |
| Oldfield Ave. | | Fairwinds Blvd. | Rosewood Dr | \$1,038.00 |
| Oldfield Ave. | No Flange Line | Rosewood Dr. | 550' West | \$552.00 |
| Prairie Hill Ave. | | Fairwinds Blvd. | Rosewood Dr. | \$5,209.00 |
| Prairie Hill Ave. | No Flange Line | Rosewood Dr. | Stoecker Farm Ave. | \$2,261.00 |
| Stoecker Farm Ave. | | Termini East | Stoecker Farm Blvd. | \$2,719.00 |
| Stoecker Farm Ave | No Flange Line | Stoecker Farm Blvd. | Termini West | \$8,447.00 |
| Stoecker Farm Blvd. | | | | \$977.00 |
| Pinehurst Dr. | | | | \$1,895.00 |
| Winged Foot St. | | | | \$504.00 |
| Medina Dr. | | Termini | 300' W of Pinehurst Dr. | \$456.00 |
| Medina Dr. | No Flange Line | 300' W of Pinehurst Dr. | Brockway Dr. | \$144.00 |
| Augusta Dr. | | Pinehurst Dr. | Brockway Dr. | \$120.00 |
| Brockway Dr. | No Flange Line | Augusta Dr. | Termini | \$336.00 |
| Minors Dr. | | | | \$9,935.00 |
| Fritz Way | | | | \$2,881.00 |
| Ahrens Dr. | | Minors Dr. | Meadow View Ln. | \$5,174.00 |
| Lincoln Ave. | No Flange Line | | | \$317.00 |
| Oakland Ave. | No Flange Line | STH 83 | Clarendon Ave. | \$100.00 |
| Bryant St. | No Flange Line | | | \$100.00 |
| Division St. | No Flange Line | Lincoln Ave | Oakland Ave. | \$100.00 |
| Clarendon Ave. | No Flange Line | | | \$300.00 |
| Grand Ave. | No Flange Line | | | \$648.00 |
| River Park Cir. W. | No Flange Line | | | \$888.00 |
| River Park Cir. E. | No Flange Line | | | \$984.00 |
| Sundown Ct. | No Flange Line | | | \$120.00 |
| Western Trl. | No Flange Line | | | \$120.00 |
| Churchway Ct. | No Flange Line | | | \$100.00 |
| St. James St. | No Flange Line | | | \$100.00 |
| Riverton Dr. | No Flange Line | | | \$500.00 |

| | | | | |
|------------------|----------------|---------------------|--------------------------|-------------|
| Summit Ct. | No Flange Line | | | \$100.00 |
| Crown Ct. | No Flange Line | | | \$100.00 |
| Dahms Dr. | No Flange Line | | | \$266.00 |
| Rainbow Ct. | No Flange Line | | | \$175.00 |
| Eastern Trl. | No Flange Line | Termini | CTH ES | \$456.00 |
| Eastern Trl. | No Flange Line | CTH ES | Wegner Dr. | \$100.00 |
| Two Rivers Dr. | No Flange Line | CTH ES | 300' N of Two Rivers Ct. | \$100.00 |
| Williams Dr. | No Flange Line | | | \$100.00 |
| Trail Ct. | No Flange Line | | | \$100.00 |
| Fox River Ct. | No Flange Line | | | \$100.00 |
| Wegner Dr. | No Flange Line | | | \$100.00 |
| Jefferson St. | No Flange Line | STH 83 | Front St. | \$170.00 |
| Meacham St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Field St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Blood St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Andrews St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Mukwonago Dr. | No Flange Line | Honeywell Rd. | 200' N of Armstrong Ct. | \$120.00 |
| Lovell Ct. | No Flange Line | | | \$212.00 |
| Gordon Ct. | No Flange Line | | | \$216.00 |
| Armstrong Ct. | No Flange Line | | | \$106.00 |
| Regees Rd. | No Flange Line | | | \$250.00 |
| Jonathan Ct. | No Flange Line | | | \$120.00 |
| Macintosh Way | | | | \$761.00 |
| Cider Cir. | | | | \$1,200.00 |
| Applewood Cir. | | | | \$908.00 |
| Berry Patch Ln. | | | | \$150.00 |
| Orchard View Ln. | | | | \$892.00 |
| Maple Ct. | | | | \$688.00 |
| Maple Ave. | | 50' SE of Maple Ct. | 665' SE Maple Ct. | \$932.00 |
| Holz Pkwy. | | CTH ES | Northside of Bridge deck | \$21,013.00 |

| | | | | |
|---|--------------------|----------------------|--|--------------------|
| Parking Lots | | | | |
| Village Hall Parking Lot | | 440 River Crest Ct. | | \$1,983.00 |
| Indian Head Park Parking Lot | | | | \$400.00 |
| Phantom Glen Park Lot | | 439 Andrews St. | | \$1,076.00 |
| Field Park Pavilion Lot | Newer asphalt only | 931 N. Rochester St. | | \$666.00 |
| Miniwaukan Park New Lot/Path to Baseball Fields | | 360 S. McKenzie Rd | | \$400.00 |
| Total Cost | | | | \$98,825.00 |

Fahmer Asphalt Sealers, LLC

Village of Mukwonago

2026 Street Crack Seal Bid Sheet

| Street | Notes | Section Start | Section End | Section Cost |
|---------------------|----------------|---------------------------|---------------------------|--------------|
| Black Bear Dr. | | | | \$825.00 |
| Marsh View Dr. | | Black Bear Blvd. | Termini | \$1,455.00 |
| Chapman Farm Blvd. | No Flange Line | STH 83 | 120' W of Fairwinds Blvd. | \$812.00 |
| Sandhill Ln. | No Flange Line | | | \$232.00 |
| Fairwinds Blvd. | No Flange Line | 120' N of Fairwinds Blvd. | 250' S of Fairwinds Blvd. | \$100.00 |
| Fairwinds Blvd. | | 250' S of Fairwinds Blvd. | CTH NN | \$10,340.00 |
| Rosewood Dr. | | Stoecker Farm Ave. | 160' N of Westlawn Ave. | \$4,395.00 |
| Westlawn Ave. | | | | \$3,371.00 |
| Fairwinds Ct. | | | | \$1,432.00 |
| Oldfield Ave. | | Fairwinds Blvd. | Rosewood Dr | \$3,381.00 |
| Oldfield Ave. | No Flange Line | Rosewood Dr. | 550' West | \$500.00 |
| Prairie Hill Ave. | | Fairwinds Blvd. | Rosewood Dr. | \$3,407.00 |
| Prairie Hill Ave. | No Flange Line | Rosewood Dr. | Stoecker Farm Ave. | \$1,620.00 |
| Stoecker Farm Ave. | | Termini East | Stoecker Farm Blvd. | \$5,318.00 |
| Stoecker Farm Ave | No Flange Line | Stoecker Farm Blvd. | Termini West | \$707.00 |
| Stoecker Farm Blvd. | | | | \$617.00 |
| Pinehurst Dr. | | | | \$6,044.00 |
| Winged Foot St. | | | | \$944.00 |
| Medina Dr. | | Termini | 300' W of Pinehurst Dr. | \$1,318.00 |
| Medina Dr. | No Flange Line | 300' W of Pinehurst Dr. | Brockway Dr. | \$100.00 |
| Augusta Dr. | | Pinehurst Dr. | Brockway Dr. | \$2,090.00 |
| Brockway Dr. | No Flange Line | Augusta Dr. | Termini | \$100.00 |
| Minors Dr. | | | | \$4,135.00 |
| Fritz Way | | | | \$1,315.00 |
| Ahrens Dr. | | Minors Dr. | Meadow View Ln. | \$1,808.00 |
| Lincoln Ave. | No Flange Line | | | \$150.00 |
| Oakland Ave. | No Flange Line | STH 83 | Clarendon Ave. | \$100.00 |
| Bryant St. | No Flange Line | | | \$100.00 |
| Division St. | No Flange Line | Lincoln Ave | Oakland Ave. | \$100.00 |
| Clarendon Ave. | No Flange Line | | | \$223.00 |
| Grand Ave. | No Flange Line | | | \$555.00 |
| River Park Cir. W. | No Flange Line | | | \$3,270.00 |
| River Park Cir. E. | No Flange Line | | | \$399.00 |
| Sundown Ct. | No Flange Line | | | \$100.00 |
| Western Trl. | No Flange Line | | | \$100.00 |
| Churchway Ct. | No Flange Line | | | \$100.00 |
| St. James St. | No Flange Line | | | \$100.00 |
| Riverton Dr. | No Flange Line | | | \$322.00 |

| | | | | |
|------------------|----------------|---------------------|--------------------------|-------------|
| Summit Ct. | No Flange Line | | | \$50.00 |
| Crown Ct. | No Flange Line | | | \$125.00 |
| Dahms Dr. | No Flange Line | | | \$50.00 |
| Rainbow Ct. | No Flange Line | | | \$1,030.00 |
| Eastern Trl. | No Flange Line | Termini | CTH ES | \$1,054.00 |
| Eastern Trl. | No Flange Line | CTH ES | Wegner Dr. | \$100.00 |
| Two Rivers Dr. | No Flange Line | CTH ES | 300' N of Two Rivers Ct. | \$232.00 |
| Williams Dr. | No Flange Line | | | \$50.00 |
| Trail Ct. | No Flange Line | | | \$50.00 |
| Fox River Ct. | No Flange Line | | | \$50.00 |
| Wegner Dr. | No Flange Line | | | \$50.00 |
| Jefferson St. | No Flange Line | STH 83 | Front St. | \$347.00 |
| Meacham St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Field St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Blood St. | No Flange Line | CTH ES | STH 83 | \$132.00 |
| Andrews St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Mukwonago Dr. | No Flange Line | Honeywell Rd. | 200' N of Armstrong Ct. | \$50.00 |
| Lovell Ct. | No Flange Line | | | \$200.00 |
| Gordon Ct. | No Flange Line | | Type text here | \$265.00 |
| Armstrong Ct. | No Flange Line | | | \$132.00 |
| Regees Rd. | No Flange Line | | | \$167.00 |
| Jonathan Ct. | No Flange Line | | | \$100.00 |
| Macintosh Way | | | | \$238.00 |
| Cider Cir. | | | | \$365.00 |
| Applewood Cir. | | | | \$260.00 |
| Berry Patch Ln. | | | | \$128.00 |
| Orchard View Ln. | | | | \$640.00 |
| Maple Ct. | | | | \$445.00 |
| Maple Ave. | | 50' SE of Maple Ct. | 665' SE Maple Ct. | \$600.00 |
| Holz Pkwy. | | CTH ES | Northside of Bridge deck | \$10,590.00 |

| | | | | |
|---|--------------------|----------------------|--|-------------|
| Parking Lots | | | | |
| Village Hall Parking Lot | | 440 River Crest Ct. | | \$800.00 |
| Indian Head Park Parking Lot | | | | \$500.00 |
| Phantom Glen Park Lot | | 439 Andrews St. | | \$800.00 |
| Field Park Pavilion Lot | Newer asphalt only | 931 N. Rochester St. | | \$800.00 |
| Miniwaukan Park New Lot/Path to Baseball Fields | | 360 S. McKenzie Rd | | \$100.00 |
| Total Cost | | | | \$82,785.00 |

AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Thunder Road, LLC
W297 S3549 Boettcher Road
Waukesha, WI 53189

SURETY:

(Name, legal status and principal place of business)

Swiss Re Corporate Solutions America Insurance Corporation
1200 Main Street, Suite 800
Kansas City, MO 64105

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

Village of Mukwonago
440 River Crest Ct
Mukwonago, WI 53149

BOND AMOUNT: Five Percent of the Amount Bid (5%)

PROJECT:

(Name, location or address, and Project number, if any)


2026 Street Crack Sealing Project, Village of Mukwonago, Wisconsin

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.


If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 23rd day of April, 2026




(Witness)



(Witness) Jenny L. Hirth

Thunder Road, LLC

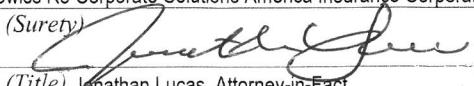
(Contractor as Principal) *(Seal)*



(Title)

Swiss Re Corporate Solutions America Insurance Corporation

(Surety) *(Seal)*



(Title) Jonathan Lucas, Attorney-in-Fact

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

Init.

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ACD33070810

SWISS RE CORPORATE SOLUTIONS

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION ("SRCSAIC")
SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION ("SRCSPIC")
WESTPORT INSURANCE CORPORATION ("WIC")

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, and WIC, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

PATRICK A. MCKENNA, JAY A. ZAHN, JENNY L. HIRTH, LYNN E. POTTER,
EDWARD F. SOBIESKI, CHRISTOPHER HOVDEN and JONATHAN LUCAS

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIFTY MILLION (\$50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 18th of November 2021 and WIC by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By [Signature] David Satory, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC & Senior Vice President of WIC

By [Signature] Gabriel Jacquez, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC & Senior Vice President of WIC



IN WITNESS WHEREOF, SRCSAIC, SRCSPIC, and WIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers

this 16th day of DECEMBER, 20 25

State of Illinois
County of Cook

Swiss Re Corporate Solutions America Insurance Corporation
Swiss Re Corporate Solutions Premier Insurance Corporation
Westport Insurance Corporation

On this 16th day of DECEMBER, 20 25, before me, a Notary Public personally appeared David Satory, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC and Gabriel Jacquez, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies

[Signature of Karen M. Szweda]

Karen M. Szweda, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary, of SRCSAIC and SRCSPIC and WIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC and WIC, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 23rd day of April, 2026



[Signature of Jeffrey Goldberg]
Jeffrey Goldberg, Senior Vice President & Assistant Secretary of SRCSAIC and SRCSPIC and WIC

VILLAGE OF MUKWONAGO
2026 STREET CRACK
SEALING PROJECT

Village of Mukwonago
Department of Public Works
440 River Crest Court
Mukwonago, WI 53149
(262) 363-6447

SPECIFICATIONS
AND
CONTRACT DOCUMENTS
FOR

2026 STREET CRACK SEALING
PROJECT

Village of Mukwonago

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ADVERTISEMENT FOR BIDS

2026 Street Crack Sealing Program

Village of Mukwonago
Waukesha/Walworth Counties, Wisconsin

Sealed Bids will be received by the Village of Mukwonago at 440 River Crest Court, Mukwonago, WI 53149 no later than 10:00 a.m. local time on April 23, 2026. Bids will be publicly opened and read aloud at the above time and place.

