Business Improvement District (BID) Board

AGENDA

City Hall, 101 S. Second Street, Black River Falls, WI
Thursday, April 11, 2024 – 5:30pm

Join Zoom Meeting:

https://us02web.zoom.us/j/84069035109?pwd=RmgvVkd5NjdZUUdNbDNySEJ3Q0JrZz09
OR Dial: 1 312 626 6799 Meeting ID: 840 6903 5109 Passcode: downtown

1. Call to Order
2. Roll Call
3. Consider applications for façade and sign grant programs – Action
4. Recommendation for organization to implement the 2024 BID Operating Plan – Action
5. Set next meeting date and time – Action
6. Adjourn

Posted: April 3, 2024

Unresolved DTA Grants		Type	Submitted
#1.	Mans Ruin LLC, dba Addies 44 Main Street BRF Vinny Meyer	Signage Grant $750.00 Meets requirements, Yes Work Completed, Yes	12/23/2023
# 2.	Sanity Adjacent Candles 9 Main St. Suite # 1 BRF Nicole Pettibone	Signage Grant $750.00 Meets Requirements, Yes Work Completed, Yes	11/17/2023
# 3.	Hold Fast Properties LLC 20 N.1st Street BRF Vinny Meyer	Façade & Signage Grant $1,000.00 + $750.00 Meets Requirements, Yes Work Competed, Yes	11/12/2023
# 4.	Sunnyside Café 56 North 1st Street BRF Lisa Hansen & Tina Rowlee	Signage Grant $ 750.00 Meets Requirements, Yes Work Completed, No	12/30/2023
# 5.	Reflections on Water 212 Main St. BRF Laura Lindow	Façade & Signage $ 750.00 Meets Requirements, Yes New door installed, Yes Work Completed: No	12/29/2023

Unresolved DTA Grants	Type	Submitted
# 6. Abts, Grubofski & Vruwink LLC	Signage Grant	06/06/2023
104 Main Street	$ 750.00	
BRF	Meets Requirements, Yes	
Nicholas Abts	Work Completed, Yes	
# 7 Carolyn Johnson Agency	Signage Grant	05/19/2023
17 Main St	$ 750.00	
BRF	Meets Requirements, Yes	
Carolyn Johnson	Work Completed, Yes	
# 8. Traveling Sisters Boutique	Signage Grant	05/14/2023
124 Main St	$ 750.00	
BRF	Meets Requirement, Yes	
Carisa Perry	Work completed, Unk	

Total Grant request:

Business	**Signage**	**Façade**	
Mans Ruin LLC, dba Addies	750		
Sanity Adjacent Candles	750		
Hold Fast Properties LLC	750	1000	
Sunnyside Cafe	750		
Abts, Grubofski & Vruwink LLC	750		
Carolyn Johnson Agency	750		
Traveling Sisters Boutique	750		
Reflections on Water	750		
	6000	**1000**	**7000**

Business Improvement District
Signage Grant Application

Permit Issued BE

Business Name: (Required) Sunnyside Cafe LLC

Name: (Required)

First: Lisa Last: Hansen

Address: (Required)

Street Address: 56 N 1st St

Address Line 2:

City: Black River Falls State: WI

Zip Code: 54615

Phone: (Required) 715-670-0505

Email: Sunnysidecafe715@gmail.com

Project Designer

First: Gary Last: Zingler

or Business Name: Zingler Sign & Design

Name of Building Owner (Required)

First: Lisa Last: Hanson

Phone Number of Building Owner: (Required) 715-299-8981

Proposed Project Start and Completion Dates: (Required) 5-1-24 / 6-1-24

The following documents are required:

- [x] **A copy of signed contractor's estimate or a copy of itemized project cost estimate prepared by building or business owner.**
- [x] **A copy of rendered or photographic description of the improvement project.**
- [ ] **If tenant, a copy of letter of permission from building owner for the proposed project.**
- [ ] **Sign permit, if required.**

The undersigned applicant(s) affirms that the information submitted herein is true and accurate to the best of my knowledge. (Required)