Project involves routing roadway cracks and joints, followed by installation of prescribed crack sealing compounds.

The Project Manager for this Project is Ron Bittner, who may be contacted at Village of Mukwonago Department of Public Works, 440 River Crest Court, Mukwonago, WI 53149, (262) 363-6447, regarding the project.

All Work is included in a single prime contract.

Bidding Documents, including Drawings and Specifications, may be examined at the offices of the Village of Mukwonago.

Bid Security, bid security in the amount of not less than 5% of the bidder's maximum bid price and in the form of a bid bond, certified check, or cashier's check (payable to the Village of Mukwonago) is required with the bid.

Bidding Documents, including Drawings and Specifications, may be viewed in digital (PDF) format online at the Village of Mukwonago website <https://www.villageofmukwonago.gov/1259/Village-Projects>

Bidding Documents may also be picked up in person at the Village Clerk's Office, 440 River Crest Court, Mukwonago, WI 53149 if ordered beforehand. Call (262) 363-6420 Option 4 for pricing

A Bidder's qualification statement must be delivered to the Village of Mukwonago at least 5 days before the Bid opening date

The Village of Mukwonago reserves the right to accept the most advantageous Bid, or to reject any and all Bids. Award of Work described herein is subject to the provisions of the Wisconsin Statutes.

Village of Mukwonago

Lana Kropf, Village Clerk-Treasurer
Phone: (262) 363-6420 Option 4
Fax: (262) 363-6425

Published: April 9, 2026
April 16, 2026

JOINT, CRACK CLEANING & SEALING SPECIFICATIONS

SCOPE OF WORK:

The identified streets shall have the new cracks and edge joints at the curb line routed to provide a minimum sealant reservoir of **¾ (3/4) inch in width by ¾ (3/4) inch in depth**. Routers equipped with dust control to meet OSHA's Action Level (AL) limit for silica exposure of 25 ug/m³ per 8-hour day must be used for this process. Routed streets sections shall then be swept by mechanical or vacuum operated street cleaning equipment. The routed cracks are to be blown out by compressed air and then a heat lance shall be used to condition the pavement prior to applying sealant. Previously sealed cracks that have opened shall have loose joint sealant removed, conditioned with a heat lance and be over-banded. All cracks shall be filled with **CRAFCO 221 ROADSAVER** Sealant or equivalent and applied in a manner that meets ASTM Specifications. Products other than CRAFCO 221 ROADSAVER must be approved by the Public Works Director prior to application.

The Identified parking lots shall have the cracks cleaned with a wire wheel to depth of ¾ inch and then using an air compressor with a wand attached to the end of it, blow the cleaned cracks out. A heat lance shall then be used to condition the pavement prior to applying sealant. All cracks shall be filled with **CRAFCO 221 ROADSAVER** Sealant or equivalent and applied in a manner that meets ASTM Specifications. Products other than CRAFCO 221 ROADSAVER must be approved by the Public Works Director prior to application.

No cracks are to be filled until streets are inspected by a Public Works Designee after the routing operations.

The contractor shall use **CRAFCO DETACK** to cover the crack sealing material so that it will not track. Spot sealing will be required on areas with a concentration of small cracks. All materials, equipment and labor shall be included into the price quoted lump sum per street. The method of payment shall be lump sum per street.

The contractor shall follow the Wisconsin Manual on Uniform Traffic Control Devices (WMUTCD) for temporary work zones.

Bidder's Responsibilities:

The Bidders responsibility is to visit the site(s) and measure the cracks to identify the amount per street that will be bid. Bidder is responsible for providing all traffic control, materials, equipment and laborers to perform the duties required. Submit by street the total lump sum for routing and filling to be performed. Identify and provide a detailed listing of the product to be used in the crack sealing operation.

Village's Responsibilities:

The Village will be responsible to determine that the amount submitted is accurate and that the bid is from a responsible company or corporation that has the wherewithal to perform the task assigned if they are awarded the contract for this project.

Special Considerations:

The Village reserves the right to determine the streets to be sealed from the bid list.

VILLAGE OF MUKWONAGO
GENERAL TERMS and CONDITIONS OF SERVICE
2026 Crack Sealing Project

1. Introduction. This document (hereinafter referred to as “Terms and Conditions”) is hereby incorporated and part of the contract between the Village of Mukwonago (hereinafter referred to as “Mukwonago”) and the contractor identified below (hereinafter referred to as “Contractor”). These Terms and Conditions, along with the Scope of Services and any attachments thereto, shall constitute the entire contract for material, work and other goods and services, collectively referred as to the “Goods” between the Village and the Contractor. It is expressly agreed that no statement, arrangement, warranty or understanding, oral or written, expressed or implied, will be recognized unless it is stated in or otherwise permitted by these Terms and Conditions, and the aforementioned Scope of Services. These Terms and Conditions are solely for the benefit of the Village and the Contractor and are not intended for the benefit of any other party.

2. Proposal. The Contractor is solely responsible for, and shall have sole control of, construction methods, sequences and coordination of all work described in the Scope of Services, unless expressly stated to the contrary.

3. Services and/or Construction Materials. All materials and work shall be furnished in accordance with normal industry standards and practices. Contractor agrees to install or provide the services set forth in the Scope of Services in a good and workmanlike manner, in accordance with construction practices in the Milwaukee Metro area, using quality materials and products as identified in the Scope of Services.

4. Access to the Site. The Village shall provide access to the Contractor to work in and on Village property, and to provide utility services as may be agreed to the Scope of Services incorporated herein.

5. Storage of Materials. The storage of materials and storage of Contractor’s equipment shall be the responsibility of the Contractor. The Village agrees to maintain access for the Contractor at the project site and to keep the project site free from obstructions and conflicting work. The Contractor shall be responsible for obtaining builders risk insurance coverage and in general, for insuring the materials and work being provided hereunder.

6. Insurance. Contractor shall maintain workers compensation, automobile liability and commercial general liability insurance coverage with carriers licensed to do business in the State of Wisconsin, and with such limits as the Village may establish and require from time to time. Contractor shall furnish a Certificate of Insurance evidencing the types and amounts of coverage. Said coverage shall be on an occurrence basis and the limits identified in the general liability coverage shall be for this project and not the policy as a whole. Contractor agrees to require that the insurer list the Village as an Additional Insured and to provide adequate evidence of said status through the liability insurance endorsement. Said coverage shall be on a primary and noncontributory basis. Contractor shall further obtain an endorsement from the insurance carrier indicating that any material changes to the policy or any cancellation of the coverage subsequent to the issuance of the Certificate, and until the completion of the services hereunder, shall necessitate that the insurer provide not less than thirty (30) days’ notice to the Village of said fact. Clauses such as that the insurer will endeavor to notify the Village are unacceptable and will be rejected.

7. Independent Contractor. The parties warrant that no employer/employee relationship is established between the Contractor and the Village by virtue of the terms of this contract. It is understood by the parties hereto that the Contractor is an independent contractor and as such, neither it nor its

employees if any are employees of the Village for purposes of tax, retirement system or social security withholding.

8. Records and Reports. Records relating to the performance of the services under this contract must be retained for seven (7) years after final disposition. However, if any litigation claim or audit has started before the expiration of the seven (7) year period, then records shall be retained for five (5) years after the litigation or audit is resolved.

9. Advertisements. Contractor shall not identify the Village as a client or customer of the Contractor or utilize the name of the Village or its logo in any advertisements or other documents placed in the public domain without the express written consent of the Village.

10. Changes. In the event that the parties determine that a modification to the terms of the providing of these goods or services are necessary, said change shall not be effective unless executed by authorized representatives of both parties.

11. Delay. Work shall be completed within the number of working days set forth in the contract or otherwise as soon as reasonably practicable unless delay occurs due to work stoppage, adverse weather conditions, labor disputes or modifications to the Terms and Conditions of the Contract.

12. Dispute. These Terms and Conditions shall be deemed to have been made and governed by the laws of the State of Wisconsin. Any legal suit or action with regard to these Terms and Conditions or the project as a whole shall be venued in the Waukesha County Circuit Courts, Waukesha County, Wisconsin, unless the parties mutually agree to arbitration and/or mediation in place of civil litigation.

13. Limitation on Liability. The Village's liability to the Contractor shall not exceed the sums paid by the Village to the Contractor under this contract. In addition, to the extent that the Contractor seeks indemnification from the Village, that indemnity shall be subject to the limitations set forth herein. No indemnity provided under any contract hereinunder shall be construed to be a waiver or estoppel of the Village of Mukwonago or its insureds' ability to rely upon the limitations, defenses and immunities contained within Wisconsin law, including, but not limited to those set forth in Wisconsin Statute §893.80, §895.52 and §345.05. To the extent indemnification is available and enforceable, the Village of Mukwonago or its insured shall not be liable in indemnity or contribution for any amount greater than the limits of liability for municipal claims established by Wisconsin law. The Village's obligations to indemnify hereunder are further subject to the availability limits of applicable insurance coverage. Under no circumstances shall the Village be required to indemnify the Contractor for its own negligence or intentional conduct.

14. Modification and Assignability. This contract, including all documents incorporated by reference herein, may not be enlarged, modified or altered except upon written agreement signed by both parties. The Contractor may not subcontract or assign its rights, including rights to compensation, or terms of performance arising hereunder without the prior written consent of the Village. Any subcontractor or assignee shall be bound by all of the terms and conditions of the contract, and will be required to enter into a written agreement with the Village.

15. Termination of Contract. This contract may be terminated as follows:

- A. *Termination for Convenience.* Village may terminate this contract in whole or in part for the convenience of the Village when the Village determines that the continuation of the project is not in the best interests of the Village. Contractor shall be entitled to payment for all of the services performed at the date of the termination, together with its direct costs of termination. Under no circumstances shall the Contractor be entitled to any penalty for the termination nor shall the Contractor be entitled to any payment for lost profits.
- B. *Termination for Cause.* If the Village determines that the Contractor has failed to comply with any of the terms and conditions of the contract and the scope of services and related documents thereto, the Village may give written notice to the

Contractor of any such deficiency and in the event that the Contractor fails to cure said deficiency within ten (10) days of the notice of such failure, the Village may, with no further notice, declare this contract to be terminated. Contractor will therefore be entitled to receive payment for those services performed at the date of termination, plus the amount of reasonable damages suffered by the Village by reason of the Contractor's failure to comply with the terms of the contract. Under no circumstances shall the Contractor be entitled to any lost profits arising from the contract.

16. Warranty. Contractor warrants and guarantees to Village that all materials and equipment and the work to be performed hereunder will be of good quality and free from faults and defects. This warranty shall cover materials for the manufacturer stated warranty period and workmanship for one (1) year from the date of substantial completion or as provided in the Scope of Services attached hereto, whichever is greater.

17. Conflicts. If there is any inconsistency between these Terms and Conditions and the Scope of Services or any attachments thereto, these Terms and Conditions shall apply.

18. Protection of the Project Site. Contractor agrees to post signage and to appropriately guard the area in which the contract work is being performed, and to take all other steps that may be necessary in accordance with requirements of OSHA and/or other governmental agencies with jurisdiction to ensure that the project site is maintained in a safe manner so as to prevent workers and passersby from entering the project site.

19. Hold Harmless. The contractor will defend and hold harmless the Village as and against any claims, actions, demands or causes of action brought by a third party for damages or losses arising out of Contractor's performance of the work under these Terms and Conditions and the attached Scope of Services. Said indemnification shall include the Village's actual attorney fees. Notwithstanding the foregoing, the obligation to indemnify shall not exist to the extent of the Village's gross negligence or intentional conduct.

20. Indemnity. The Village shall not be liable for failure on the part of the Contractor or any other party performing under this contract in accordance with all applicable laws and regulations. Contractor waives any and all claims and recourse against the Village including the right of contribution for loss of damage to persons or property arising out of or growing out of any way connected with or incident to the performance of this contract, except for liability arising out of the sole negligence of the Village or its officers, agents or employees.

21. Working Hours. Unless specifically noted, all work included in this contract is to be performed during normal business hours, Monday through Friday. Work performed at any other time or on legal holidays must be specifically approved by the Village.


VILLAGE:
Village of Mukwonago

CONTRACTOR:

Fahrner Asphalt Sealers, LLC
[Insert Contractor Name]

By: _____

[Print Name & Title]

By: 
Ben Linzmeier, Vice President
[Print Name & Title]

Village of Mukwonago

2026 Street Crack Seal Bid Sheet

| Street | Notes | Section Start | Section End | Section Cost |
|---------------------|----------------|---------------------------|---------------------------|--------------|
| Black Bear Dr. | | | | \$634.00 |
| Marsh View Dr. | | Black Bear Blvd. | Termini | \$372.00 |
| Chapman Farm Blvd. | No Flange Line | STH 83 | 120' W of Fairwinds Blvd. | \$345.00 |
| Sandhill Ln. | No Flange Line | | | \$336.00 |
| Fairwinds Blvd. | No Flange Line | 120' N of Fairwinds Blvd. | 250' S of Fairwinds Blvd. | \$156.00 |
| Fairwinds Blvd. | | 250' S of Fairwinds Blvd. | CTH NN | \$5,810.00 |
| Rosewood Dr. | | Stoecker Farm Ave. | 160' N of Westlawn Ave. | \$5,348.00 |
| Westlawn Ave. | | | | \$3,442.00 |
| Fairwinds Ct. | | | | \$997.00 |
| Oldfield Ave. | | Fairwinds Blvd. | Rosewood Dr | \$1,038.00 |
| Oldfield Ave. | No Flange Line | Rosewood Dr. | 550' West | \$552.00 |
| Prairie Hill Ave. | | Fairwinds Blvd. | Rosewood Dr. | \$5,209.00 |
| Prairie Hill Ave. | No Flange Line | Rosewood Dr. | Stoecker Farm Ave. | \$2,261.00 |
| Stoecker Farm Ave. | | Termini East | Stoecker Farm Blvd. | \$2,719.00 |
| Stoecker Farm Ave | No Flange Line | Stoecker Farm Blvd. | Termini West | \$8,447.00 |
| Stoecker Farm Blvd. | | | | \$977.00 |
| Pinehurst Dr. | | | | \$1,895.00 |
| Winged Foot St. | | | | \$504.00 |
| Medina Dr. | | Termini | 300' W of Pinehurst Dr. | \$456.00 |
| Medina Dr. | No Flange Line | 300' W of Pinehurst Dr. | Brockway Dr. | \$144.00 |
| Augusta Dr. | | Pinehurst Dr. | Brockway Dr. | \$120.00 |
| Brockway Dr. | No Flange Line | Augusta Dr. | Termini | \$336.00 |
| Minors Dr. | | | | \$9,935.00 |
| Fritz Way | | | | \$2,881.00 |
| Ahrens Dr. | | Minors Dr. | Meadow View Ln. | \$5,174.00 |
| Lincoln Ave. | No Flange Line | | | \$317.00 |
| Oakland Ave. | No Flange Line | STH 83 | Clarendon Ave. | \$100.00 |
| Bryant St. | No Flange Line | | | \$100.00 |
| Division St. | No Flange Line | Lincoln Ave | Oakland Ave. | \$100.00 |
| Clarendon Ave. | No Flange Line | | | \$300.00 |
| Grand Ave. | No Flange Line | | | \$648.00 |
| River Park Cir. W. | No Flange Line | | | \$888.00 |
| River Park Cir. E. | No Flange Line | | | \$984.00 |
| Sundown Ct. | No Flange Line | | | \$120.00 |
| Western Trl. | No Flange Line | | | \$120.00 |
| Churchway Ct. | No Flange Line | | | \$100.00 |
| St. James St. | No Flange Line | | | \$100.00 |
| Riverton Dr. | No Flange Line | | | \$500.00 |

| | | | | |
|------------------|----------------|---------------------|--------------------------|-------------|
| Summit Ct. | No Flange Line | | | \$100.00 |
| Crown Ct. | No Flange Line | | | \$100.00 |
| Dahms Dr. | No Flange Line | | | \$266.00 |
| Rainbow Ct. | No Flange Line | | | \$175.00 |
| Eastern Trl. | No Flange Line | Termini | CTH ES | \$456.00 |
| Eastern Trl. | No Flange Line | CTH ES | Wegner Dr. | \$100.00 |
| Two Rivers Dr. | No Flange Line | CTH ES | 300' N of Two Rivers Ct. | \$100.00 |
| Williams Dr. | No Flange Line | | | \$100.00 |
| Trail Ct. | No Flange Line | | | \$100.00 |
| Fox River Ct. | No Flange Line | | | \$100.00 |
| Wegner Dr. | No Flange Line | | | \$100.00 |
| Jefferson St. | No Flange Line | STH 83 | Front St. | \$170.00 |
| Meacham St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Field St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Blood St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Andrews St. | No Flange Line | CTH ES | STH 83 | \$100.00 |
| Mukwonago Dr. | No Flange Line | Honeywell Rd. | 200' N of Armstrong Ct. | \$120.00 |
| Lovell Ct. | No Flange Line | | | \$212.00 |
| Gordon Ct. | No Flange Line | | | \$216.00 |
| Armstrong Ct. | No Flange Line | | | \$106.00 |
| Regees Rd. | No Flange Line | | | \$250.00 |
| Jonathan Ct. | No Flange Line | | | \$120.00 |
| Macintosh Way | | | | \$761.00 |
| Cider Cir. | | | | \$1,200.00 |
| Applewood Cir. | | | | \$908.00 |
| Berry Patch Ln. | | | | \$150.00 |
| Orchard View Ln. | | | | \$892.00 |
| Maple Ct. | | | | \$688.00 |
| Maple Ave. | | 50' SE of Maple Ct. | 665' SE Maple Ct. | \$932.00 |
| Holz Pkwy. | | CTH ES | Northside of Bridge deck | \$21,013.00 |

| | | | | |
|---|--------------------|----------------------|--|-------------|
| Parking Lots | | | | |
| Village Hall Parking Lot | | 440 River Crest Ct. | | \$1,983.00 |
| Indian Head Park Parking Lot | | | | \$400.00 |
| Phantom Glen Park Lot | | 439 Andrews St. | | \$1,076.00 |
| Field Park Pavilion Lot | Newer asphalt only | 931 N. Rochester St. | | \$666.00 |
| Miniwaukan Park New Lot/Path to Baseball Fields | | 360 S. McKenzie Rd | | \$400.00 |
| Total Cost | | | | \$98,825.00 |

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-------------------------|--|--|
| AGENCY Willis Towers Watson Midwest, Inc. | | NAMED INSURED Fahrner Asphalt Sealers, LLC 316 Raemisch Road Waunakee, WI 53597 | |
| POLICY NUMBER See Page 1 | | | |
| CARRIER See Page 1 | NAIC CODE See Page 1 | EFFECTIVE DATE: See Page 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Ironshore Specialty Insurance Company NAIC#: 25445
 POLICY NUMBER: ICELLUW00600574 EFF DATE: 12/01/2025 EXP DATE: 12/01/2028

| TYPE OF INSURANCE: | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|---------------------------------|--------------------|---------------|
| Contractors Pollution Liability | Occurrence | \$5,000,000 |
| | Aggregate | \$5,000,000 |

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Fahrner Asphalt Sealers, L.L.C.
316 Raemisch Road
Waunakee, WI 53597

SURETY:

(Name, legal status and principal place of business)

Western Surety Company
151 North Franklin Street
Chicago, IL 60606

Mailing Address for Notices

Western Surety Company
151 North Franklin Street
Chicago, IL 60606

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

Village of Mukwonago
440 River Crest Court
Mukwonago, WI 53149

BOND AMOUNT: Five Percent of Amount Bid (5%)

PROJECT:

(Name, location or address, and Project number, if any)

2026 Street Crack Sealing Program


The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 2nd day of April, 2026

"NO CORPORATE SEAL ADOPTED"



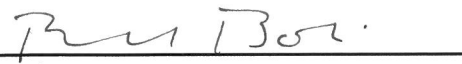
(Witness)

Fahrner Asphalt Sealers, L.L.C.

(Principal) *(Seal)*

By: 

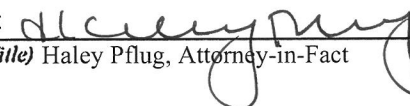
(Title) Ben Linzmeier, Vill President



(Witness)

Western Surety Company

(Surety) *(Seal)*

By: 

(Title) Haley Pflug, Attorney-in-Fact



Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Laurie Pflug, Brian D Carpenter, Craig Olmstead, Jessica Hecker, Heather R. Goedel, Michelle Halter, Kelly Nicole Enghauser, Blake S. Bohlig, Trisha Kasper, Kathryn E. Kade, Katie Rooney, Haley Pflug, Individually

of Bloomington, MN, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the Authorizing By-Laws and Resolutions printed at the bottom of this page, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 24th day of February, 2026.



WESTERN SURETY COMPANY

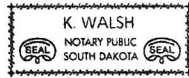
Larry Kasten, Vice President

State of South Dakota }
County of Minnehaha } ss

On this, before me personally came Larry Kasten, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

December 4, 2031



K. Walsh, Notary Public

CERTIFICATE

I, Paula Kolsrud, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Laws and Resolutions of the corporation printed below this certificate are still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 2nd day of April, 2026.



WESTERN SURETY COMPANY

Paula Kolsrud, Assistant Secretary

Authorizing By-Laws and Resolutions

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above Bylaw to execute power of attorneys on behalf of Western Surety Company.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

Go to www.cnasurety.com > Owner / Oblige Services > Validate Bond Coverage, if you want to verify bond authenticity.

Fold here

Wisconsin Department of Transportation

141 NW Barstow Street – Suite 218

P.O. Box 798

Waukesha, WI 53188-0798

Attn: *Joel Castro*

Fold here to mail



Wisconsin Department of Transportation

Public Involvement Meeting: You're Invited!



Rochester St (WIS 83) – Roadway Improvement Project – Village of Mukwonago

ID: 1330-00-05/75

E Wolf Run to Black Bear Boulevard

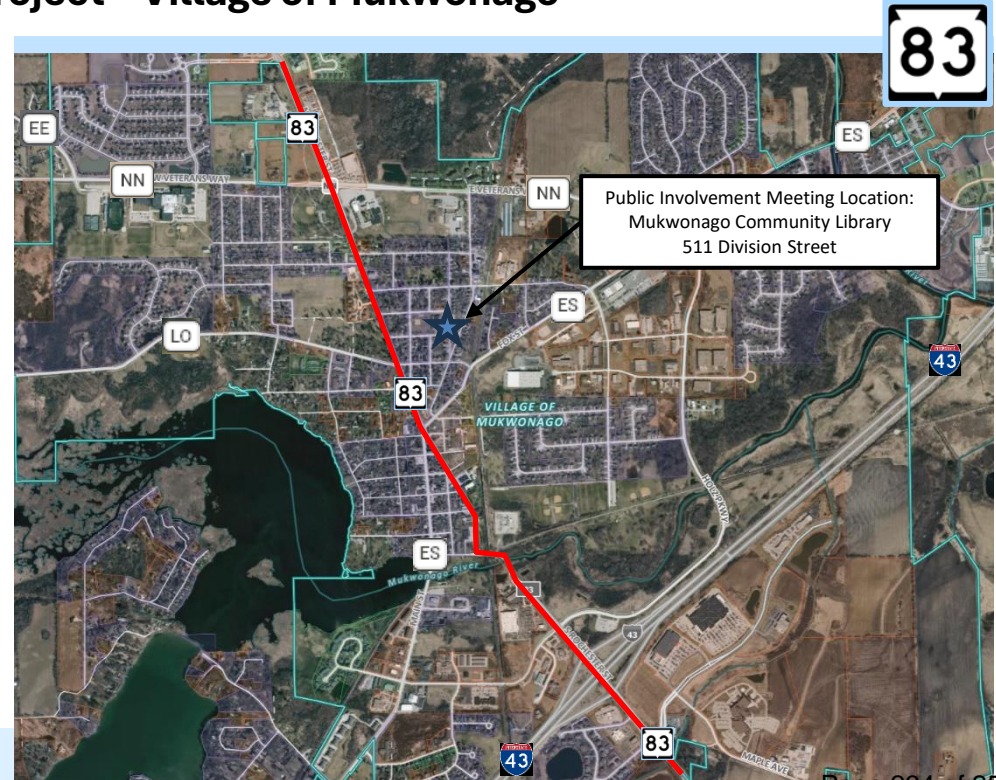
The Wisconsin Department of Transportation (WisDOT) is proposing a pavement treatment project on approximately 2.6 miles of WIS 83 in Waukesha County.

Purpose of the Project:

- To implement improvements to the pavement, operations and safety of the roadway.

Proposed Improvements:

- Pavement replacement (full depth): Lincoln Avenue to Bayview Road
- Pavement resurfacing: Wolf Run to ~700' south of Wolf Run
- Pavement preservation: Wolf Run to Bayview Road; Lincoln Avenue to Black Bear Boulevard
- Replace sidewalk and upgrade curb ramps to ADA and WisDOT standards
- Replace traffic signals
- Evaluate inclusion of bike accommodations
- Evaluate intersection improvements
- Local utility work (sanitary & water)



Construction is tentatively scheduled for spring of 2031.



Rochester St (WIS 83) Pavement Replacement Project E Wolf Run to Black Bear Boulevard



DTSD Southeast Region Office 141
NW BARSTOW ST, STE 218
P.O. BOX 798
WAUKESHA, WI 53187-0798

You're Invited!



Join us for a **public involvement meeting** to learn more about the project, get your questions answered, and provide input to the project team:

- **Monday April 27th, 2026 | the meeting will be held in an open house format; stop by anytime between 4-6 p.m.**
- **Mukwonago Community Library | 511 Division Street, Mukwonago**

Public input, such as details about private facilities in the right of way, helps the project team prepare for construction and deliver projects efficiently. Contact the project representative below with questions, comments, and any information you may have.

The meeting will be an informal, open house format. If you would like an interpreter for the meeting, contact the project manager below. Hearing and visually impaired individuals may request accommodations by calling Wisconsin Telecommunication Relay System (TTY) at 711.

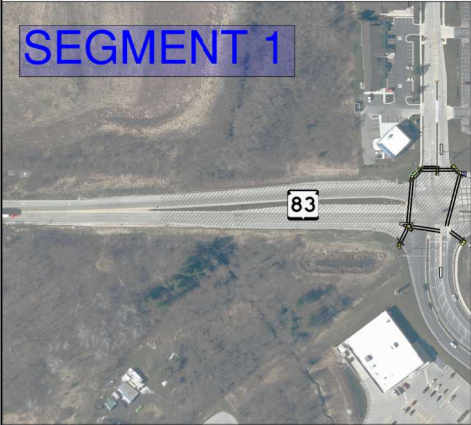
Do you have any comments or questions? We'd like to hear from you!