I understand work must be completed prior to being issued the grant

- [x] Yes

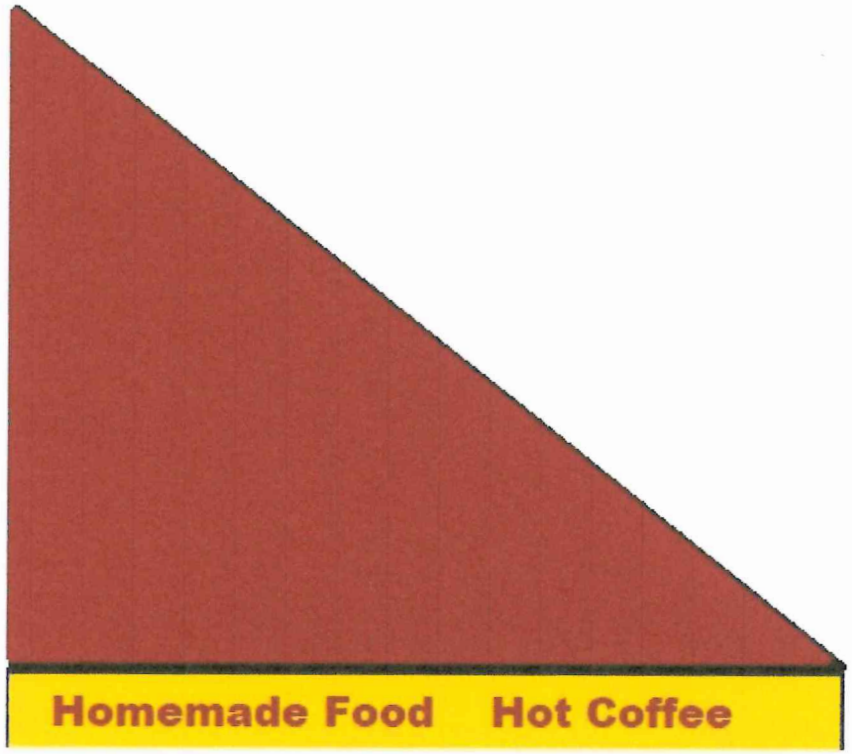
Signature: (Required) Lisa Hanson

Date: (Required) 12-30-23

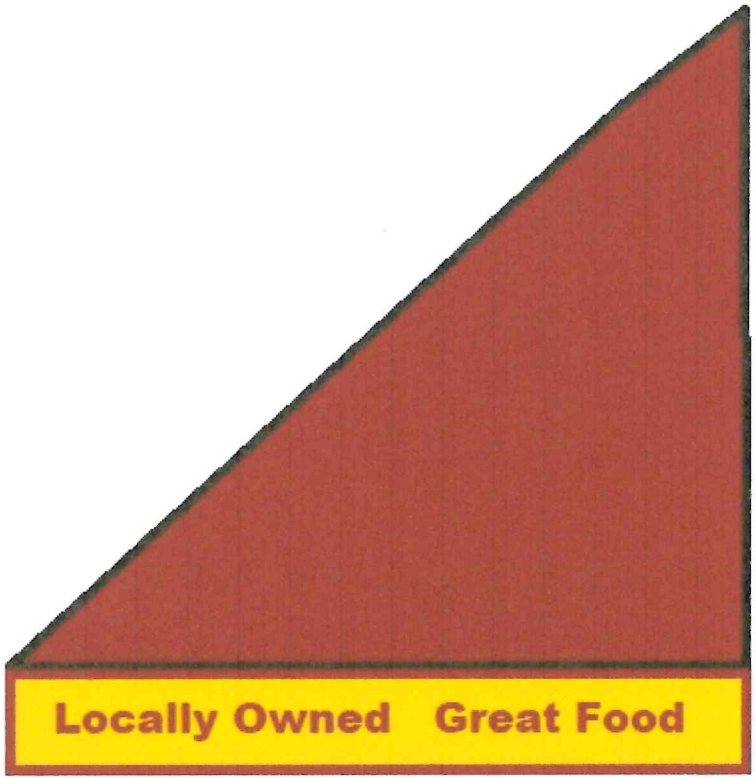
35’