Joel Castro, P.E.
WisDOT Project Manager
(262) 548-5684
Joel.Castro@dot.wi.gov

<https://projects.hub.wisconsindot.gov/pages/13300005>

83 Rochester St (WIS 83)
Roadway Improvement Project
E Wolf Run to Black Bear Boulevard

Project Overview Map



SEGMENT 1



SEGMENT 2



**SEGMENT 3
SEE EXHIBITS**



SEGMENT 4



PRELIMINARY CONCEPT

| ROADWAY LEGEND | |
|----------------|-------------------------------------|
| | PROPOSED AUXILIARY LANE |
| | PROPOSED MEDIAN |
| | TERRACE |
| | INTERSECTION RECONFIGURATION |
| | ASPHALTIC SURFACE (PROPOSED PATH) |
| | CONCRETE SIDEWALK |
| | 2" HMA MILL/RESURFACING |
| | PCC PRESERVATION (SPOT PATCH/GRIND) |
| | HMA PAVEMENT REPLACEMENT |



<https://projects.hub.wisconsin.gov/pages/13300005>



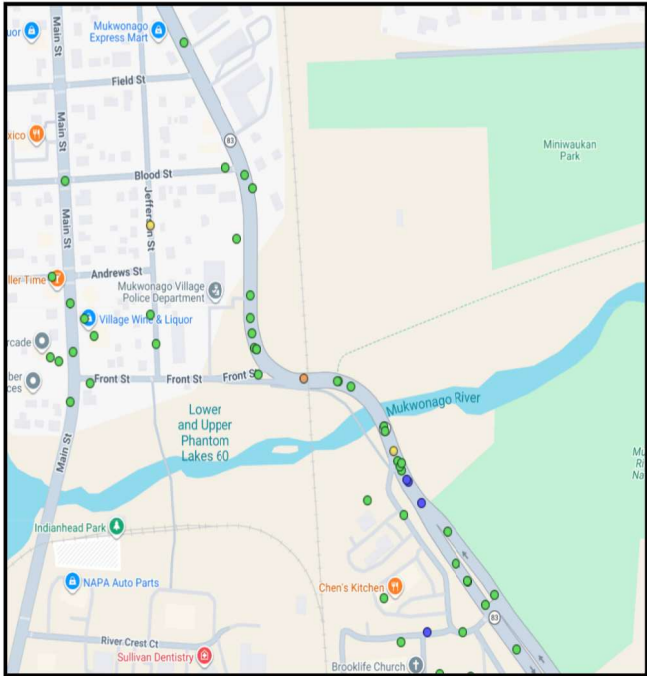
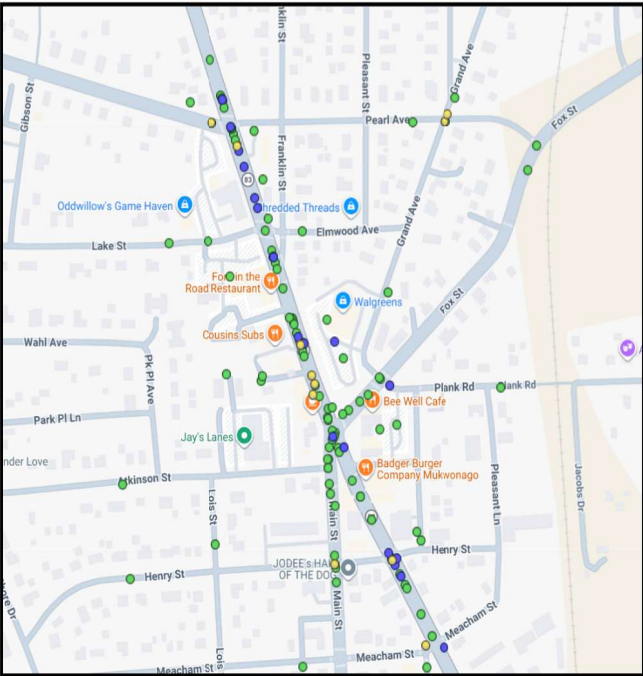
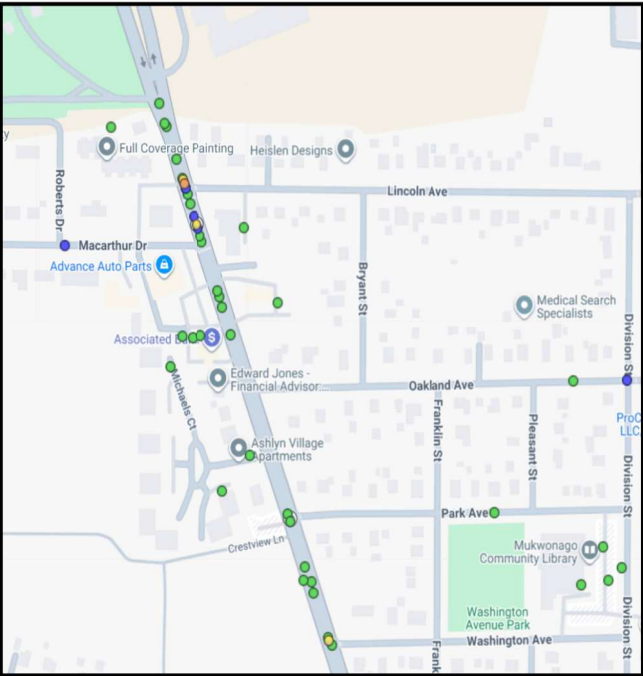
**Rochester St (WIS 83)
Pavement Replacement Segment
Bayview Road to Lincoln Avenue**

Historical Crash Data

2018 - 2022



| Severity | Description |
|---------------------|------------------------|
| Red circle | Fatal |
| Yellow circle | Suspected Major Injury |
| Light yellow circle | Suspected Minor Injury |
| Blue circle | Possible Injury |
| Green circle | No Apparent Injury |





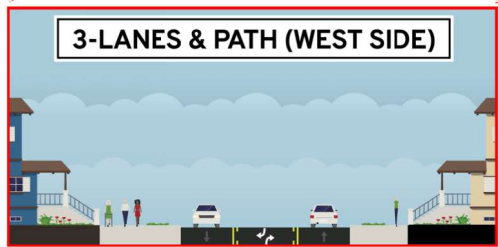
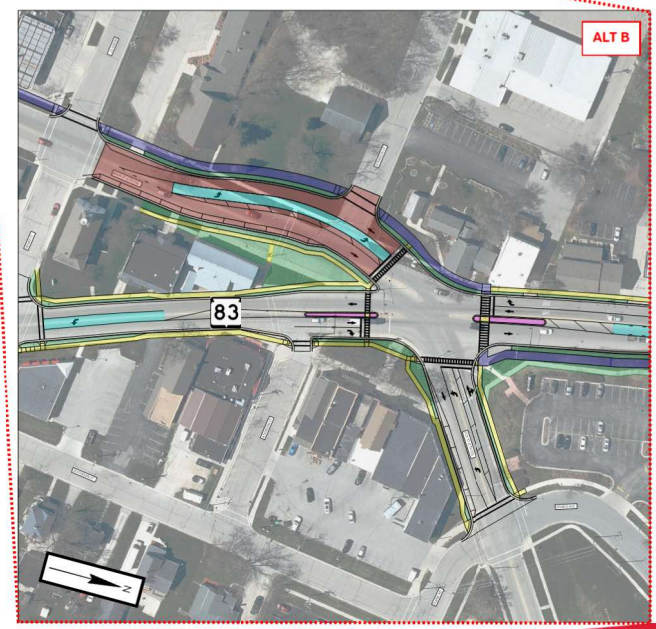
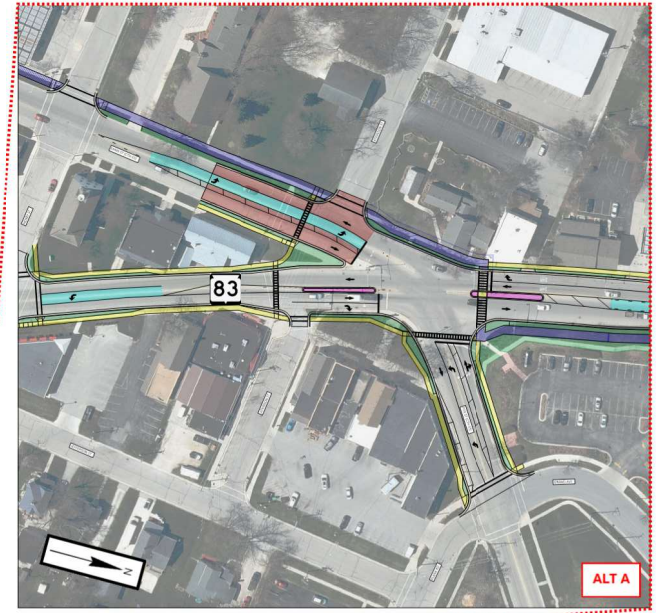
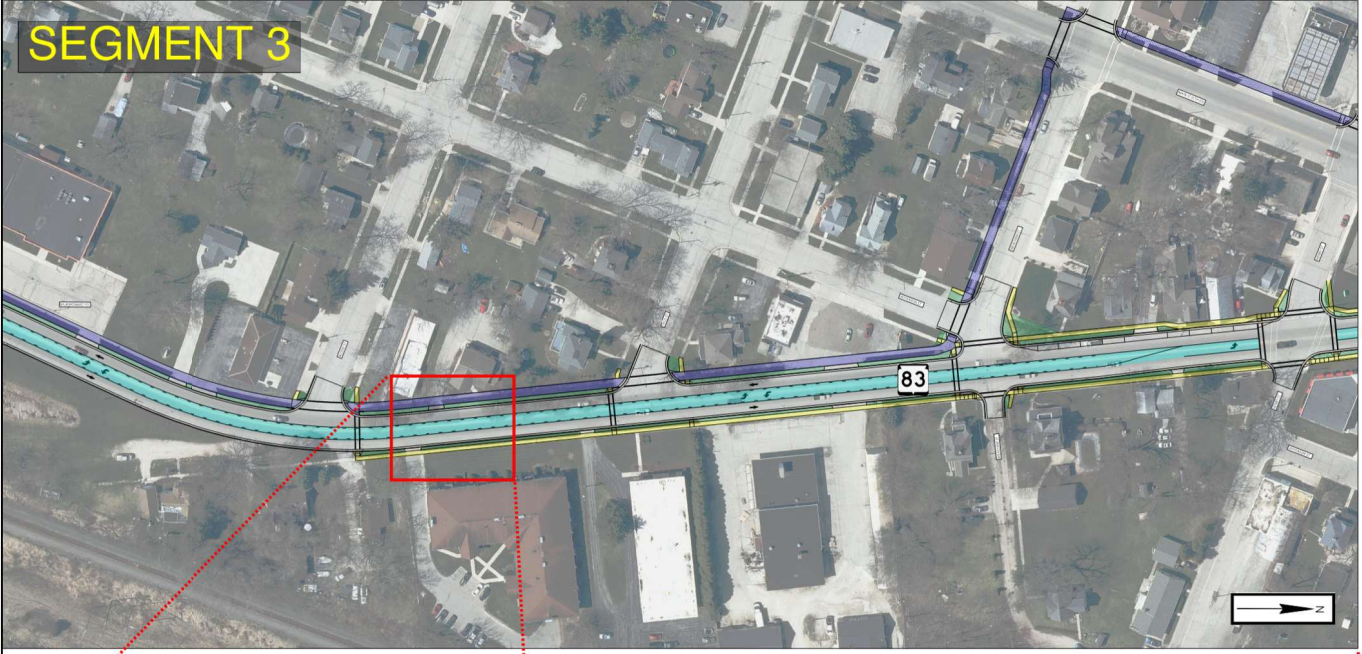
83 Rochester St (WIS 83)
Pavement Replacement Segment
Bayview Road to Lincoln Avenue



PRELIMINARY CONCEPT

ROADWAY LEGEND

- PROPOSED AUXILIARY LANE
- PROPOSED MEDIAN
- TERRACE
- INTERSECTION RECONFIGURATION
- ASPHALTIC SURFACE (PROPOSED PATH)
- CONCRETE SIDEWALK



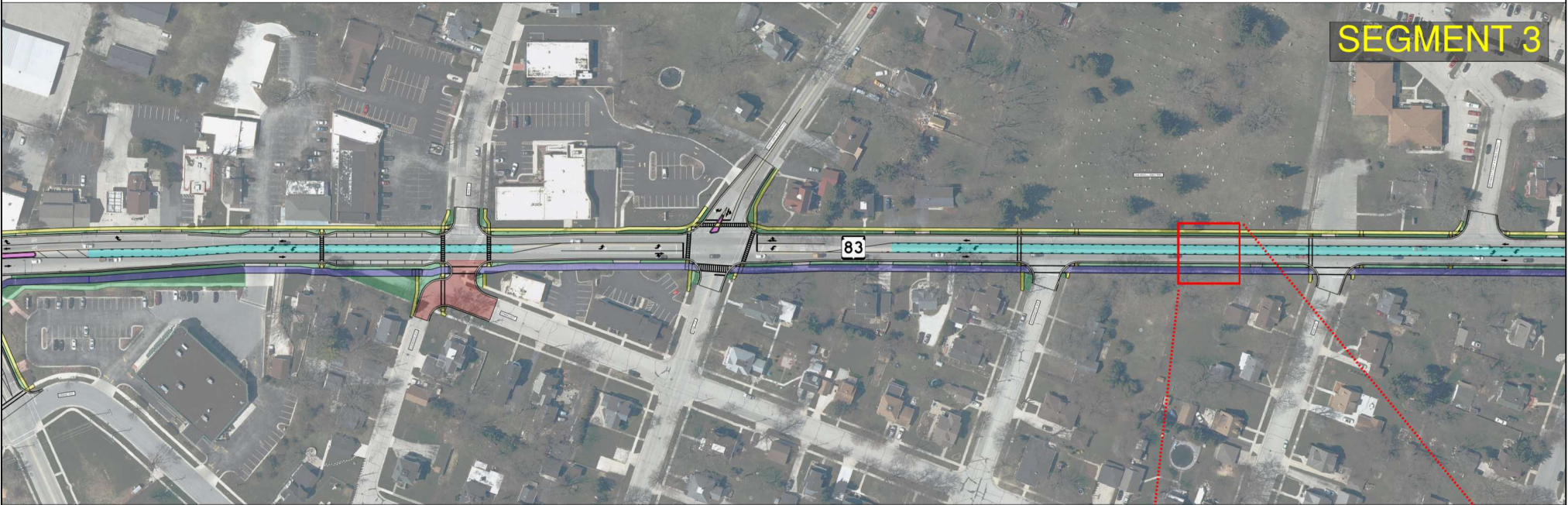


VILLAGE OF
Mukwonago
WISCONSIN



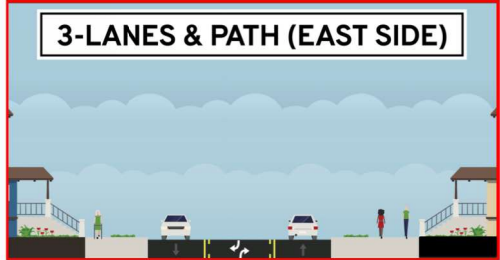
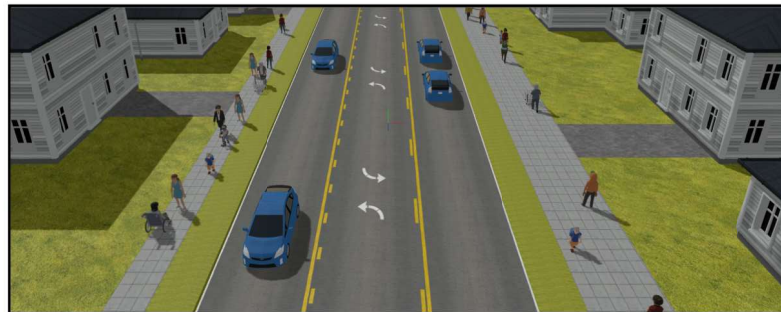
Rochester St (WIS 83)
Pavement Replacement Segment
Bayview Road to Lincoln Avenue

PRELIMINARY CONCEPT



SEGMENT 3

| ROADWAY LEGEND | |
|----------------|-----------------------------------|
| | PROPOSED AUXILIARY LANE |
| | PROPOSED MEDIAN |
| | TERRACE |
| | INTERSECTION RECONFIGURATION |
| | ASPHALTIC SURFACE (PROPOSED PATH) |
| | CONCRETE SIDEWALK |



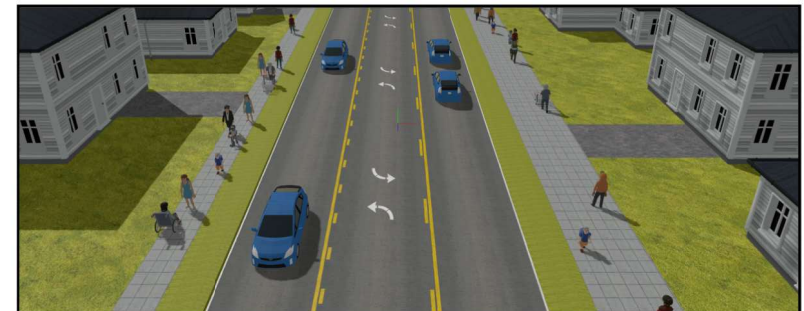
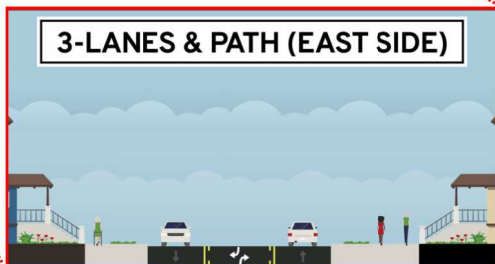


VILLAGE OF
Mukwonago
WISCONSIN



Rochester St (WIS 83)
Pavement Replacement Segment
Bayview Road to Lincoln Avenue

PRELIMINARY CONCEPT



| ROADWAY LEGEND | |
|----------------|-----------------------------------|
| | PROPOSED AUXILIARY LANE |
| | PROPOSED MEDIAN |
| | TERRACE |
| | INTERSECTION RECONFIGURATION |
| | ASPHALTIC SURFACE (PROPOSED PATH) |
| | CONCRETE SIDEWALK |



VILLAGE OF
Mukwonago
WISCONSIN



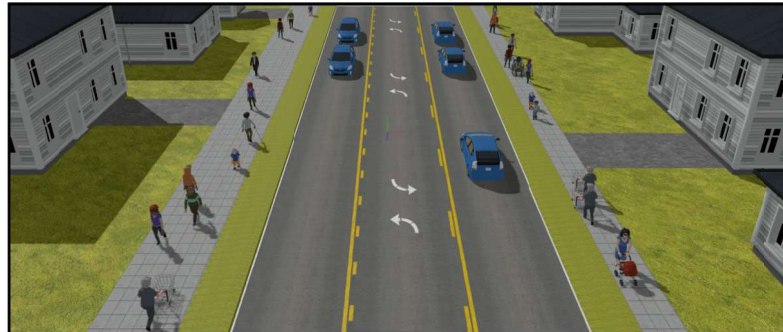
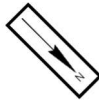
Rochester St (WIS 83)
Pavement Replacement Segment
Bayview Road to Lincoln Avenue

PRELIMINARY CONCEPT



SEGMENT 3

| ROADWAY LEGEND | |
|----------------|-----------------------------------|
| | PROPOSED AUXILIARY LANE |
| | PROPOSED MEDIAN |
| | TERRACE |
| | INTERSECTION RECONFIGURATION |
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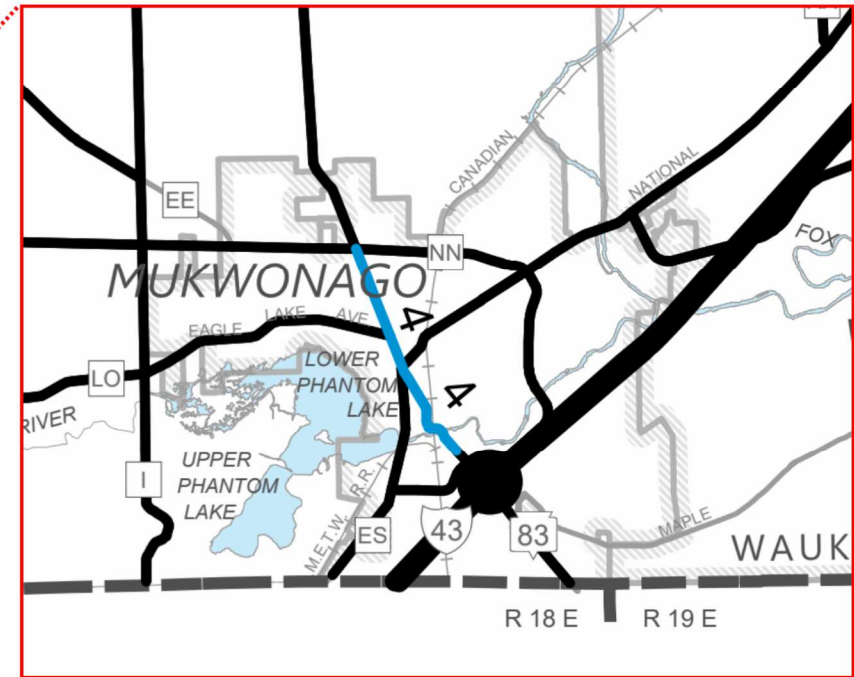
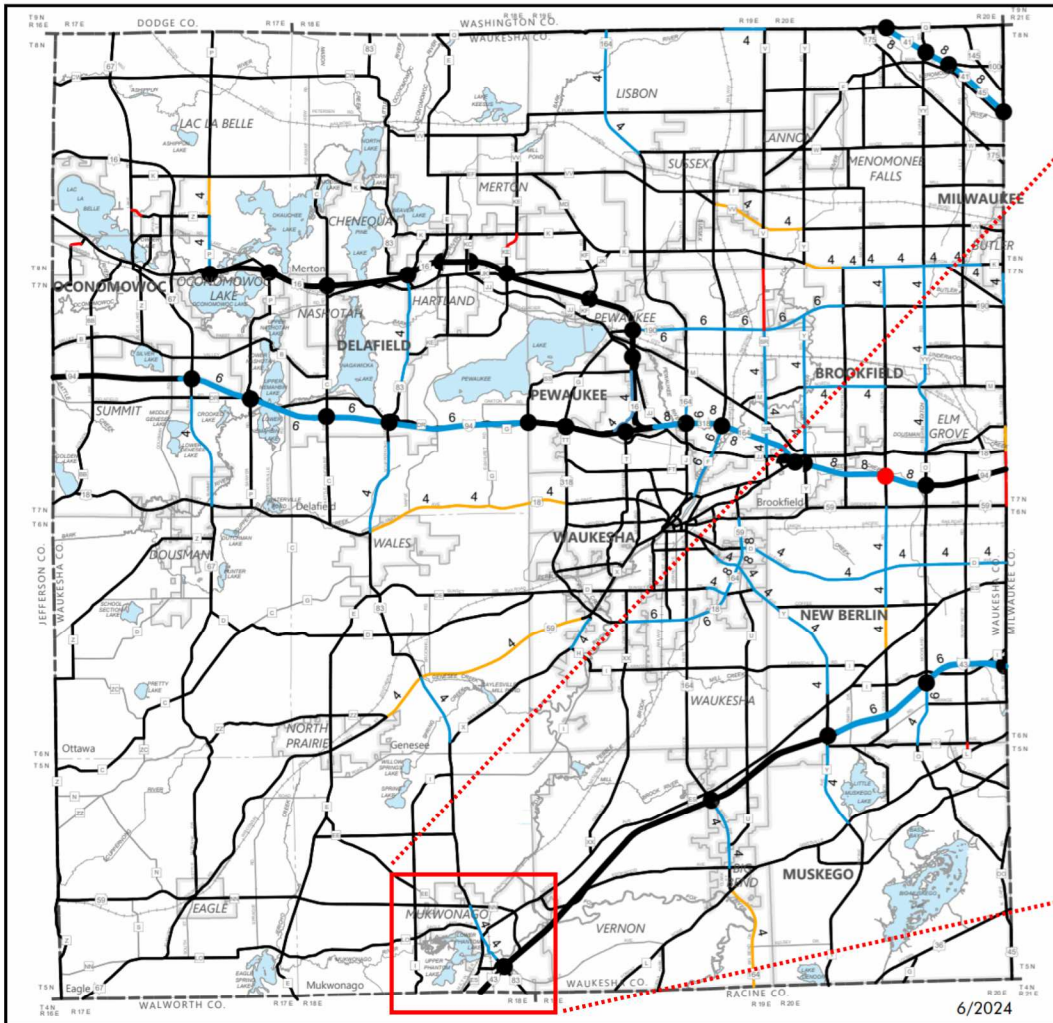


Southeastern
Wisconsin
Regional
Planning
Commission

RECOMMENDED YEAR 2050 REGIONAL LAND USE AND TRANSPORTATION PLAN



- ARTERIAL STREET OR HIGHWAY**
- NEW
 - WIDENING AND/OR OTHER IMPROVEMENT TO PROVIDE SIGNIFICANT ADDITIONAL CAPACITY
 - RESERVE RIGHT-OF-WAY TO ACCOMMODATE POTENTIAL FUTURE IMPROVEMENT BEYOND 2050 (ADDITIONAL LANES OR NEW FACILITY)
 - RESURFACING OR RECONSTRUCTION TO PROVIDE ESSENTIALLY THE SAME CAPACITY
- 4 NUMBER OF TRAFFIC LANES FOR NEW OR IMPROVED FACILITY, INCLUDING RIGHT-OF-WAY RESERVATIONS (2 LANES WHERE UNNUMBERED)



WIS 83 EXPANSION TO 4-LANES IS NO LONGER UNDER CONSIDERATION. THE SEWRPC 2050 VISION WILL BE AMENDED



I-43 ROCK FREEWAY PROJECT OVERVIEW

WIS 83 to WIS 164 | March 2026

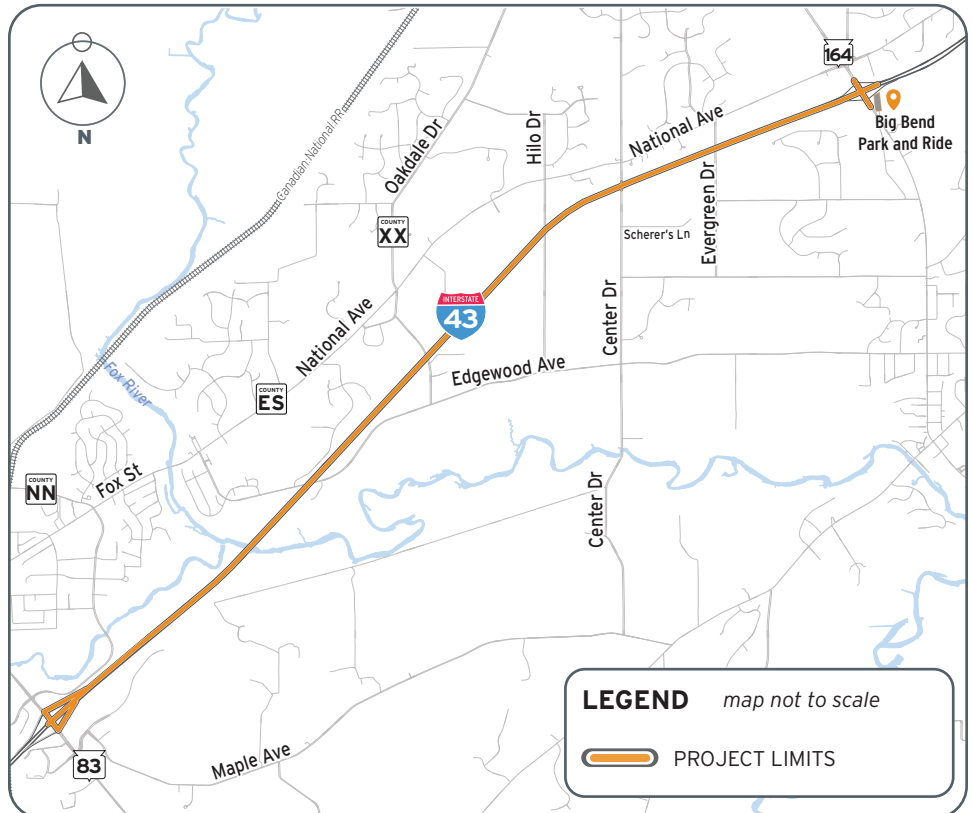
The Wisconsin Department of Transportation (WisDOT) is scheduled to begin a pavement replacement and improvement project along approximately 7 miles of the I-43 Rock Freeway, between WIS 83 and WIS 164 in Waukesha County, with completion scheduled for summer 2028.