ninum Composite
w (cast vinyl)
ective - Red

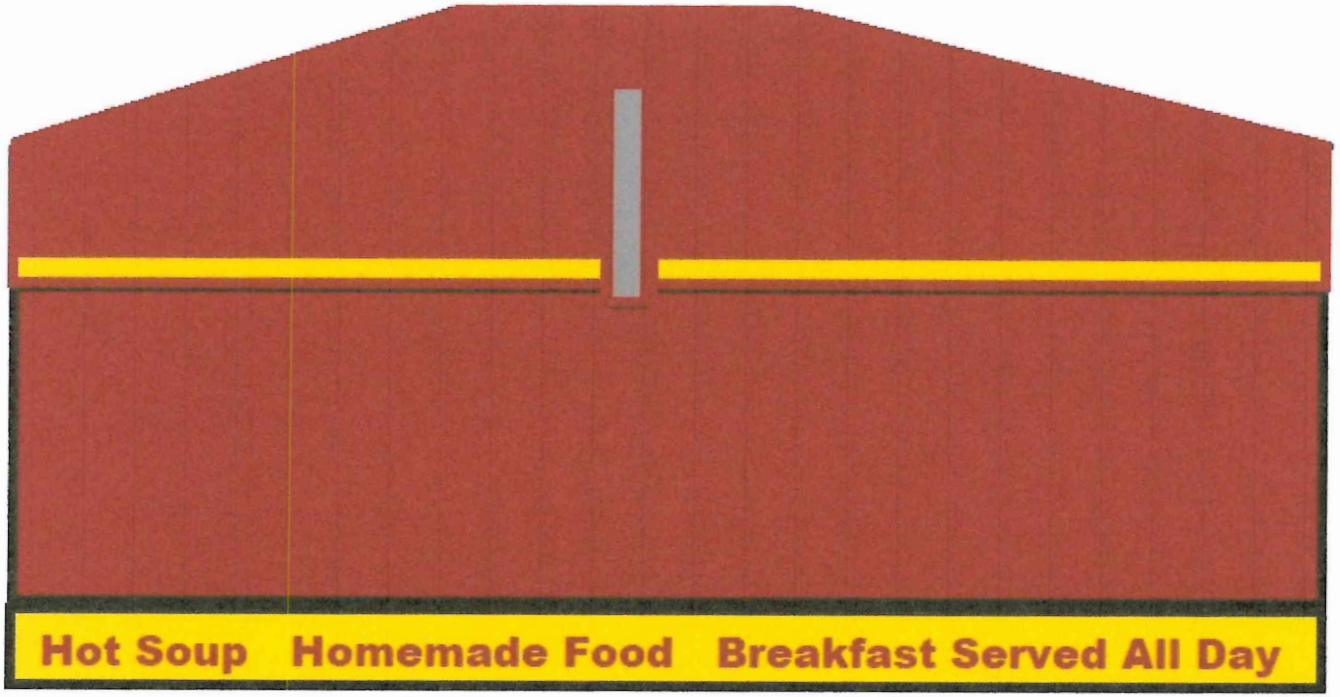
Red Vinyl Lettering: $675.00
eflective - Red Lettering: $825.00



Sunnyside Cafe
View of Canopy looking North



Sunnyside Facade Sign view
View from Harrison Street



Sunnyside North 1st Street View

Business Improvement District
Signage Grant Application

Permit Issued PC 4/10/24

Business Name: (Required) Traveling Sisters Boutique

Name: (Required)

First: Carisa Last: Todd

Address: (Required)

Street Address: 124 Main Street

Address Line 2:

City: ~~Black River Falls~~ Black River falls State: ~~WI~~ WI

Zip Code: 54615

Phone: (Required) 608-864-0930

Email: Carisagg4@gmail.com

Project Designer

First: Lyall Last: White

or Business Name: Smiley Bear

Name of Building Owner (Required)

First: Tyson Last: Clark

Phone Number of Building Owner: (Required) 715-299-4655

Proposed Project Start and Completion Dates: (Required) on estimate

The following documents are required:

- [x] **A copy of signed contractor's estimate or a copy of itemized project cost estimate prepared by building or business owner.**
- [x] **A copy of rendered or photographic description of the improvement project.**
- [x] **If tenant, a copy of letter of permission from building owner for the proposed project.**
- [x] **Sign permit, if required.** Will get new one if needed.