WORK TO BE COMPLETED:

- Concrete pavement replacements throughout the project limits
- Construct Diverging Diamond Interchange (DDI) at the I-43 and WIS 164 interchange
- Structure improvements to multiple bridges along the corridor
- Improvements to the Big Bend Park & Ride
- Culvert pipe repair and replacement, and drainage improvements
- New guardrail, signing, and pavement markings

2026 TRAFFIC IMPACTS:

- Traffic on I-43 will be reduced to one lane in each direction
- Long-term lane reductions on WIS 164 between County ES and Woodland Lane
- Long-term ramp closures
- Periodic overnight full freeway and ramp closures are anticipated throughout the project
- Long-term closure of Center Drive between County ES and Scherer's Lane



Above: Project limits



SCAN FOR MORE INFORMATION

The project team thanks you for your patience and cooperation throughout this project.

Project Contact:
Rachel Andreoli
 Construction Public Involvement Lead
 (414) 758-9386 | Randreoli@hntb.com

 <https://projects.511wi.gov/43rfwaukesha/>



PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BGD USED |
|--|--|------------------------|---------------------------|-------------------------------------|----------------------|---------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Revenues | | | | | | |
| Dept 4100 - TAXES | | | | | | |
| 150-4100-411100 | GENERAL PROPERTY TAX | 210,896.00 | 52,724.01 | 17,574.67 | 158,171.99 | 25.00 |
| 150-4100-411101 | FIRE DEPT REFERENDUM | 406,349.00 | 101,587.26 | 33,862.42 | 304,761.74 | 25.00 |
| 150-4100-434700 | STATE FIRE DUES PROGRAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4100 - TAXES | | 617,245.00 | 154,311.27 | 51,437.09 | 462,933.73 | 25.00 |
| Dept 4300 - INTERGOV T REVENUES | | | | | | |
| 150-4300-434100 | STATE SHARED REVENUES | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 |
| 150-4300-434200 | STATE AID OR GRANT | 2,500.00 | 3,156.06 | 0.00 | (656.06) | 126.24 |
| 150-4300-434300 | COUNTY GRANT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4300-434400 | EMS ACT102 GRANT | 61,364.00 | 59,520.16 | 0.00 | 1,843.84 | 97.00 |
| 150-4300-434700 | STATE FIRE DUES PROGRAM | 62,786.00 | 0.00 | 0.00 | 62,786.00 | 0.00 |
| Total Dept 4300 - INTERGOV T REVENUES | | 136,650.00 | 62,676.22 | 0.00 | 73,973.78 | 45.87 |
| Dept 4600 - PUBLIC CHARGES FOR SERVICES | | | | | | |
| 150-4600-430400 | TREASURER S FEES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4600-471600 | PARAMEDIC RIDE-ALONG FEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4600 - PUBLIC CHARGES FOR SERVICES | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Dept 4620 - PUBLIC SAFETY | | | | | | |
| 150-4620-432000 | FIRE DEPT CHARGES FOR SERVICES | 1,000.00 | 0.00 | 0.00 | 1,000.00 | 0.00 |
| 150-4620-432500 | AMBULANCE COUNTY COLLECTIONS | 20,000.00 | 1,940.41 | 1,637.50 | 18,059.59 | 9.70 |
| 150-4620-473000 | EBIX AMBULANCE REVENUE | 1,380,000.00 | 431,026.13 | 138,239.00 | 948,973.87 | 31.23 |
| 150-4620-473700 | EBIX FIRE REVENUE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4620-474100 | EBIX INTERFACILITY ALS& BLS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4620-474200 | EBIX INTERFACILITYCRITICALCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4620-474300 | PROHEALTH EMT AGREEMENT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4620 - PUBLIC SAFETY | | 1,401,000.00 | 432,966.54 | 139,876.50 | 968,033.46 | 30.90 |
| Dept 4700 - INTERGOV T CHARGES FOR SERVICE | | | | | | |
| 150-4700-434700 | STATE FIRE DUES PROGRAM | 54,258.00 | 0.00 | 0.00 | 54,258.00 | 0.00 |
| 150-4700-473100 | FIRE/AMBULANCE SERVICE TO TOWN | 210,896.00 | 52,724.01 | 35,149.34 | 158,171.99 | 25.00 |
| 150-4700-473101 | FIRE DEPT REFERENDUM - TOWN | 406,349.00 | 101,587.26 | 67,724.84 | 304,761.74 | 25.00 |
| 150-4700-473300 | SETTLEMENT RETENTION/CASH FLOW-TOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4700 - INTERGOV T CHARGES FOR SERVICE | | 671,503.00 | 154,311.27 | 102,874.18 | 517,191.73 | 22.98 |
| Dept 4800 - MISC REVENUE | | | | | | |
| 150-4800-437000 | PRIVATE GRANTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4800-488500 | INSURANCE / SETTLEMENT / REFUND PROCEEDS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4800-489000 | DONATIONS RECEIVED | 0.00 | 12,232.70 | 12,232.70 | (12,232.70) | 100.00 |
| 150-4800-489900 | MISC. REVENUES | 0.00 | 17.00 | 0.00 | (17.00) | 100.00 |
| 150-4800-499900 | SUSPENSE ACCOUNT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4800 - MISC REVENUE | | 0.00 | 12,249.70 | 12,232.70 | (12,249.70) | 100.00 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BGD USED |
|--|--|------------------------|---------------------------|-------------------------------------|----------------------|---------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Revenues | | | | | | |
| Dept 4810 - INTEREST REVENUE | | | | | | |
| 150-4810-487100 | INTEREST REVENUE | 40,000.00 | 9,757.37 | 0.00 | 30,242.63 | 24.39 |
| Total Dept 4810 - INTEREST REVENUE | | 40,000.00 | 9,757.37 | 0.00 | 30,242.63 | 24.39 |
| Dept 4820 - COMMERCIAL REVENUE | | | | | | |
| 150-4820-488000 | SALE OF OWNED PROPERTY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4820 - COMMERCIAL REVENUE | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Dept 4900 - OTHER FINANCING SOURCES | | | | | | |
| 150-4900-473350 | SETTLEMENT RETENTION/CASH FLOW-VILLAGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4900-491000 | TRANSFER FROM GENERAL FUND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4900-492000 | TRANSFER FROM OTHER FUNDS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4900-493000 | FUND BALANCE APPLIED | 92,979.00 | 0.00 | 0.00 | 92,979.00 | 0.00 |
| Total Dept 4900 - OTHER FINANCING SOURCES | | 92,979.00 | 0.00 | 0.00 | 92,979.00 | 0.00 |
| TOTAL REVENUES | | 2,959,377.00 | 826,272.37 | 306,420.47 | 2,133,104.63 | 27.92 |
| Expenditures | | | | | | |
| Dept 5140 - ADMINISTRATIVE & GENERAL | | | | | | |
| 150-5140-511000 | SALARIES & WAGES | 22,990.00 | 5,747.49 | 1,915.83 | 17,242.51 | 25.00 |
| 150-5140-511200 | SOCIAL SECURITY | 1,759.00 | 439.74 | 146.58 | 1,319.26 | 25.00 |
| 150-5140-515200 | RETIREMENT | 1,563.00 | 390.75 | 130.25 | 1,172.25 | 25.00 |
| 150-5140-515210 | DEFERRED COMPENSATION ICMA | 575.00 | 143.76 | 47.92 | 431.24 | 25.00 |
| 150-5140-515400 | HEALTH | 2,233.00 | 558.24 | 186.08 | 1,674.76 | 25.00 |
| 150-5140-515900 | OTHER FRINGE BENEFITS | 30.00 | 7.50 | 2.50 | 22.50 | 25.00 |
| 150-5140-523000 | INDIRECT COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5140-531100 | OPERATIONAL SUPPLIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5140-539900 | OTHER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5140 - ADMINISTRATIVE & GENERAL | | 29,150.00 | 7,287.48 | 2,429.16 | 21,862.52 | 25.00 |
| Dept 5221 - FIRE ADMINISTRATION | | | | | | |
| 150-5221-511000 | SALARIES & WAGES | 603,920.00 | 106,043.58 | 37,331.02 | 497,876.42 | 17.56 |
| 150-5221-511100 | OVERTIME | 47,010.00 | 19,723.75 | 6,670.09 | 27,286.25 | 41.96 |
| 150-5221-511200 | SOCIAL SECURITY | 49,796.00 | 9,682.01 | 3,189.34 | 40,113.99 | 19.44 |
| 150-5221-515200 | RETIREMENT | 96,338.00 | 19,580.26 | 6,512.17 | 76,757.74 | 20.32 |
| 150-5221-515400 | HEALTH | 125,643.00 | 30,593.68 | 7,648.42 | 95,049.32 | 24.35 |
| 150-5221-515900 | OTHER FRINGE BENEFITS | 3,663.00 | 494.28 | 63.21 | 3,168.72 | 13.49 |
| 150-5221-516000 | UNEMPLOYMENT COMPENSATION | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5221-521900 | PROFESSIONAL SERVICES | 50,000.00 | 20,570.67 | 30.00 | 29,429.33 | 41.14 |
| 150-5221-521901 | IT PROFESSIONAL SERVICES | 1,500.00 | 0.00 | 0.00 | 1,500.00 | 0.00 |
| 150-5221-522100 | WATER-SEWER | 3,000.00 | 0.00 | 0.00 | 3,000.00 | 0.00 |
| 150-5221-522200 | ELECTRIC | 25,000.00 | 6,313.42 | 2,762.77 | 18,686.58 | 25.25 |
| 150-5221-522500 | TELEPHONE | 12,000.00 | 3,497.66 | 1,682.64 | 8,502.34 | 29.15 |
| 150-5221-522600 | INSURANCE PREMIUMS | 100,000.00 | 34,921.49 | 17,312.69 | 65,078.51 | 34.92 |
| 150-5221-522900 | SOFTWARE SUPPORT/MAINTENANCE | 15,000.00 | 2,155.46 | 28.13 | 12,844.54 | 14.37 |
| 150-5221-522950 | IT DEVICES (NON CAPITAL) & SUPPLIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5221-531100 | OPERATIONAL SUPPLIES | 8,000.00 | 1,138.21 | 531.43 | 6,861.79 | 14.23 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|---------------------------------------|------------------------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Expenditures | | | | | | |
| 150-5221-531300 | FIRE PREVENTION MATERIALS | 8,000.00 | 136.82 | 16.94 | 7,863.18 | 1.71 |
| 150-5221-532400 | MEMBERSHIP DUES | 2,000.00 | 1,638.34 | 0.00 | 361.66 | 81.92 |
| 150-5221-533500 | TRAINING & TRAVEL | 7,000.00 | 0.00 | 0.00 | 7,000.00 | 0.00 |
| 150-5221-534600 | CLOTHING ALLOWANCE | 4,000.00 | 168.00 | 0.00 | 3,832.00 | 4.20 |
| 150-5221-539500 | REPAIRS & MAINTENANCE | 4,000.00 | 1,102.50 | 536.50 | 2,897.50 | 27.56 |
| 150-5221-539900 | OTHER | 7,000.00 | 1,346.44 | 543.58 | 5,653.56 | 19.23 |
| 150-5221-581100 | EQUIPMENT LESS THAN \$5000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5221 - FIRE ADMINISTRATION | | 1,172,870.00 | 259,106.57 | 84,858.93 | 913,763.43 | 22.09 |
| Dept 5222 - FIRE SUPPRESSION | | | | | | |
| 150-5222-511000 | SALARIES & WAGES | 15,000.00 | 1,813.84 | 462.63 | 13,186.16 | 12.09 |
| 150-5222-511100 | OVERTIME | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5222-511200 | SOCIAL SECURITY | 1,148.00 | 144.96 | 35.37 | 1,003.04 | 12.63 |
| 150-5222-515200 | RETIREMENT | 752.00 | 142.21 | 44.20 | 609.79 | 18.91 |
| 150-5222-515400 | HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5222-515900 | OTHER FRINGE BENEFITS | 0.00 | 0.14 | 0.04 | (0.14) | 100.00 |
| 150-5222-531100 | OPERATIONAL SUPPLIES | 10,000.00 | 959.51 | 660.67 | 9,040.49 | 9.60 |
| 150-5222-534600 | CLOTHING ALLOWANCE | 6,000.00 | 0.00 | 0.00 | 6,000.00 | 0.00 |
| 150-5222-535100 | MOTOR FUEL & OIL | 15,000.00 | 1,062.06 | 1,062.06 | 13,937.94 | 7.08 |
| 150-5222-539500 | REPAIRS & MAINTENANCE | 35,000.00 | 2,733.29 | 1,996.90 | 32,266.71 | 7.81 |
| 150-5222-581100 | EQUIPMENT LESS THAN \$5000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5222 - FIRE SUPPRESSION | | 82,900.00 | 6,856.01 | 4,261.87 | 76,043.99 | 8.27 |
| Dept 5223 - FIRE TRAINING | | | | | | |
| 150-5223-511000 | SALARIES & WAGES | 21,020.00 | 2,058.04 | 297.75 | 18,961.96 | 9.79 |
| 150-5223-511200 | SOCIAL SECURITY | 1,608.00 | 169.18 | 22.77 | 1,438.82 | 10.52 |
| 150-5223-515200 | RETIREMENT | 801.00 | 117.39 | 7.40 | 683.61 | 14.66 |
| 150-5223-531100 | OPERATIONAL SUPPLIES | 3,000.00 | 0.00 | 0.00 | 3,000.00 | 0.00 |
| 150-5223-533500 | TRAINING & TRAVEL | 5,000.00 | 375.75 | 0.00 | 4,624.25 | 7.52 |
| Total Dept 5223 - FIRE TRAINING | | 31,429.00 | 2,720.36 | 327.92 | 28,708.64 | 8.66 |
| Dept 5231 - AMBULANCE | | | | | | |
| 150-5231-511000 | SALARIES & WAGES | 260,000.00 | 68,382.21 | 25,775.23 | 191,617.79 | 26.30 |
| 150-5231-511100 | OVERTIME | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5231-511200 | SOCIAL SECURITY | 16,448.00 | 5,459.19 | 1,968.27 | 10,988.81 | 33.19 |
| 150-5231-515200 | RETIREMENT | 7,592.00 | 3,932.35 | 1,431.98 | 3,659.65 | 51.80 |
| 150-5231-515210 | DEFERRED COMPENSATION ICMA | 22.00 | 38.65 | 24.31 | (16.65) | 175.68 |
| 150-5231-515400 | HEALTH | 1,275.00 | 494.67 | 318.02 | 780.33 | 38.80 |
| 150-5231-515900 | OTHER FRINGE BENEFITS | 50.00 | 50.72 | 32.83 | (0.72) | 101.44 |
| 150-5231-521900 | PROFESSIONAL SERVICES | 130,000.00 | 32,475.04 | 6,409.89 | 97,524.96 | 24.98 |
| 150-5231-521901 | IT PROFESSIONAL SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5231-522900 | SOFTWARE SUPPORT/MAINTENANCE | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 |
| 150-5231-531100 | OPERATIONAL SUPPLIES | 70,000.00 | 12,678.90 | 4,474.50 | 57,321.10 | 18.11 |
| 150-5231-531500 | POSTAGE | 500.00 | 77.85 | 17.76 | 422.15 | 15.57 |
| 150-5231-535100 | MOTOR FUEL & OIL | 25,000.00 | 2,316.32 | 2,316.32 | 22,683.68 | 9.27 |
| 150-5231-539500 | REPAIRS & MAINTENANCE | 30,000.00 | 2,304.48 | 1,443.23 | 27,695.52 | 7.68 |
| 150-5231-539900 | OTHER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5231-581100 | EQUIPMENT LESS THAN \$5000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|---|---------------------------------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Expenditures | | | | | | |
| Total Dept 5231 - AMBULANCE | | 550,887.00 | 128,210.38 | 44,212.34 | 422,676.62 | 23.27 |
| Dept 5232 - AMBULANCE TRAINING | | | | | | |
| 150-5232-511000 | SALARIES & WAGES | 9,666.00 | 1,179.99 | 279.00 | 8,486.01 | 12.21 |
| 150-5232-511200 | SOCIAL SECURITY | 739.00 | 107.30 | 21.34 | 631.70 | 14.52 |
| 150-5232-515200 | RETIREMENT | 333.00 | 47.66 | 12.21 | 285.34 | 14.31 |
| 150-5232-531100 | OPERATIONAL SUPPLIES | 5,000.00 | 0.00 | 0.00 | 5,000.00 | 0.00 |
| 150-5232-532400 | MEMBERSHIP DUES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5232-533500 | TRAINING & TRAVEL | 5,000.00 | 159.90 | 0.00 | 4,840.10 | 3.20 |
| Total Dept 5232 - AMBULANCE TRAINING | | 20,738.00 | 1,494.85 | 312.55 | 19,243.15 | 7.21 |
| Dept 5233 - REFERENDUM FUNDED STAFFING | | | | | | |
| 150-5233-511000 | SALARIES & WAGES | 504,580.00 | 80,890.37 | 28,598.70 | 423,689.63 | 16.03 |
| 150-5233-511100 | OVERTIME | 48,895.00 | 19,236.83 | 11,876.33 | 29,658.17 | 39.34 |
| 150-5233-511200 | SOCIAL SECURITY | 42,341.00 | 7,752.54 | 2,993.53 | 34,588.46 | 18.31 |
| 150-5233-515200 | RETIREMENT | 81,914.00 | 15,502.75 | 5,990.30 | 66,411.25 | 18.93 |
| 150-5233-515400 | HEALTH | 101,586.00 | 30,593.68 | 7,648.42 | 70,992.32 | 30.12 |
| 150-5233-515900 | OTHER FRINGE BENEFITS | 3,110.00 | 118.92 | 59.46 | 2,991.08 | 3.82 |
| 150-5233-523000 | INDIRECT COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5233-531100 | OPERATIONAL SUPPLIES | 6,000.00 | 229.79 | 86.43 | 5,770.21 | 3.83 |
| 150-5233-533500 | TRAINING & TRAVEL | 5,000.00 | 183.85 | 183.85 | 4,816.15 | 3.68 |
| 150-5233-534600 | CLOTHING ALLOWANCE | 3,000.00 | 502.96 | 209.97 | 2,497.04 | 16.77 |
| 150-5233-581100 | EQUIPMENT LESS THAN \$5000 | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 |
| Total Dept 5233 - REFERENDUM FUNDED STAFFING | | 806,426.00 | 155,011.69 | 57,646.99 | 651,414.31 | 19.22 |
| Dept 5700 - CAPITAL OUTLAY EXPENDITURES | | | | | | |
| 150-5700-571300 | FIRE DEPT CAPITAL EQUIP | 40,000.00 | 0.00 | 0.00 | 40,000.00 | 0.00 |
| 150-5700-571400 | AMBULANCE CAPITAL EQUIP | 40,000.00 | 3,000.00 | 3,000.00 | 37,000.00 | 7.50 |
| 150-5700-572100 | FIRE ADMINISTRATION | 15,000.00 | 0.00 | 0.00 | 15,000.00 | 0.00 |
| 150-5700-580500 | ACT 102 EXPENSES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5700-580600 | DONATED FUND EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5700 - CAPITAL OUTLAY EXPENDITURES | | 95,000.00 | 3,000.00 | 3,000.00 | 92,000.00 | 3.16 |
| Dept 5880 - USE OF GRANTS/DONATIONS | | | | | | |
| 150-5880-580500 | ACT 102 EXPENSES | 0.00 | 7,696.20 | 0.00 | (7,696.20) | 100.00 |
| 150-5880-580501 | GRANT EXPENDITURES (MISC) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5880-580600 | DONATED FUND EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5880 - USE OF GRANTS/DONATIONS | | 0.00 | 7,696.20 | 0.00 | (7,696.20) | 100.00 |
| Dept 5890 - USE OF DESIGNATED FUNDS | | | | | | |
| 150-5890-580850 | ONE-TIME BUDGETED USE OF FUND BALANCE | 17,500.00 | 16,000.00 | 0.00 | 1,500.00 | 91.43 |
| Total Dept 5890 - USE OF DESIGNATED FUNDS | | 17,500.00 | 16,000.00 | 0.00 | 1,500.00 | 91.43 |
| Dept 5900 - OTHER FINANCING USES | | | | | | |
| 150-5900-590500 | TRANSFER TO FUND BALANCE | 15,634.00 | 0.00 | 0.00 | 15,634.00 | 0.00 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|--|-------------------------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Expenditures | | | | | | |
| 150-5900-591000 | TRANSFER TO GENERAL FUND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5900-592000 | TRANSFERS TO OTHER FUNDS | 57,979.00 | 57,978.67 | 0.00 | 0.33 | 100.00 |
| 150-5900-592500 | TRANSFER TO DESIGNATED FUNDS | 61,364.00 | 0.00 | 0.00 | 61,364.00 | 0.00 |
| 150-5900-593000 | TRANSFER TO TOWN OF MUKWONAGO | 17,500.00 | 16,000.00 | 0.00 | 1,500.00 | 91.43 |
| Total Dept 5900 - OTHER FINANCING USES | | 152,477.00 | 73,978.67 | 0.00 | 78,498.33 | 48.52 |
| TOTAL EXPENDITURES | | 2,959,377.00 | 661,362.21 | 197,049.76 | 2,298,014.79 | 22.35 |
| Fund 150 - FIRE/AMBULANCE FUND: | | | | | | |
| TOTAL REVENUES | | 2,959,377.00 | 826,272.37 | 306,420.47 | 2,133,104.63 | 27.92 |
| TOTAL EXPENDITURES | | 2,959,377.00 | 661,362.21 | 197,049.76 | 2,298,014.79 | 22.35 |
| NET OF REVENUES & EXPENDITURES | | 0.00 | 164,910.16 | 109,370.71 | (164,910.16) | 100.00 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BGD USED |
|--|--|------------------------|---------------------------|-------------------------------------|----------------------|---------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Revenues | | | | | | |
| Dept 4100 - TAXES | | | | | | |
| 150-4100-411100 | GENERAL PROPERTY TAX | 210,896.00 | 52,724.01 | 17,574.67 | 158,171.99 | 25.00 |
| 150-4100-411101 | FIRE DEPT REFERENDUM | 406,349.00 | 101,587.26 | 33,862.42 | 304,761.74 | 25.00 |
| 150-4100-434700 | STATE FIRE DUES PROGRAM | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4100 - TAXES | | 617,245.00 | 154,311.27 | 51,437.09 | 462,933.73 | 25.00 |
| Dept 4300 - INTERGOV T REVENUES | | | | | | |
| 150-4300-434100 | STATE SHARED REVENUES | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 |
| 150-4300-434200 | STATE AID OR GRANT | 2,500.00 | 3,156.06 | 0.00 | (656.06) | 126.24 |
| 150-4300-434300 | COUNTY GRANT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4300-434400 | EMS ACT102 GRANT | 61,364.00 | 59,520.16 | 0.00 | 1,843.84 | 97.00 |
| 150-4300-434700 | STATE FIRE DUES PROGRAM | 62,786.00 | 0.00 | 0.00 | 62,786.00 | 0.00 |
| Total Dept 4300 - INTERGOV T REVENUES | | 136,650.00 | 62,676.22 | 0.00 | 73,973.78 | 45.87 |
| Dept 4600 - PUBLIC CHARGES FOR SERVICES | | | | | | |
| 150-4600-430400 | TREASURER S FEES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4600-471600 | PARAMEDIC RIDE-ALONG FEE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4600 - PUBLIC CHARGES FOR SERVICES | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Dept 4620 - PUBLIC SAFETY | | | | | | |
| 150-4620-432000 | FIRE DEPT CHARGES FOR SERVICES | 1,000.00 | 0.00 | 0.00 | 1,000.00 | 0.00 |
| 150-4620-432500 | AMBULANCE COUNTY COLLECTIONS | 20,000.00 | 1,940.41 | 1,637.50 | 18,059.59 | 9.70 |
| 150-4620-473000 | EBIX AMBULANCE REVENUE | 1,380,000.00 | 431,026.13 | 138,239.00 | 948,973.87 | 31.23 |
| 150-4620-473700 | EBIX FIRE REVENUE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4620-474100 | EBIX INTERFACILITY ALS& BLS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4620-474200 | EBIX INTERFACILITYCRITICALCARE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4620-474300 | PROHEALTH EMT AGREEMENT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4620 - PUBLIC SAFETY | | 1,401,000.00 | 432,966.54 | 139,876.50 | 968,033.46 | 30.90 |
| Dept 4700 - INTERGOV T CHARGES FOR SERVICE | | | | | | |
| 150-4700-434700 | STATE FIRE DUES PROGRAM | 54,258.00 | 0.00 | 0.00 | 54,258.00 | 0.00 |
| 150-4700-473100 | FIRE/AMBULANCE SERVICE TO TOWN | 210,896.00 | 52,724.01 | 35,149.34 | 158,171.99 | 25.00 |
| 150-4700-473101 | FIRE DEPT REFERENDUM - TOWN | 406,349.00 | 101,587.26 | 67,724.84 | 304,761.74 | 25.00 |
| 150-4700-473300 | SETTLEMENT RETENTION/CASH FLOW-TOWN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4700 - INTERGOV T CHARGES FOR SERVICE | | 671,503.00 | 154,311.27 | 102,874.18 | 517,191.73 | 22.98 |
| Dept 4800 - MISC REVENUE | | | | | | |
| 150-4800-437000 | PRIVATE GRANTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4800-488500 | INSURANCE / SETTLEMENT / REFUND PROCEEDS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4800-489000 | DONATIONS RECEIVED | 0.00 | 12,232.70 | 12,232.70 | (12,232.70) | 100.00 |
| 150-4800-489900 | MISC. REVENUES | 0.00 | 17.00 | 0.00 | (17.00) | 100.00 |
| 150-4800-499900 | SUSPENSE ACCOUNT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4800 - MISC REVENUE | | 0.00 | 12,249.70 | 12,232.70 | (12,249.70) | 100.00 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BGD USED |
|--|--|------------------------|---------------------------|-------------------------------------|----------------------|---------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Revenues | | | | | | |
| Dept 4810 - INTEREST REVENUE | | | | | | |
| 150-4810-487100 | INTEREST REVENUE | 40,000.00 | 9,757.37 | 0.00 | 30,242.63 | 24.39 |
| Total Dept 4810 - INTEREST REVENUE | | 40,000.00 | 9,757.37 | 0.00 | 30,242.63 | 24.39 |
| Dept 4820 - COMMERCIAL REVENUE | | | | | | |
| 150-4820-488000 | SALE OF OWNED PROPERTY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 4820 - COMMERCIAL REVENUE | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Dept 4900 - OTHER FINANCING SOURCES | | | | | | |