The undersigned applicant(s) affirms that the information submitted herein is true and accurate to the best of my knowledge. (Required)

I understand work must be completed prior to being issued the grant

- [x] Yes

Signature: (Required) Carissa Tadd

Date: (Required) 4/9/24

Vanessa Todd and Tyson Todd have the permission of Tyson Clarke to do what they need to inside or outside with their part of the building.

Questions or concerns contact Tyson Clarke At 715-299-4655.

Print name Tyson Clarke

Sign Name [signature] Date 9/5/24

QUOTE SHEET

Smiley Bear Design

21 North First St. Black River Falls, WI 54615
715-284-0027
bear@smileybear.net

QUOTE SHEET

Traveling Sisters Boutique
Signage

Hanging sign 4'x'4 (or similar size) with wall mount post.
Sign material: Aluminum composite panel - two sided
(see attached sheet for mock up of signs)

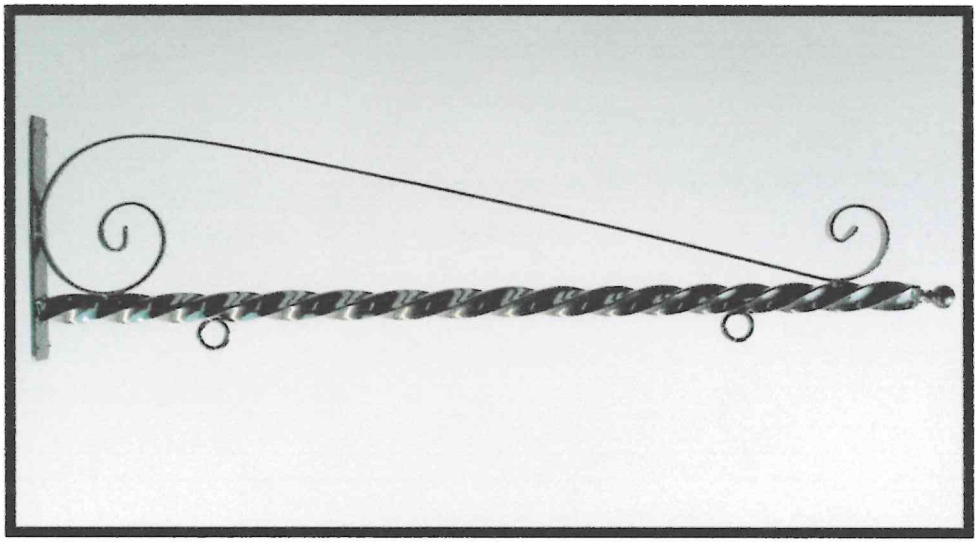
Signage, Design and install $600 - $800
Plus Tax

Installation will be completed in timely fashion after final design approval and sign fabrication.

Caresa Todd

Aluminum Composite Signboard
two sided with trim

48"x48"



Scroll Bracket wall mount


Traveling
Sisters
Boutique

GNG

FOR INSPECTIONS CALL	GENERAL BUILDING PERMIT APPLICATION	PERMIT #	24-0030-27-206
(608) 697-7774	GENERAL ENGINEERING COMPANY P.O. BOX 340 PORTAGE, WI 53901 OFFICE: (608) 745-4070	EXPIRATION	4/11/2026
Parcel number :	City of Black River Falls, Jackson County, WI	Mun. Number	27-206

PROJECT DESCRIPTION (Submit Building Plans & Site Plan)	Does this project require any additional approvals or permits?
SIGN	No

Building Address	Responsible Party Email	Finished Project Value
124 Main St.	carisag94@gmail.com	$800

Zoning District(s):	Zoning Permit No:	Corner Lot	Bldg. Height	Setbacks:	Front:	Rear:	Left:	Right:
		☐ Yes ☐ No						

Owner's Name | Address		Phone & email
Carisa Todd	124 Main St., Black River Falls, WI, 54615	(608) 864-0930 carisag94@gmail.com

Construction contractor | WI Lic. No & Exp. Date | Address			Phone & email
OWNER	0000000 3/2/2028	OWNER, OWNER, OWNER, 00000	(000) 000-0000 self@self.com
Dwelling constr. qualifier | WI Lic. No & Exp. Date | Address			Phone & email
HVAC contractor | WI Lic. No & Exp. Date | Address			Phone & email
Electrical contractor | WI Lic. No & Exp. Date | Address			Phone & email
Master electrician | WI Lic. No & Exp. Date | Address			Phone & email
Plumbing contractor | WI Lic. No & Exp. Date | Address			Phone & email

RESIDENTIAL Single Family/Duplex

Addition: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Erosion Control ☐ Construction

Detached Accessory Building: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction

Remodel: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction

Other: ☐ Fence ☐ Plumbing ☐ Removal of Structure (Raze) ☐ Electrical Service Upgrade ☐ Erosion Control ☐ HVAC ☐ Electrical ☐ Construction

COMMERCIAL

New Commercial Building: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction ☐ Erosion Control

Commercial Addition/Alteration:

☐ Electrical ☐ HVAC ☐ Erosion Control ☒ Sign ☐ Building Sq. Ft.
☐ Plumbing ☐ Construction ☐ Fence ☐ Removal of Structure (Raze)

State of Wisconsin Plan Approval Needed: ☐ Yes ☒ No (Approved plans must be submitted with permit application)

Zoning – When applicable, must obtain a copy of setback information regarding height, lot coverage, etc.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply of this application. I expressly grant the building inspector or the inspector's authorized agent permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. ***It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.***

APPLICANT'S SIGNATURE **DATE SIGNED**

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. ☐ **See attached for conditions of approval.**

Follow all sign ordinances

FEES:		*PERMIT(S) ISSUED*	*PERMIT ISSUED BY:*	
Construction		☐ Constr.	*Name*	ADAM PILLARD
Plumbing		☐ HVAC		
Electrical		☐ Electric	*Date*	4/11/2024
HVAC		☐ Plumbing		
Zoning		☐ Erosion Control	*Telephone*	(608) 697-7774
Other	$55.00	☒ Other		
Administrative			*Cert. No*	1167642
Total Permit Fee	$55.00			

Black River Falls
Downtown Association

HOME BUSINESS DIREC

signage

Business Improvement Facade Grant Application

Business Name *(Required)*

Reflections on Water

Business Name

Name *(Required)*

Laura — First

Lindow — Last

Address *(Required)*

212 Main Street

Street Address

Black River falls, WI 54615

Address Line 2

City — State

ZIP Code

(715) 284-2826

Phone *(Required)*

Black River Falls
Downtown Association

HOME BUSINESS DIREC

https://

Email
reflectionsonwaterbrf@gmail.com

Project Designer
Reflections on Water
First Last

Name of Building Owner *(Required)*
Laura Lindow
First Last

Phone Number of Building Owner *(Required)*
(715)299-4346

Proposed Project Start and Completion Dates: *(Required)*
12/30/23

The following documents are required: (a) Two copies of signed contractor's estimate or two copies of itemized project cost estimate prepared by building or business owner. (b) Two copies of rendered or photographic description of the improvement project. (c) If tenant, two copies of letter of permission from building owner for the proposed project. *(Required)*

attached:
design proposal
estimate $1,190
photo proposal

Drop files here or

Max. file size: 50 MB.

asking for $750 sign grant

Black River Falls
Downtown Association

HOME BUSINESS DIRE

The undersigned applicant(s) affirms that the information submitted herein is true and accurate to the best of my knowledge. *(Required)*

Laura Lindow

X I understand checking this box represents a legal signature.

I understand work must be completed prior to being issued the grant.