| 150-4900-473350 | SETTLEMENT RETENTION/CASH FLOW-VILLAGE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4900-491000 | TRANSFER FROM GENERAL FUND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4900-492000 | TRANSFER FROM OTHER FUNDS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-4900-493000 | FUND BALANCE APPLIED | 92,979.00 | 0.00 | 0.00 | 92,979.00 | 0.00 |
| Total Dept 4900 - OTHER FINANCING SOURCES | | 92,979.00 | 0.00 | 0.00 | 92,979.00 | 0.00 |
| TOTAL REVENUES | | 2,959,377.00 | 826,272.37 | 306,420.47 | 2,133,104.63 | 27.92 |
| Expenditures | | | | | | |
| Dept 5140 - ADMINISTRATIVE & GENERAL | | | | | | |
| 150-5140-511000 | SALARIES & WAGES | 22,990.00 | 5,747.49 | 1,915.83 | 17,242.51 | 25.00 |
| 150-5140-511200 | SOCIAL SECURITY | 1,759.00 | 439.74 | 146.58 | 1,319.26 | 25.00 |
| 150-5140-515200 | RETIREMENT | 1,563.00 | 390.75 | 130.25 | 1,172.25 | 25.00 |
| 150-5140-515210 | DEFERRED COMPENSATION ICMA | 575.00 | 143.76 | 47.92 | 431.24 | 25.00 |
| 150-5140-515400 | HEALTH | 2,233.00 | 558.24 | 186.08 | 1,674.76 | 25.00 |
| 150-5140-515900 | OTHER FRINGE BENEFITS | 30.00 | 7.50 | 2.50 | 22.50 | 25.00 |
| 150-5140-523000 | INDIRECT COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5140-531100 | OPERATIONAL SUPPLIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5140-539900 | OTHER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5140 - ADMINISTRATIVE & GENERAL | | 29,150.00 | 7,287.48 | 2,429.16 | 21,862.52 | 25.00 |
| Dept 5221 - FIRE ADMINISTRATION | | | | | | |
| 150-5221-511000 | SALARIES & WAGES | 603,920.00 | 106,043.58 | 37,331.02 | 497,876.42 | 17.56 |
| 150-5221-511100 | OVERTIME | 47,010.00 | 19,723.75 | 6,670.09 | 27,286.25 | 41.96 |
| 150-5221-511200 | SOCIAL SECURITY | 49,796.00 | 9,682.01 | 3,189.34 | 40,113.99 | 19.44 |
| 150-5221-515200 | RETIREMENT | 96,338.00 | 19,580.26 | 6,512.17 | 76,757.74 | 20.32 |
| 150-5221-515400 | HEALTH | 125,643.00 | 30,593.68 | 7,648.42 | 95,049.32 | 24.35 |
| 150-5221-515900 | OTHER FRINGE BENEFITS | 3,663.00 | 494.28 | 63.21 | 3,168.72 | 13.49 |
| 150-5221-516000 | UNEMPLOYMENT COMPENSATION | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5221-521900 | PROFESSIONAL SERVICES | 50,000.00 | 20,570.67 | 30.00 | 29,429.33 | 41.14 |
| 150-5221-521901 | IT PROFESSIONAL SERVICES | 1,500.00 | 0.00 | 0.00 | 1,500.00 | 0.00 |
| 150-5221-522100 | WATER-SEWER | 3,000.00 | 0.00 | 0.00 | 3,000.00 | 0.00 |
| 150-5221-522200 | ELECTRIC | 25,000.00 | 6,313.42 | 2,762.77 | 18,686.58 | 25.25 |
| 150-5221-522500 | TELEPHONE | 12,000.00 | 3,497.66 | 1,682.64 | 8,502.34 | 29.15 |
| 150-5221-522600 | INSURANCE PREMIUMS | 100,000.00 | 34,921.49 | 17,312.69 | 65,078.51 | 34.92 |
| 150-5221-522900 | SOFTWARE SUPPORT/MAINTENANCE | 15,000.00 | 2,155.46 | 28.13 | 12,844.54 | 14.37 |
| 150-5221-522950 | IT DEVICES (NON CAPITAL) & SUPPLIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5221-531100 | OPERATIONAL SUPPLIES | 8,000.00 | 1,138.21 | 531.43 | 6,861.79 | 14.23 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|---------------------------------------|------------------------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Expenditures | | | | | | |
| 150-5221-531300 | FIRE PREVENTION MATERIALS | 8,000.00 | 136.82 | 16.94 | 7,863.18 | 1.71 |
| 150-5221-532400 | MEMBERSHIP DUES | 2,000.00 | 1,638.34 | 0.00 | 361.66 | 81.92 |
| 150-5221-533500 | TRAINING & TRAVEL | 7,000.00 | 0.00 | 0.00 | 7,000.00 | 0.00 |
| 150-5221-534600 | CLOTHING ALLOWANCE | 4,000.00 | 168.00 | 0.00 | 3,832.00 | 4.20 |
| 150-5221-539500 | REPAIRS & MAINTENANCE | 4,000.00 | 1,102.50 | 536.50 | 2,897.50 | 27.56 |
| 150-5221-539900 | OTHER | 7,000.00 | 1,346.44 | 543.58 | 5,653.56 | 19.23 |
| 150-5221-581100 | EQUIPMENT LESS THAN \$5000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5221 - FIRE ADMINISTRATION | | 1,172,870.00 | 259,106.57 | 84,858.93 | 913,763.43 | 22.09 |
| Dept 5222 - FIRE SUPPRESSION | | | | | | |
| 150-5222-511000 | SALARIES & WAGES | 15,000.00 | 1,813.84 | 462.63 | 13,186.16 | 12.09 |
| 150-5222-511100 | OVERTIME | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5222-511200 | SOCIAL SECURITY | 1,148.00 | 144.96 | 35.37 | 1,003.04 | 12.63 |
| 150-5222-515200 | RETIREMENT | 752.00 | 142.21 | 44.20 | 609.79 | 18.91 |
| 150-5222-515400 | HEALTH | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5222-515900 | OTHER FRINGE BENEFITS | 0.00 | 0.14 | 0.04 | (0.14) | 100.00 |
| 150-5222-531100 | OPERATIONAL SUPPLIES | 10,000.00 | 959.51 | 660.67 | 9,040.49 | 9.60 |
| 150-5222-534600 | CLOTHING ALLOWANCE | 6,000.00 | 0.00 | 0.00 | 6,000.00 | 0.00 |
| 150-5222-535100 | MOTOR FUEL & OIL | 15,000.00 | 1,062.06 | 1,062.06 | 13,937.94 | 7.08 |
| 150-5222-539500 | REPAIRS & MAINTENANCE | 35,000.00 | 2,733.29 | 1,996.90 | 32,266.71 | 7.81 |
| 150-5222-581100 | EQUIPMENT LESS THAN \$5000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5222 - FIRE SUPPRESSION | | 82,900.00 | 6,856.01 | 4,261.87 | 76,043.99 | 8.27 |
| Dept 5223 - FIRE TRAINING | | | | | | |
| 150-5223-511000 | SALARIES & WAGES | 21,020.00 | 2,058.04 | 297.75 | 18,961.96 | 9.79 |
| 150-5223-511200 | SOCIAL SECURITY | 1,608.00 | 169.18 | 22.77 | 1,438.82 | 10.52 |
| 150-5223-515200 | RETIREMENT | 801.00 | 117.39 | 7.40 | 683.61 | 14.66 |
| 150-5223-531100 | OPERATIONAL SUPPLIES | 3,000.00 | 0.00 | 0.00 | 3,000.00 | 0.00 |
| 150-5223-533500 | TRAINING & TRAVEL | 5,000.00 | 375.75 | 0.00 | 4,624.25 | 7.52 |
| Total Dept 5223 - FIRE TRAINING | | 31,429.00 | 2,720.36 | 327.92 | 28,708.64 | 8.66 |
| Dept 5231 - AMBULANCE | | | | | | |
| 150-5231-511000 | SALARIES & WAGES | 260,000.00 | 68,382.21 | 25,775.23 | 191,617.79 | 26.30 |
| 150-5231-511100 | OVERTIME | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5231-511200 | SOCIAL SECURITY | 16,448.00 | 5,459.19 | 1,968.27 | 10,988.81 | 33.19 |
| 150-5231-515200 | RETIREMENT | 7,592.00 | 3,932.35 | 1,431.98 | 3,659.65 | 51.80 |
| 150-5231-515210 | DEFERRED COMPENSATION ICMA | 22.00 | 38.65 | 24.31 | (16.65) | 175.68 |
| 150-5231-515400 | HEALTH | 1,275.00 | 494.67 | 318.02 | 780.33 | 38.80 |
| 150-5231-515900 | OTHER FRINGE BENEFITS | 50.00 | 50.72 | 32.83 | (0.72) | 101.44 |
| 150-5231-521900 | PROFESSIONAL SERVICES | 130,000.00 | 32,475.04 | 6,409.89 | 97,524.96 | 24.98 |
| 150-5231-521901 | IT PROFESSIONAL SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5231-522900 | SOFTWARE SUPPORT/MAINTENANCE | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 |
| 150-5231-531100 | OPERATIONAL SUPPLIES | 70,000.00 | 12,678.90 | 4,474.50 | 57,321.10 | 18.11 |
| 150-5231-531500 | POSTAGE | 500.00 | 77.85 | 17.76 | 422.15 | 15.57 |
| 150-5231-535100 | MOTOR FUEL & OIL | 25,000.00 | 2,316.32 | 2,316.32 | 22,683.68 | 9.27 |
| 150-5231-539500 | REPAIRS & MAINTENANCE | 30,000.00 | 2,304.48 | 1,443.23 | 27,695.52 | 7.68 |
| 150-5231-539900 | OTHER | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5231-581100 | EQUIPMENT LESS THAN \$5000 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|---|---------------------------------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
| Fund 150 - FIRE/AMBULANCE FUND | | | | | | |
| Expenditures | | | | | | |
| Total Dept 5231 - AMBULANCE | | 550,887.00 | 128,210.38 | 44,212.34 | 422,676.62 | 23.27 |
| Dept 5232 - AMBULANCE TRAINING | | | | | | |
| 150-5232-511000 | SALARIES & WAGES | 9,666.00 | 1,179.99 | 279.00 | 8,486.01 | 12.21 |
| 150-5232-511200 | SOCIAL SECURITY | 739.00 | 107.30 | 21.34 | 631.70 | 14.52 |
| 150-5232-515200 | RETIREMENT | 333.00 | 47.66 | 12.21 | 285.34 | 14.31 |
| 150-5232-531100 | OPERATIONAL SUPPLIES | 5,000.00 | 0.00 | 0.00 | 5,000.00 | 0.00 |
| 150-5232-532400 | MEMBERSHIP DUES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5232-533500 | TRAINING & TRAVEL | 5,000.00 | 159.90 | 0.00 | 4,840.10 | 3.20 |
| Total Dept 5232 - AMBULANCE TRAINING | | 20,738.00 | 1,494.85 | 312.55 | 19,243.15 | 7.21 |
| Dept 5700 - CAPITAL OUTLAY EXPENDITURES | | | | | | |
| 150-5700-571300 | FIRE DEPT CAPITAL EQUIP | 40,000.00 | 0.00 | 0.00 | 40,000.00 | 0.00 |
| 150-5700-571400 | AMBULANCE CAPITAL EQUIP | 40,000.00 | 3,000.00 | 3,000.00 | 37,000.00 | 7.50 |
| 150-5700-572100 | FIRE ADMINISTRATION | 15,000.00 | 0.00 | 0.00 | 15,000.00 | 0.00 |
| 150-5700-580500 | ACT 102 EXPENSES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5700-580600 | DONATED FUND EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5700 - CAPITAL OUTLAY EXPENDITURES | | 95,000.00 | 3,000.00 | 3,000.00 | 92,000.00 | 3.16 |
| Dept 5880 - USE OF GRANTS/DONATIONS | | | | | | |
| 150-5880-580500 | ACT 102 EXPENSES | 0.00 | 7,696.20 | 0.00 | (7,696.20) | 100.00 |
| 150-5880-580501 | GRANT EXPENDITURES (MISC) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5880-580600 | DONATED FUND EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Dept 5880 - USE OF GRANTS/DONATIONS | | 0.00 | 7,696.20 | 0.00 | (7,696.20) | 100.00 |
| Dept 5890 - USE OF DESIGNATED FUNDS | | | | | | |
| 150-5890-580850 | ONE-TIME BUDGETED USE OF FUND BALANCE | 17,500.00 | 16,000.00 | 0.00 | 1,500.00 | 91.43 |
| Total Dept 5890 - USE OF DESIGNATED FUNDS | | 17,500.00 | 16,000.00 | 0.00 | 1,500.00 | 91.43 |
| Dept 5900 - OTHER FINANCING USES | | | | | | |
| 150-5900-590500 | TRANSFER TO FUND BALANCE | 15,634.00 | 0.00 | 0.00 | 15,634.00 | 0.00 |
| 150-5900-591000 | TRANSFER TO GENERAL FUND | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 150-5900-592000 | TRANSFERS TO OTHER FUNDS | 57,979.00 | 57,978.67 | 0.00 | 0.33 | 100.00 |
| 150-5900-592500 | TRANSFER TO DESIGNATED FUNDS | 61,364.00 | 0.00 | 0.00 | 61,364.00 | 0.00 |
| 150-5900-593000 | TRANSFER TO TOWN OF MUKWONAGO | 17,500.00 | 16,000.00 | 0.00 | 1,500.00 | 91.43 |
| Total Dept 5900 - OTHER FINANCING USES | | 152,477.00 | 73,978.67 | 0.00 | 78,498.33 | 48.52 |
| TOTAL EXPENDITURES | | 2,152,951.00 | 506,350.52 | 139,402.77 | 1,646,600.48 | 23.52 |
| Fund 150 - FIRE/AMBULANCE FUND: | | | | | | |
| TOTAL REVENUES | | 2,959,377.00 | 826,272.37 | 306,420.47 | 2,133,104.63 | 27.92 |
| TOTAL EXPENDITURES | | 2,152,951.00 | 506,350.52 | 139,402.77 | 1,646,600.48 | 23.52 |
| NET OF REVENUES & EXPENDITURES | | 806,426.00 | 319,921.85 | 167,017.70 | 486,504.15 | 39.67 |

REVENUE AND EXPENDITURE REPORT FOR VILLAGE OF MUKWONAGO
PERIOD ENDING 03/31/2026

| GL NUMBER | DESCRIPTION | 2026 AMENDED BUDGET | YTD BALANCE 03/31/2026 | ACTIVITY FOR MONTH 03/31/2026 | AVAILABLE BALANCE | % BDGT USED |
|-----------|-------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
|-----------|-------------|------------------------|---------------------------|-------------------------------------|----------------------|----------------|