X Yes

Date *(Required)*

mm/dd/yyyy 12/29/23

CAPTCHA

I'm not a robot ✓

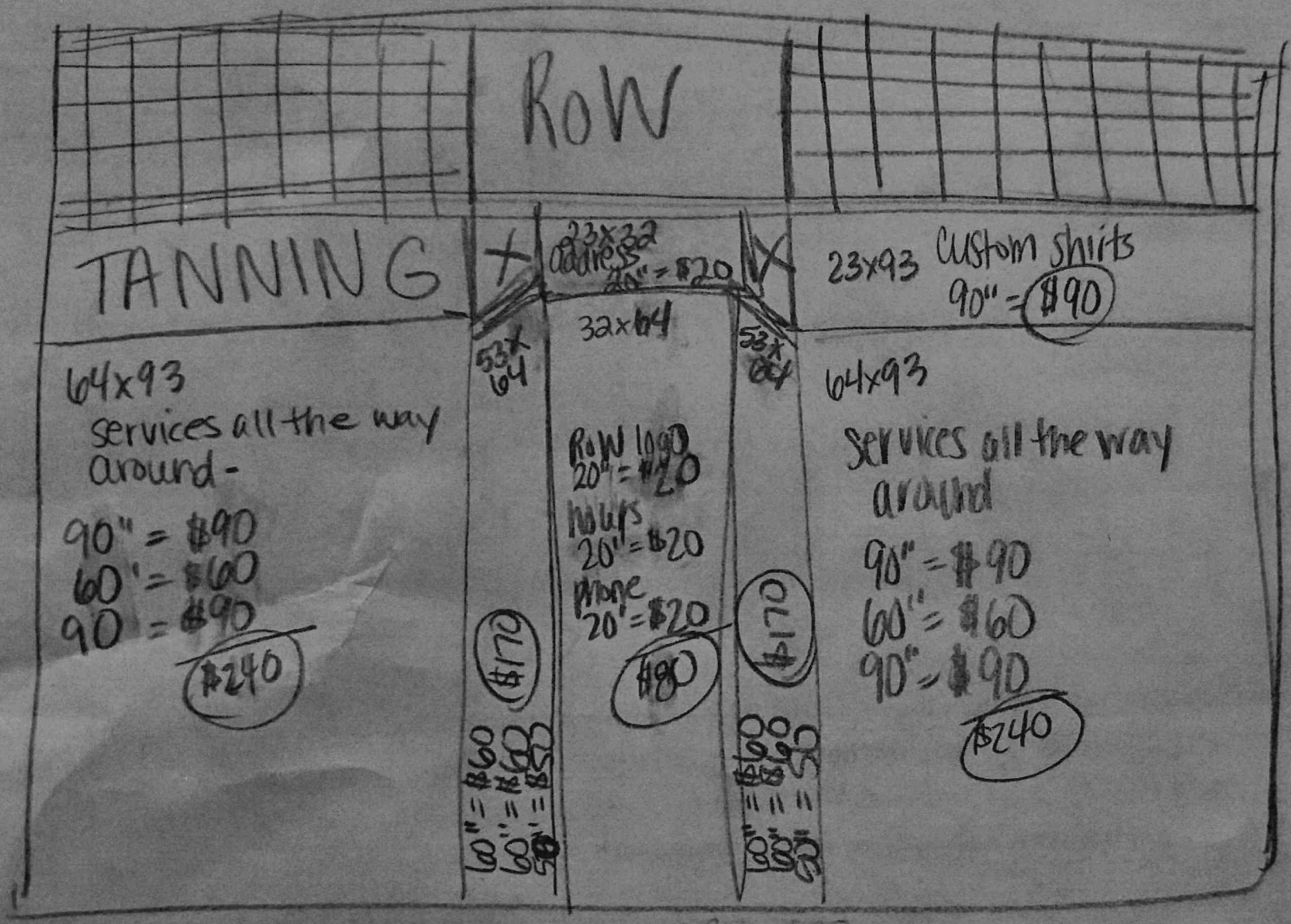
reCAPTCHA
Privacy - Terms

Untitled

- First Choice
- Second Choice
- Third Choice


Reflections
on water
NING
SIGN LANGUAGE CLASSES
CUSTOM
OOT SOAKS
HALOTHERAPY SALT ROOM
SAUNA
LOCAL CRAFTERS CANDLES
FIDGITS JEWELRY CANDY PREBIOTIC SODA
OPEN
HEMP LOTION HANDMADE CARDS
MASSAGE CHAIR
MASSAGE RE
WHOLE BODY VIBRATION
TIEDYE SAGE


212 MAIN STREET
OPEN
Reflections
on water
(715) 284-2826
MONDAY-FRIDAY
8AM-6PM
SATURDAYS
9AM-2PM



2 big 240x2 = 480
2 med 170x2 = 340
1 big top = 90
1 big door = 80
$990

$1 an inch x 990 inches = $990
+ supplies = $100
+ labor = $100
1,190 total

Reflections on water

212 Main Street Black River Falls, WI
(715) 284-2826

Laura Lindow
(715)284-2826
reflectionsonwaterbrf@gmail.com

invoice #1229

12.29.2023

Description	Qty	Price	Total
Vinyl window signage	90 inches	$1 per inch	$990
Supplies	X	$100	$100
Labor	Est 4 hours	$100	$100
Total			$1,190
Tax			$65.45

Total Due $1,255.45

Checks payable to: Reflections on water

Business Improvement District Reimbursement Grants

Reimbursement grants are available to local business and property owners in the downtown Black River Falls Business Improvement District (BID). Grants are for exterior rehabilitation to existing commercial buildings and signage within the BID. Rehabilitations and signs must be in accordance with the City of Black River Falls design guidelines.

Grants will provide a business or property owner reimbursement up to a maximum of $1,000 per project for facade improvement.

Invoices and proof of payment are a requirement and must be submitted with the application or provided prior to grant funding disbursement.

Only one grant may be awarded per assessed address per calendar year of January 1 to December 31.

Building and Signage Permits

Building permits may be required by the City of Black River Falls.

Grant applications should either include a building permit with the application or documentation from the building inspector for the City of Black River Falls indicating no permit is required.

Applications will not be approved without this information included.

To obtain permits or see if a permit is required please contact the City of Black River Falls.

Funding

Grant Applications will be made available on an annual basis until all funds have allocated.

A limited amount of funding is available under this program and funds will be awarded on a first come, first served basis.

Applications

Applications are available on the City of Black River falls website under the "Forms" tab.

Property owners or their business tenants may apply.

If you are unable to access the application(s) online, contact us to have an application emailed to you. Email: city.admin@blackriverfallswi.gov Phone: 715-284-2315

Business Improvement District - Facade Grant Application

* Indicates Required Fields

Business Name:* _____

Name:* First: _____ Last: _____

Address:* Street Address: _____

Address Line 2: _____

City/State/Zip: _____

Phone:* _____

Email:* _____

Project Designer: _____

Name of Building Owner *

First: _____ Last: _____

Phone: _____ Email: _____

Proposed Project Start Date:* _____

Proposed Completion Date:* _____

Amount Requested: * _____

Project Description:

* Indicates Required Fields

The following documents are REQUIRED for ALL applications:
(Check all that are attached)

- ☐ **Building permit or documentation confirming a building permit is not required.**
- ☐ **Copy of signed contractor's estimate or a copy of itemized project cost estimate prepared by building or business owner.**
- ☐ **Copy of rendered or photographic description of the improvement project.**

If applicant is not the property owner, the following documents is also REQUIRED:

- ☐ **Copy of letter of permission from building owner for the proposed project.**

By signing below, I/We affirm that the information submitted herein is true and accurate to the best of my/our knowledge and acknowledge that this is a reimbursement grant program and therefore, if awarded, grant funds will not be distributed until the work is completed and all invoices are paid.

Applicant:

Signature:* _____

Print Name:* _____

Date:* _____

Co-Applicant

Signature: _____

Print Name: _____

Date: _____

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Reimbursement grants are available to local business and property owners in the downtown Black River Falls Business Improvement District (BID). Grants are for exterior rehabilitation to existing commercial buildings and signage within the BID. Rehabilitations and signs must be in accordance with the City of Black River Falls design guidelines.

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Business Improvement District - Signage Grant Application

* Indicates Required Fields

Business Name:* _____

Name:* First: _____ Last: _____

Address:* Street Address: _____

Address Line 2: _____

City/State/Zip: _____

Phone:* _____

Email:* _____

Project Designer: _____

Name of Building Owner *

First: _____ Last: _____

Phone: _____ Email: _____

Proposed Project Start Date:* _____

Proposed Completion Date:* _____

Amount Requested: * _____

Project Description:

* Indicates Required Fields

The following documents are REQUIRED for ALL applications:
(Check all that are attached)

- ☐ **Building permit or documentation confirming a building permit is not required.**
- ☐ **Copy of signed contractor's estimate or a copy of itemized project cost estimate prepared by building or business owner.**
- ☐ **Copy of rendered or photographic description of the improvement project.**

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Applicant:

Signature:* _____

Print Name:* _____

Date:* _____

Co-Applicant

Signature: _____

Print Name: _____

Date: _____